PCA VBC Collaborative

Navigating Value Based Care Sharing Our Stories

March 12, 2024

Housekeeping

PCA VBC Collaborative

Please make sure your line remains muted

Session is being recorded and will be posted to Noddlepod

Presenters will take time to answer your questions during the session

Type questions in the Q and A box or raise your hand to be unmuted

Navigating Value Based Care

Sharing Our Stories

Zoom Webinar

March 12, 2024

2:00 to 3:30 p.m. CT

Introductions

PCA VBC Collaborative

David Garrett
CEO
Idaho Community Health Center Association

Joan Watson-Patko
CEO
Oregon Primary Care Association

Carla Jones
Network Director
Oregon Primary Care Association

Jana Eubank
CEO
Texas Association of Community Health Centers

Franchella Jennett
CIN Executive Director
Texas Association of Community Health Centers

Darcy Shargo
CEO
Maine Primary Care Association

PCA VBC
Collaborative

Lessons From Implementing a CIN

David Garrett
CEO
Idaho Community Health Center Association

Community Health Center Network of Idaho (CHCNI)
Timeline and Network Development

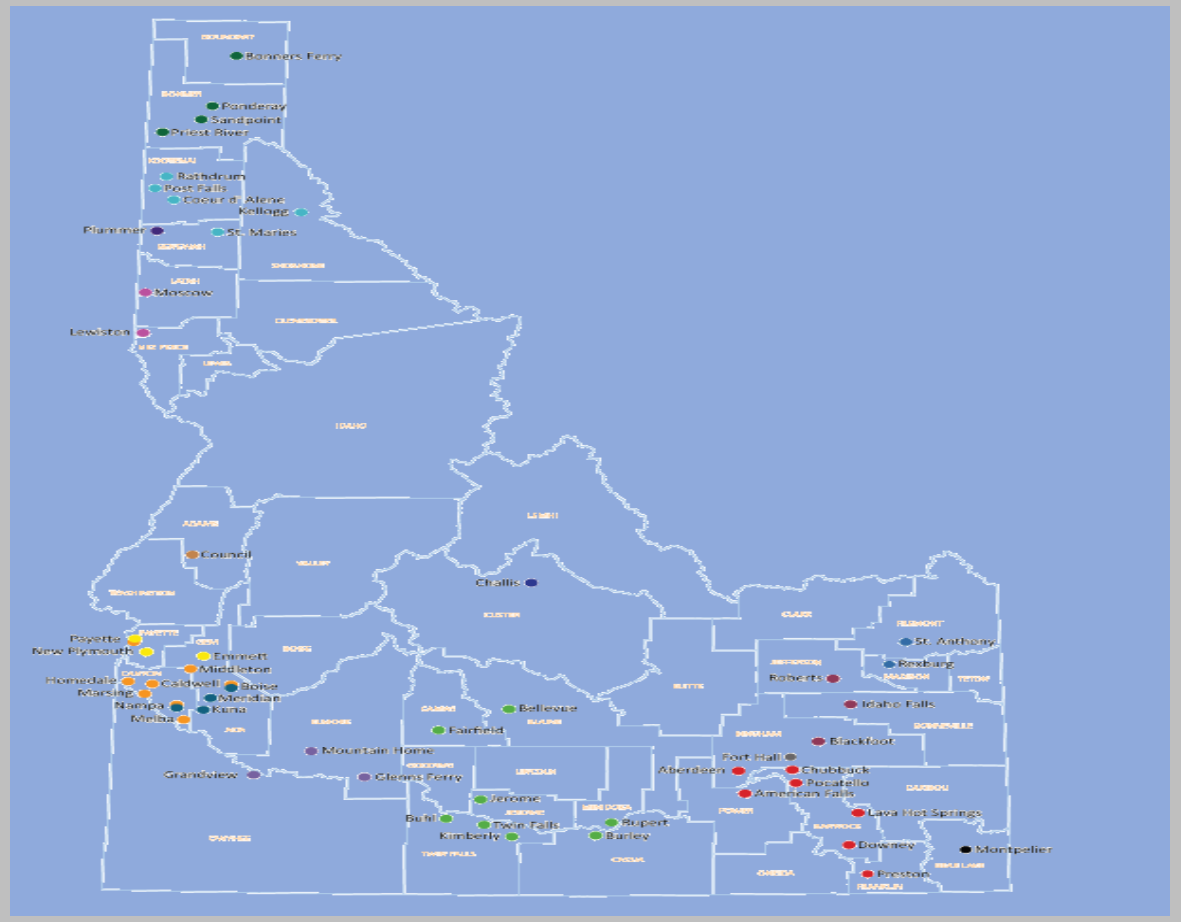
David V. Garrett
CEO Idaho Community Health Center Association
March 12, 2024

IDAHO COMMUNITY HEALTH CENTER ASSOCIATION

CHCNI
Community Health Center Network of Idaho

CHCNI at a Glance

- 14 of 15 FQHCs across the state of Idaho
- 6 VBCs with Private and Public Payers (3B - LAN APM framework to date)
- ICHCA and other FQHC are owners of CHCNI
- ICHCA connected via MSA to CHCNI
- ICHCA staff also administer HCCN



CHCNI

Community Health Center Network of Idaho

The CHCNI Journey Timeline

Established 2012

First Contracts 2015:

Blue Cross MA, St. Luke's/BrightPath, PacificSource

Blue Cross Commercial 2016

Regence Commercial 2017

MSSP ACO 2018

First Shared Savings 2020 - Ongoing

BCI Commercial, Regence, MSSP

Medicaid VCO 2022

1st Downside Risk 2024

(Medicaid VCO)

CHCNI

Community Health Center Network of Idaho

CHCNI Development – Establishment and Initial Contracts

- Established in 2012
- Idaho Behavioral Health Plan implemented 2014 with Optum Behavioral Health.
- Blue Cross Medicare Advantage (upside only VBP)
- PacificSource Commercial (upside only VBP)
- St. Luke's Health Partners/BrightPath (Messenger Model)

CHCNI

Community Health Center Network of Idaho

CHCNI Development – Continued Contracting and ACO

Additional contracts added:

- Blue Cross commercial (VBP upside only)
- Regence commercial (VBP upside only)

MSSP – ACO accepted in 2017 (2nd Attempt)

2021 Medicaid - Value Care Organization (VCO)

CHCNI

Community Health Center Network of Idaho

CHCNI Development – Realizing Shared Savings

Over $16M in Shared savings achieved since inception:

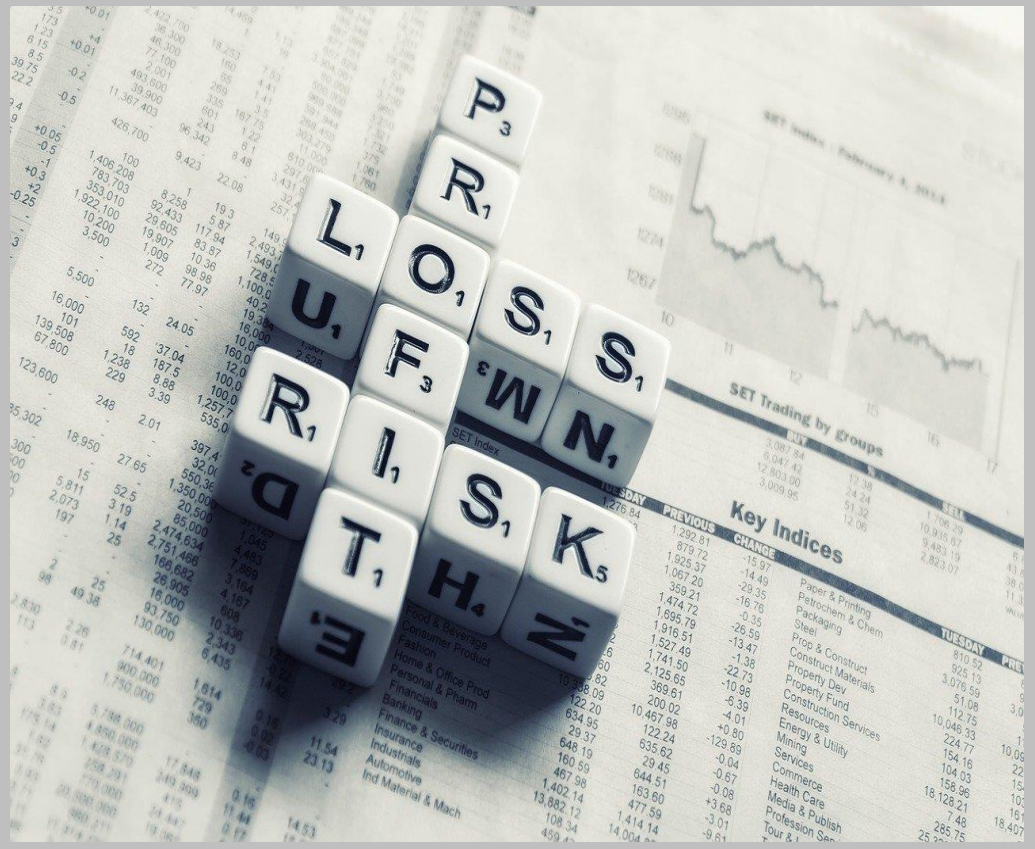
Year	BCI Commercial	BCI MA	PacificSource	Regence	MSSP	Medicaid
2016		$267,235				
2017		$248,108	$276,538			
2018						
2019						
2020	$542,740			$93,686	$2,517,896	
2021	$661,630			$61,126	$8,835,310	
2022	$719,920			$72,559	$2,207,687	$54,336

CHCNI

Community Health Center Network of Idaho

CHCNI Development – Taking on Risk

- Medicaid VCO - 2024
- Idaho Medicaid Dilemma
- Minimum 15% downside risk
- MSSP – Expected downside risk - 2025



CHCNI

Community Health Center Network of Idaho

Managing Downside Risk

- Taking on downside risk requires a more focused commitment to understanding and managing the cost of care
- We have already collectively or individually invested in some of the tools needed to do this through Azara, Nascate, and center EMR analytics and reporting capabilities
- We will need to leverage those capabilities more effectively to succeed in the coming years

CHCNI
Community Health Center Network of Idaho

Options

Cohesive cross-center approach

- High commitment and investment at each center for overall success

Risk partnership

- Risk partners may require changes across the network – use of their tools, work with their practice coaches, workflow changes that fit their model
- Will require giving up shared savings percentage in exchange for coverage of risk

Contract for Support

- Need to feed data, allow access to EMRs, coordination of effort
- Significant costs depending on level of support

Selective Contract Participation

- Flexibility across centers, but with some potential for limiting participation and network fragmentation
- Investment in tools to make informed choices about who should participate in any given contract

Thank you!

dgarrett@idahochc.org
www.ichca.org
www.chcni.org

IDAHO COMMUNITY HEALTH CENTER ASSOCIATION

CHCNI
Community Health Center Network of Idaho

Initiating the Launch of a CIN

PCA VBC Collaborative

Joan Watson-Patko
CEO
Oregon Primary Care Association

Carla Jones
Network Director
Oregon Primary Care Association

Jana Eubank
CEO
Texas Association of Community Health Centers

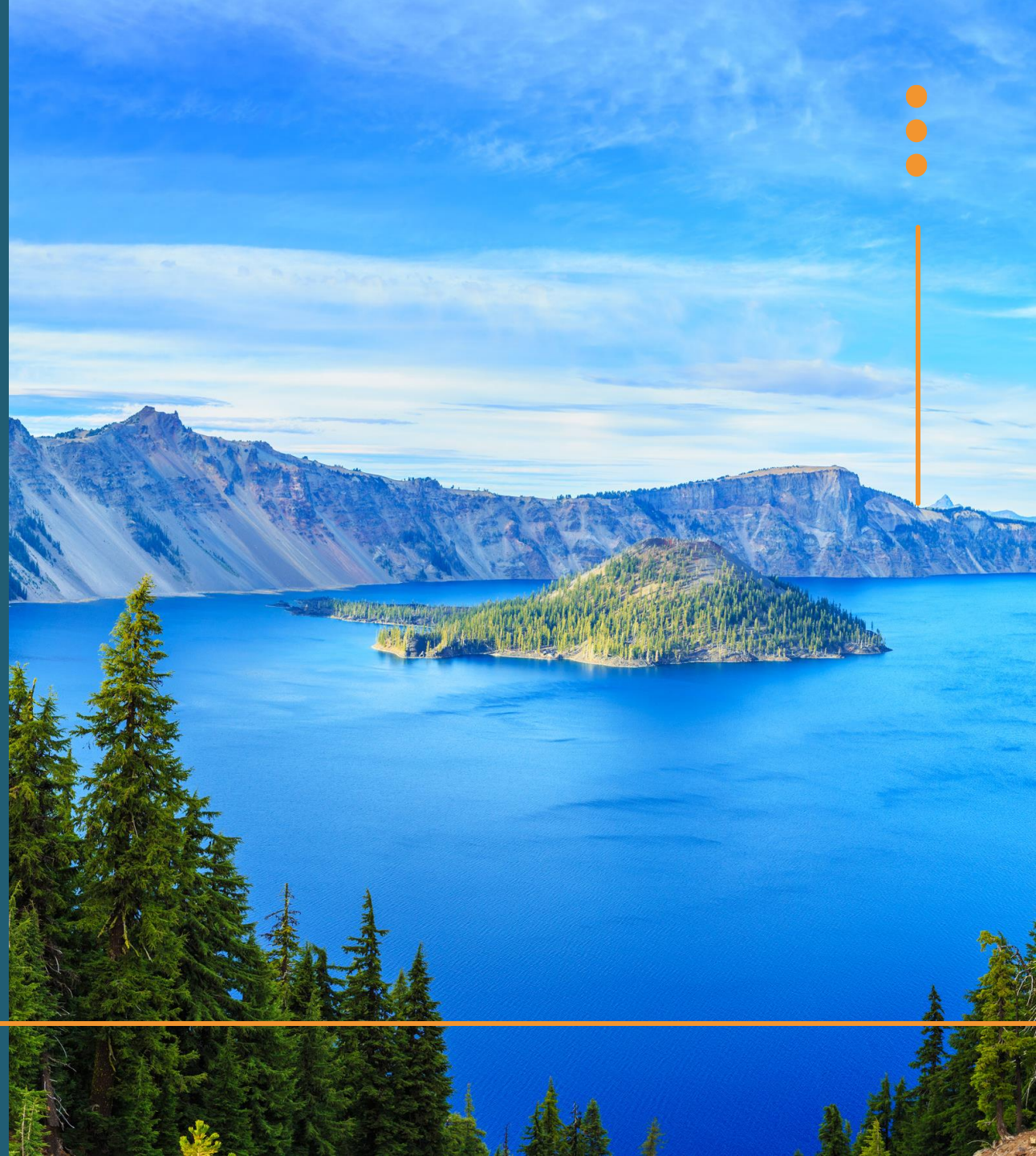
Franchella Jennett
CIN Executive Director
Texas Association of Community Health Centers

Oregon NETWORK of Community Health Centers

OPCA Oregon Primary Care Association

Oregon's Experience

Establishing the Oregon Network of CHC's (ONCHC): a CIN & an ACO

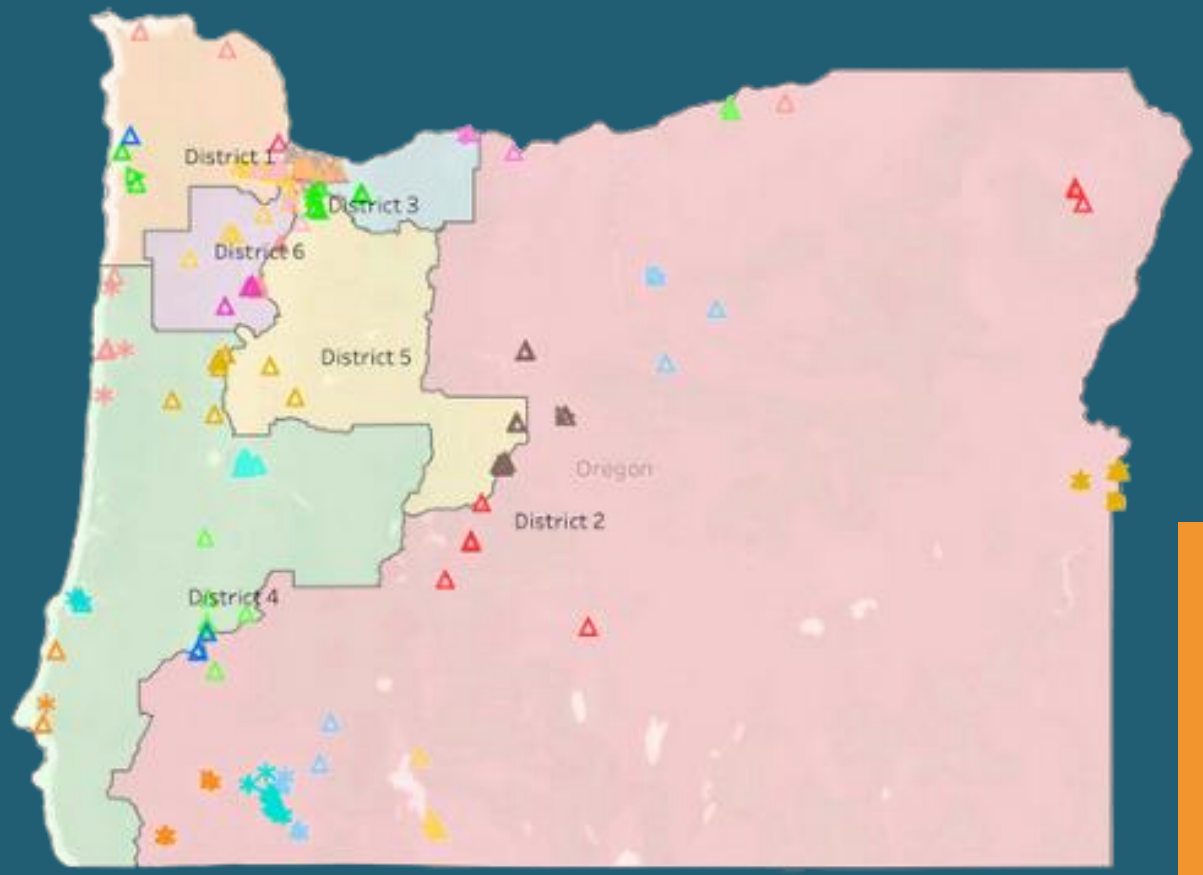


[Oregon Primary Care Association]

[Oregon Network]

Oregon NETWORK of Community Health Centers

OPCA Oregon Primary Care Association



Who We Are

Oregon Primary Care Association is the non-profit membership association for Oregon's 34 Federally Qualified Health Centers, including 2 FQHC Look-Alikes.

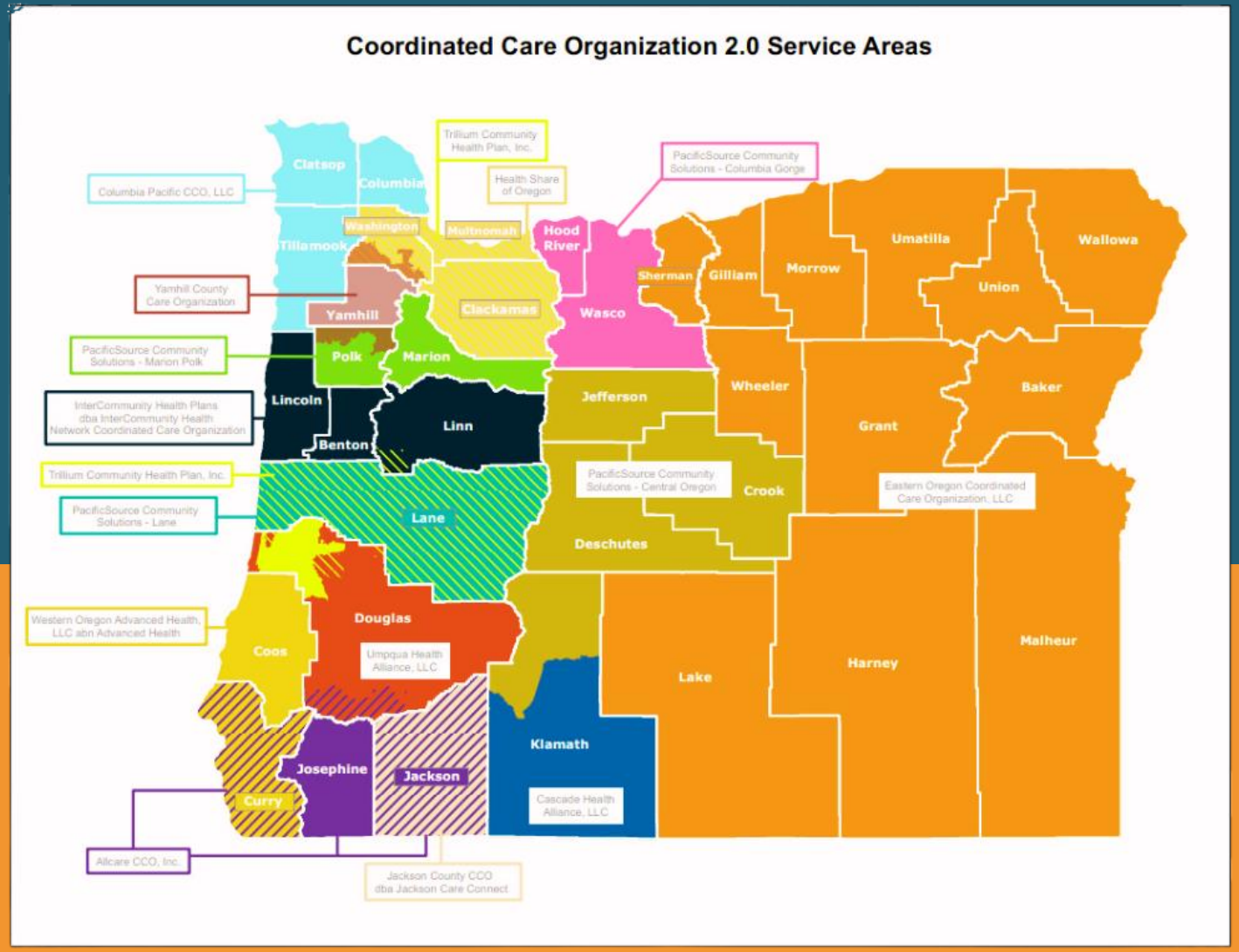
Together, the health centers serve over 466,000 Oregonians across the state.

OPCA's members deliver integrated medical, dental, behavioral health, and wrap-around services to many of the state's most vulnerable communities in over 270 clinic locations statewide. Over 456,000 Oregonians receive their care at a community health center, including one in six people on the Oregon Health Plan. More than half of these patients live below the poverty line, and 71% live at or below 200% of the Federal Poverty Level.

Oregon NETWORK of Community Health Centers

OPCA Oregon Primary Care Association

Medicaid Administration



16 Coordinated Care Organizations administer coverage across 36 counties

About 1.5 million Oregonians have Medicaid, which is 36% of Oregonians

CCO's are monitored on a set of CQM's

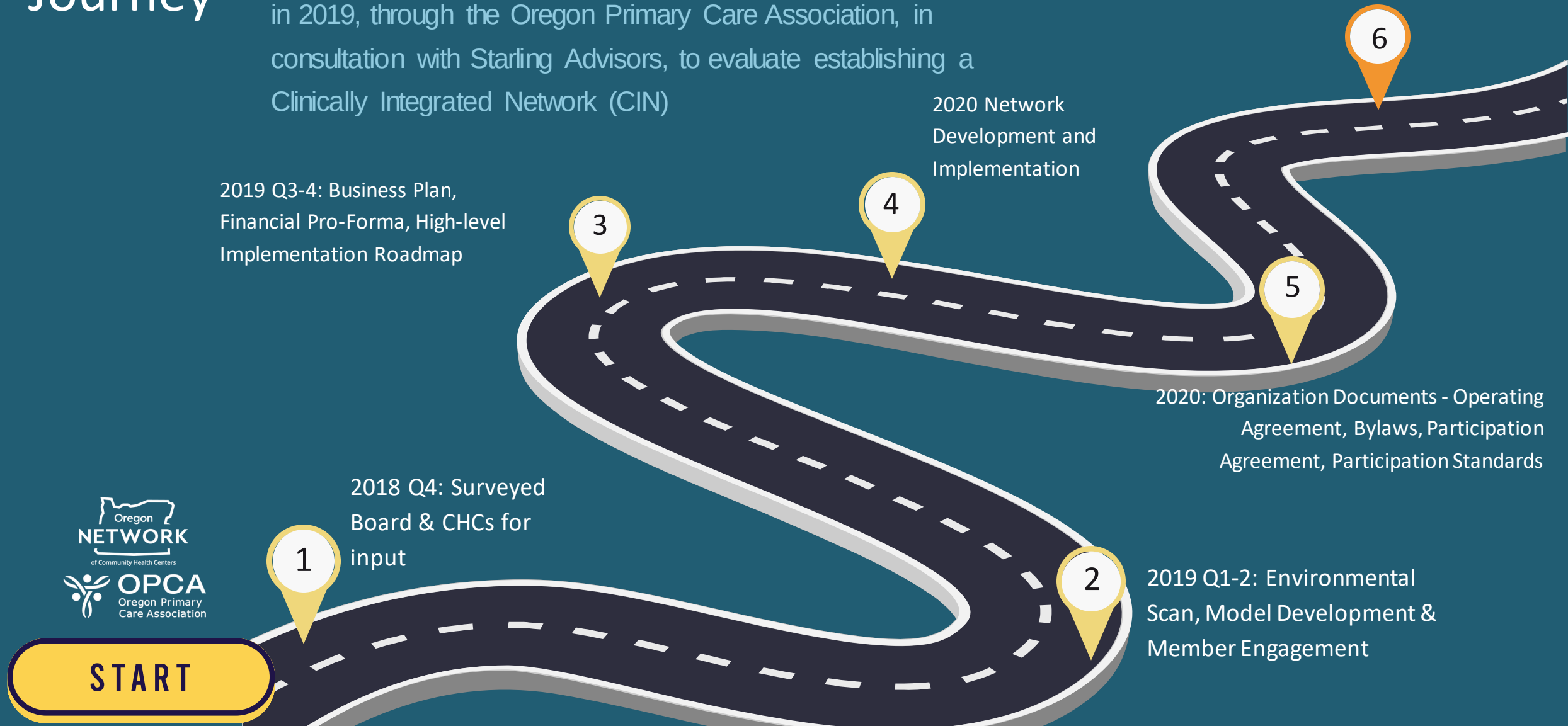
CCO's must have 70% VBP, LAN 3B (SS &DR) by 2025

Oregon PCA Progression

- 1984 PCA formed
- 2013 APCM launched- 1st APM in the nation
- 2018 Data Warehouse exploration no-go vote
- 2019-2020 Network exploration and implementation
- September 2020 Network launch

ONCHC: Our Journey

To better address the demands of CCO 2.0 and health care transformation in Oregon, 15 of the Federally Qualified Health Centers serving over 150,000 Medicaid members, came together in 2019, through the Oregon Primary Care Association, in consultation with Starling Advisors, to evaluate establishing a Clinically Integrated Network (CIN)

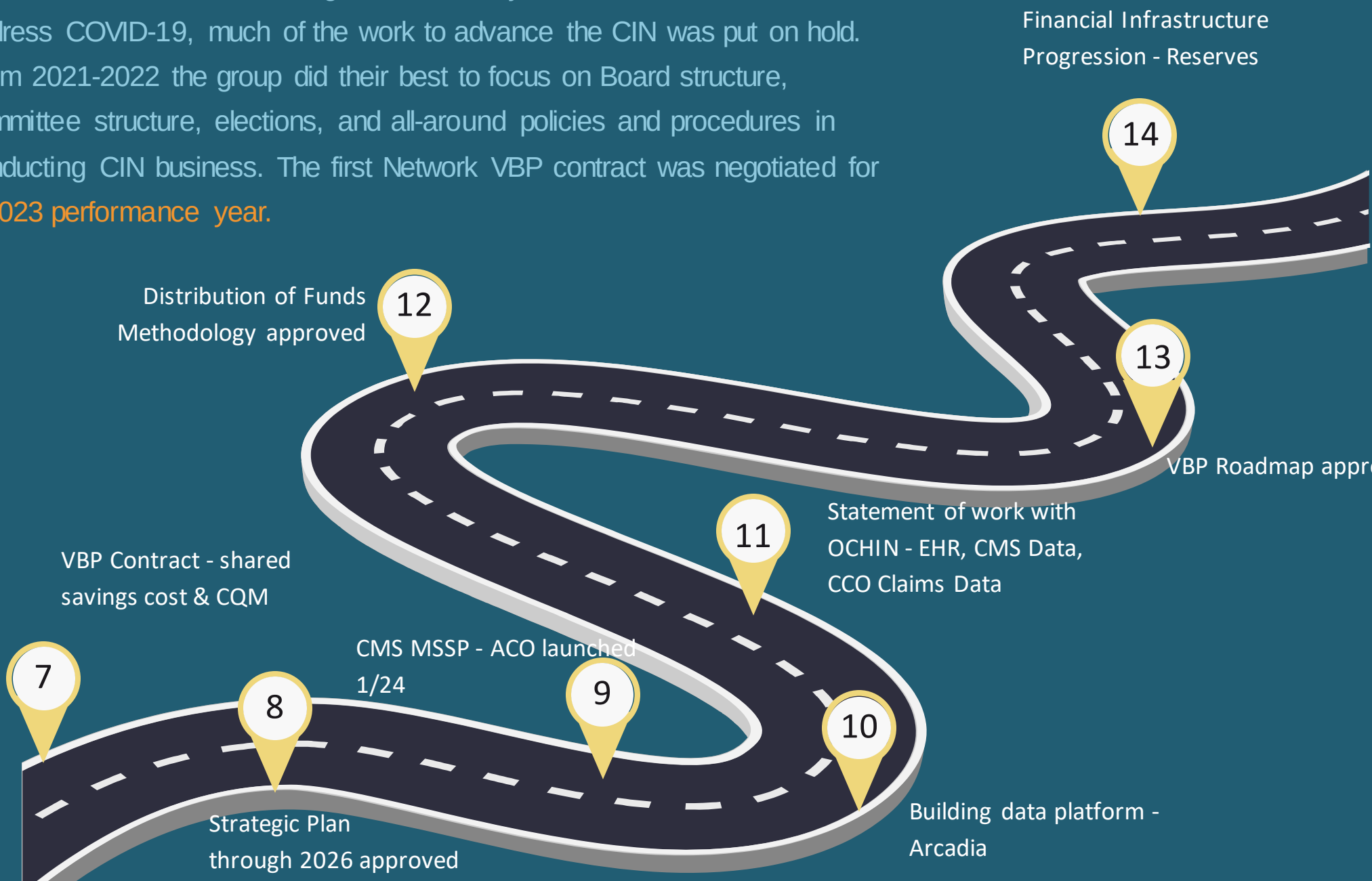


Oregon NETWORK of Community Health Centers

OPCA Oregon Primary Care Association

ONCHC: Current State

The ONCHC was formally recognized as an LLC in September of 2020. With all hands on deck focusing on Community Health Center work to address COVID-19, much of the work to advance the CIN was put on hold. From 2021-2022 the group did their best to focus on Board structure, committee structure, elections, and all-around policies and procedures in conducting CIN business. The first Network VBP contract was negotiated for a 2023 performance year.

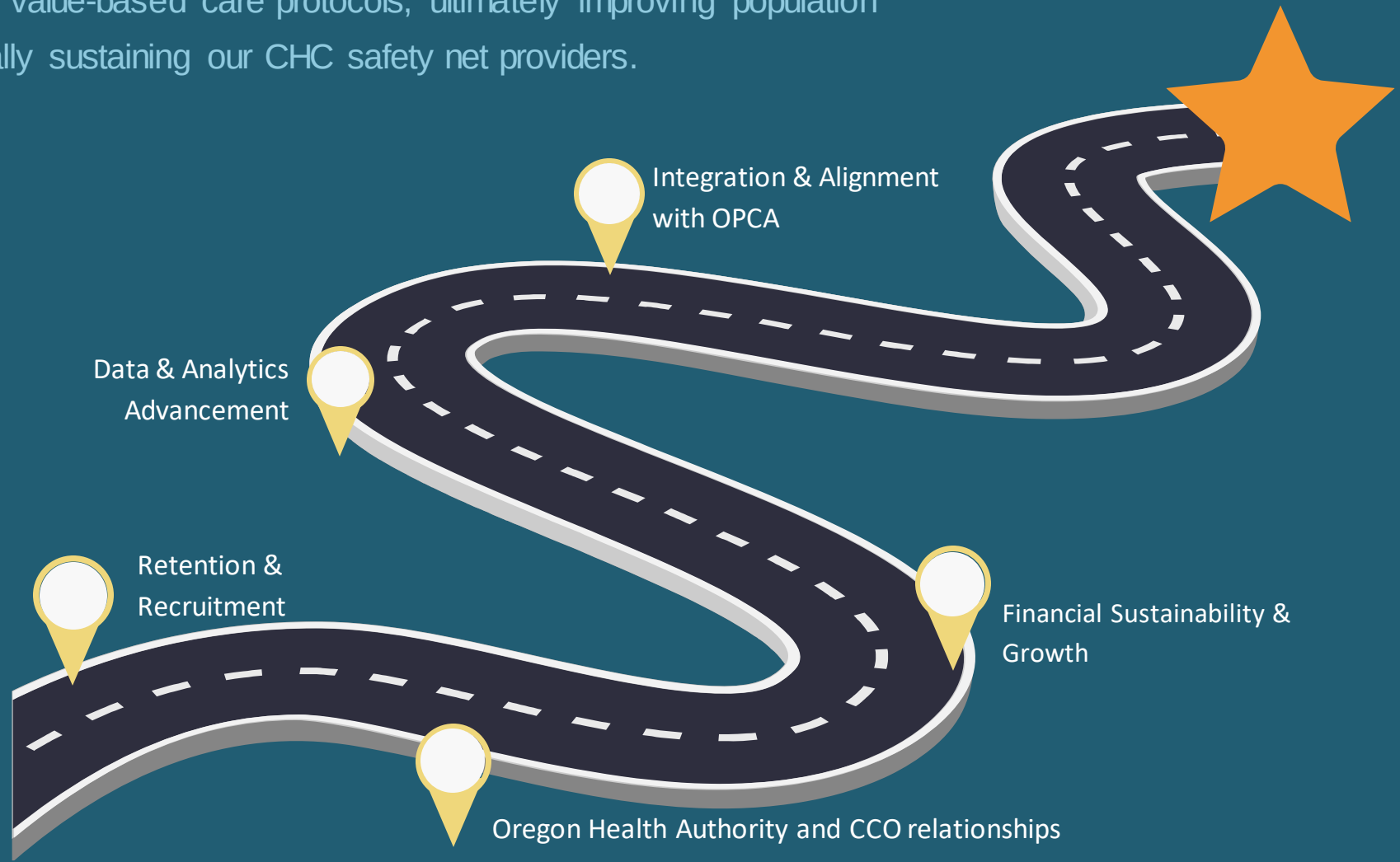


Oregon NETWORK of Community Health Centers

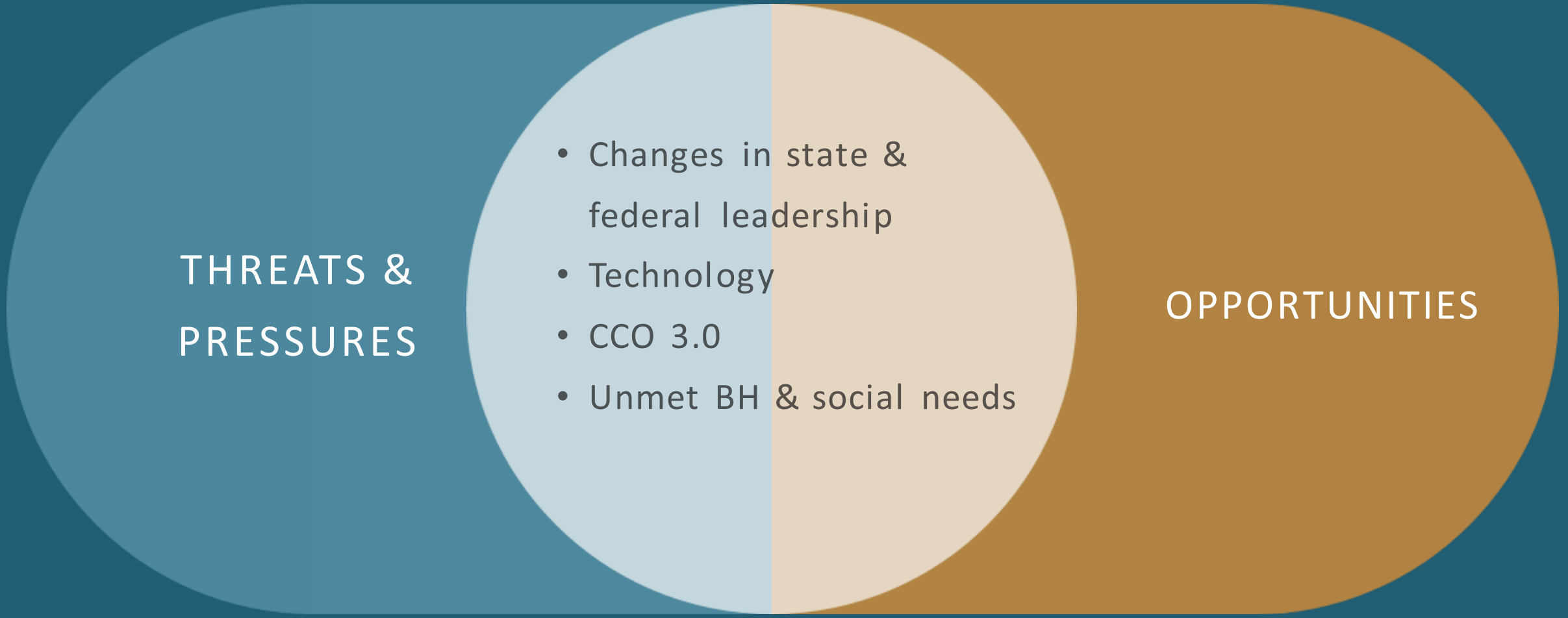
OPCA Oregon Primary Care Association

Beginning October 2023, the ONCHC had a lot of transitions in leadership and membership. This provided an opportunity to celebrate successes to date, to remind participants of short-term and long-term goals, and to go through a resetting process of our strategic plan. In the next three years the ONCHC, and the ACO will be working on continued advancements in integration, being data-driven, standardizing VBP contracts, implementing value-based care protocols, ultimately improving population health, bending the cost-curve, and financially sustaining our CHC safety net providers.

ONCHC: Looking Forward



THREATS & PRESSURES AND OPPORTUNITIES



Lessons Learned

Distribution Methodology

Develop and gain approval early on even if there are no contracts in place with the understanding that it may change.

Network Structure with the PCA

Ensure the administrative work, project oversight, employment, etc… make sense and align with the PCA.

VBP Contracting Strategy

Scan the payer environment and survey your CHC member populations and needs.

Board & Committee Authority

Structure authorities efficiently and strategically dependent upon the level of involvement of your membership.

Oregon NETWORK of Community Health Centers

OPCA Oregon Primary Care Association

Get in Touch

Contact us to get more info

jatson-patko@orpca.org
cjones@orpca.org

623 SW Oak St, Suite 300
Portland OR 97205

Oregon Primary Care Association
Oregon Network

Commencing the Venture

TACHC Clinically Integrated Network

Jana Eubank, Executive Director, TACHC
Franchella Jennett, Executive Director, TACHC Clinically Integrated Network

TACHC Infrastructure

Texas FQHCs

TACHC
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS

74 FQHCs in Texas with over **650** clinic sites in **126** counties.
81 TACHC members

1.8 million patients served
6.6 million total visits

Service Trends

Medical – 5% ⬆	Behavioral Health – 4% ⬆
Dental – 1% ⬆	Substance Use – 22% ⬆
Vision – 10% ⬆	Enabling – 2% ⬇
	Virtual Visits ⬇ 15%

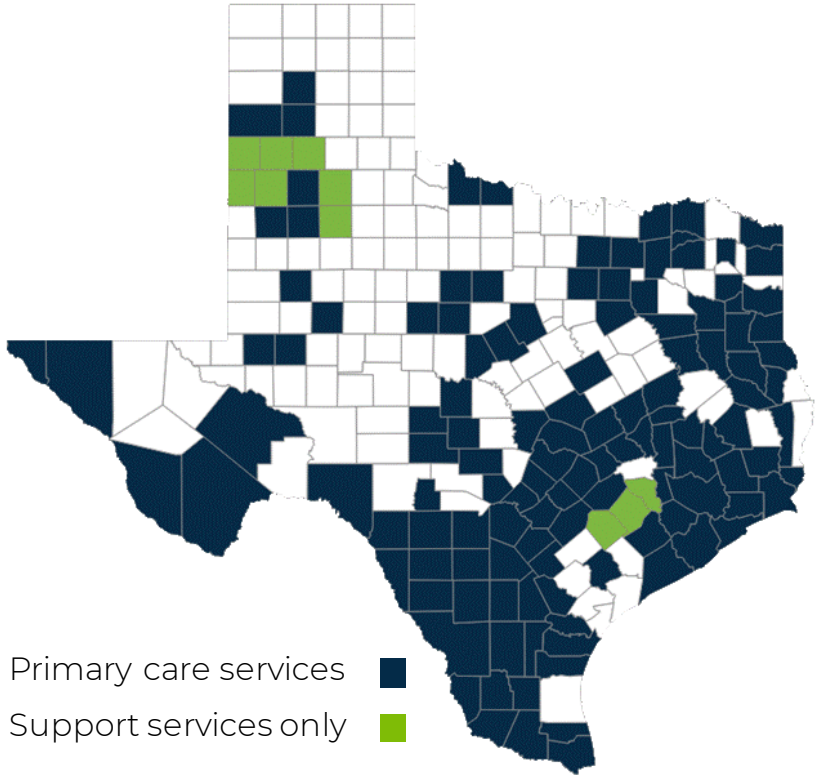
35% of patients are on Medicaid, only **24%** of center revenue is from Medicaid.

In Poverty
66%

65 and older
150,504

Women of childbearing age
691,438

Children
646,923



Managed Care Service Areas

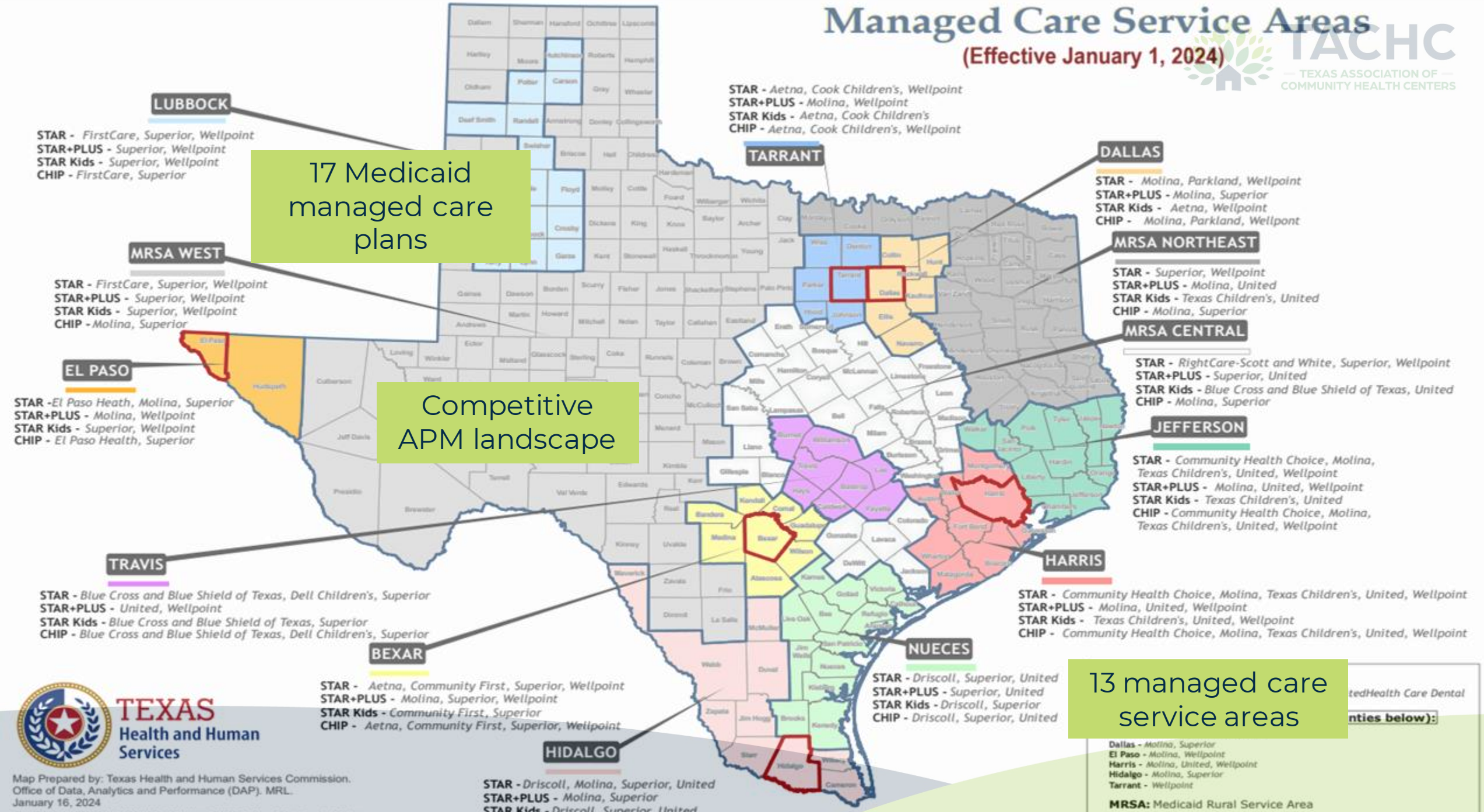
(Effective January 1, 2024)

TACHC — TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS

17 Medicaid managed care plans

Competitive APM landscape

13 managed care service areas



LUBBOCK
STAR - *FirstCare, Superior, Wellpoint*
STAR+PLUS - *Superior, Wellpoint*
STAR Kids - *Superior, Wellpoint*
CHIP - *FirstCare, Superior*

MRSA WEST
STAR - *FirstCare, Superior, Wellpoint*
STAR+PLUS - *Superior, Wellpoint*
STAR Kids - *Superior, Wellpoint*
CHIP - *Molina, Superior*

EL PASO
STAR - *El Paso Heath, Molina, Superior*
STAR+PLUS - *Molina, Wellpoint*
STAR Kids - *Superior, Wellpoint*
CHIP - *El Paso Health, Superior*

TRAVIS
STAR - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*
STAR+PLUS - *United, Wellpoint*
STAR Kids - *Blue Cross and Blue Shield of Texas, Superior*
CHIP - *Blue Cross and Blue Shield of Texas, Dell Children's, Superior*

BEXAR
STAR - *Aetna, Community First, Superior, Wellpoint*
STAR+PLUS - *Molina, Superior, Wellpoint*
STAR Kids - *Community First, Superior*
CHIP - *Aetna, Community First, Superior, Wellpoint*

HIDALGO
STAR - *Driscoll, Molina, Superior, United*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Driscoll, Superior, United*

TARRANT
STAR - *Aetna, Cook Children's, Wellpoint*
STAR+PLUS - *Molina, Wellpoint*
STAR Kids - *Aetna, Cook Children's*
CHIP - *Aetna, Cook Children's, Wellpoint*

DALLAS
STAR - *Molina, Parkland, Wellpoint*
STAR+PLUS - *Molina, Superior*
STAR Kids - *Aetna, Wellpoint*
CHIP - *Molina, Parkland, Wellpont*

MRSA NORTHEAST
STAR - *Superior, Wellpoint*
STAR+PLUS - *Molina, United*
STAR Kids - *Texas Children's, United*
CHIP - *Molina, Superior*

MRSA CENTRAL
STAR - *RightCare-Scott and White, Superior, Wellpoint*
STAR+PLUS - *Superior, United*
STAR Kids - *Blue Cross and Blue Shield of Texas, United*
CHIP - *Molina, Superior*

JEFFERSON
STAR - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*
STAR+PLUS - *Molina, United, Wellpoint*
STAR Kids - *Texas Children's, United*
CHIP - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*

HARRIS
STAR - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*
STAR+PLUS - *Molina, United, Wellpoint*
STAR Kids - *Texas Children's, United, Wellpoint*
CHIP - *Community Health Choice, Molina, Texas Children's, United, Wellpoint*

NUECES
STAR - *Driscoll, Superior, United*
STAR+PLUS - *Superior, United*
STAR Kids - *Driscoll, Superior*
CHIP - *Driscoll, Superior, United*

TEXAS Health and Human Services

Map Prepared by: Texas Health and Human Services Commission.
Office of Data, Analytics and Performance (DAP). MRL.
January 16, 2024
Path: Z:\Mike_L\TX_STAR_SDAs\TX_SDA_Maps\TX_SDA_Maps_Effective_Jan2024.aprx

...tedHealth Care Dental

...nties below):

Dallas - *Molina, Superior*
El Paso - *Molina, Wellpoint*
Harris - *Molina, United, Wellpoint*
Hidalgo - *Molina, Superior*
Tarrant - *Wellpoint*

MRSA: Medicaid Rural Service Area

TACHC VALUE-BASED CARE PROGRAM ALIGNMENT

Organizational Commitment to Population Health Strategies

- Board Governance
- Compliance
- Emergency Management
- Executive Leadership/ Management Training
- Special Populations
- Strategic Planning

Health Information Technology and Data

- Compliance
- SDoH Platform
- Virtual Care Support
- CHIA- Cyber Liability
- Emergency Management

Financial Health and Planning

- Board Governance
- Billing & Coding
- FQHC Development
- Group Purchasing
- Outreach & Eligibility
- Operational Assessments
- Financial Trend Analysis
- Strategic Planning
- CHIA- P&C Insurance

Clinical Management and Care

- Executive Leadership/ Management Training
- Trauma Informed Care
- Virtual Care Support
- Workforce Development
- CHIA- Gap Policy
- Emerging Infections

SDoH (Non-medical factors)

- SDoH Collaborative
- Special Populations
- Trauma Informed Care
- SDoH Platform (Unite Us)

Patient & Staff Experience

- Customer Service Support
- Trauma Informed Care
- Remote Patient Monitoring (RPM)
- Workforce Development

Health Center Handbook • Quality Axis • HCCN • Federal/State Public Policy Work • Clinically Integrated Network

Our Journey

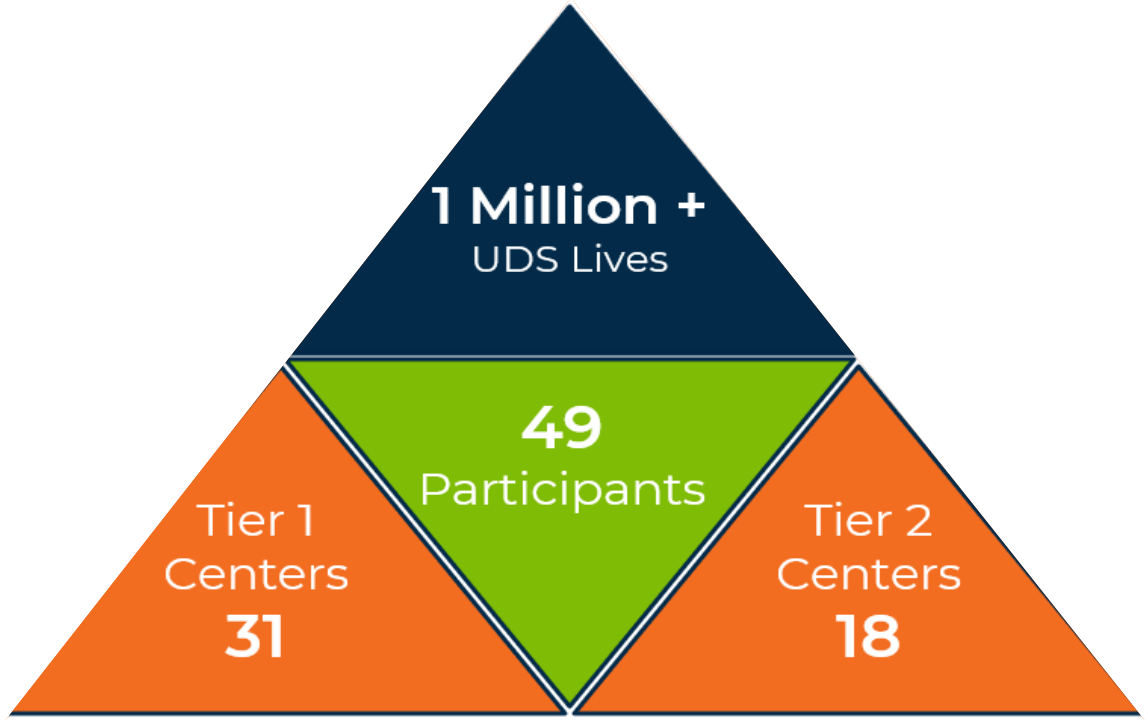
March 2022	October 2022	December 2023	May 2023	June 2023	July 2023	September 2023	October 2023	Present
VBC Readiness Assessment and Network Feasibility Study	TACHC Board votes to create a CIN	Established CIN Subcommittee of TACHC Board	Incorporated CIN as a LLC	Hired Executive Director		Established governance	Formalize Master Services Agreement	
	Engaged with Starling Advisors			Issued Participation Agreements	Facilitated three learning sessions about the CIN			Socialize CIN with payers
	EHF Grant awarded							

Network Formation

MY TEXAS MY HEALTH

Tier 1: Demonstrate a higher-level of performance based on quality score

Participation in advanced value-based payment options, such as shared savings/shared loss models.



Focused on building a network of engaged health centers with the potential to be successful in an array of value-based arrangements.

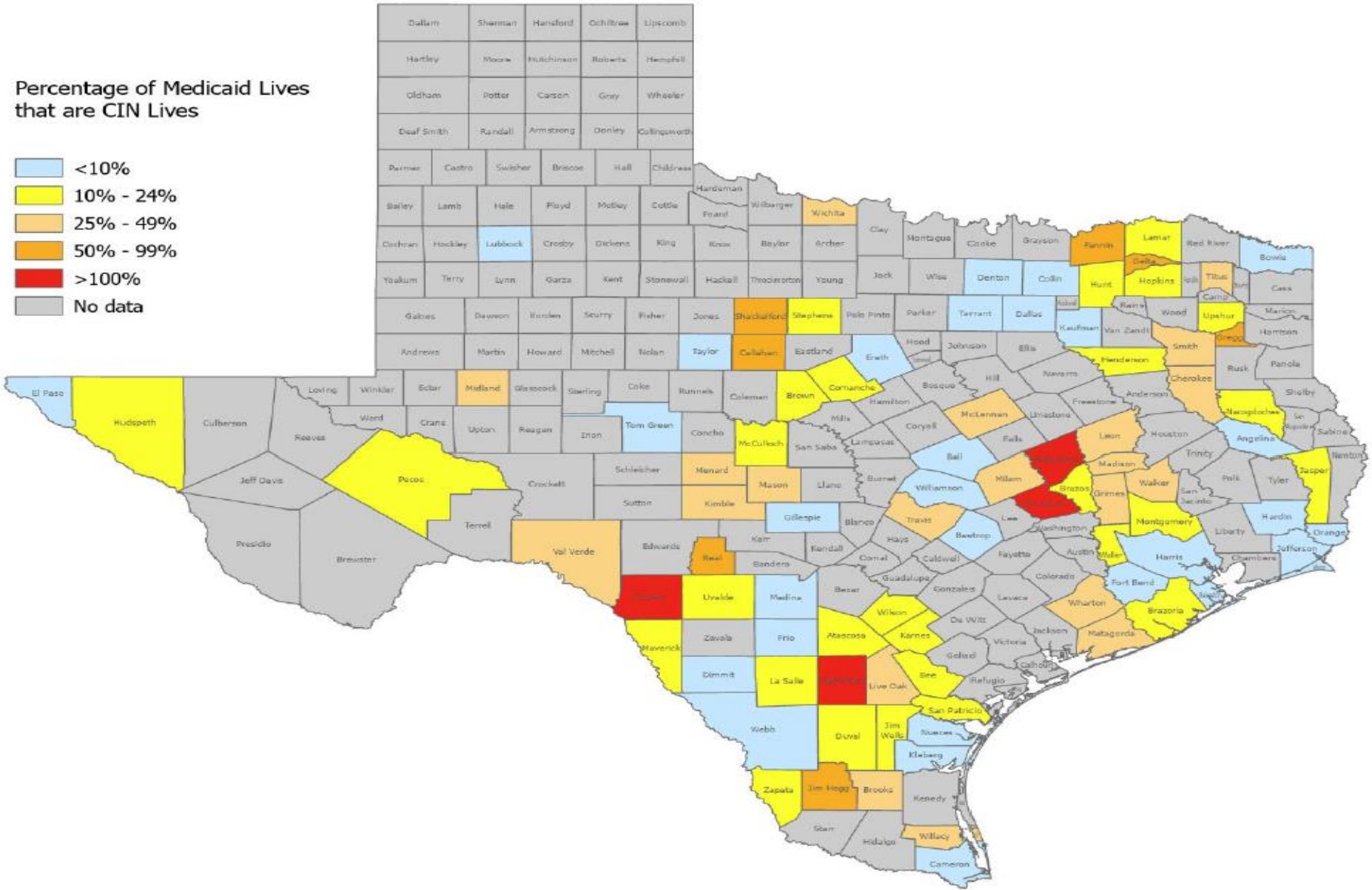
Tier 2 : Open to all Health Center members of TACHC

Participation in basic value-based payment options such as care coordination payments and pay-for-performance models.

Participation in TACHC CIN shared services.

TACHC CIN Medicaid Patients

TACHC
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS



TACHC CIN Governance

Wholly owned subsidiary of TACHC

TACHC Clinically Integrated Network LLC

Board of Managers

Comprised of Tier 1 Health Center Executive Leaders, manages the business affairs of the Company

Comprised of 9 representatives from Board of Managers, oversees CIN day-to-day operations

Executive Committee

(Elected TACHC CIN Officers)

Clinical Quality Committee

Finance & Contracting Committee

Network Participation Committee

Comprised of Tier 1 & Tier 2 Health Center Leaders

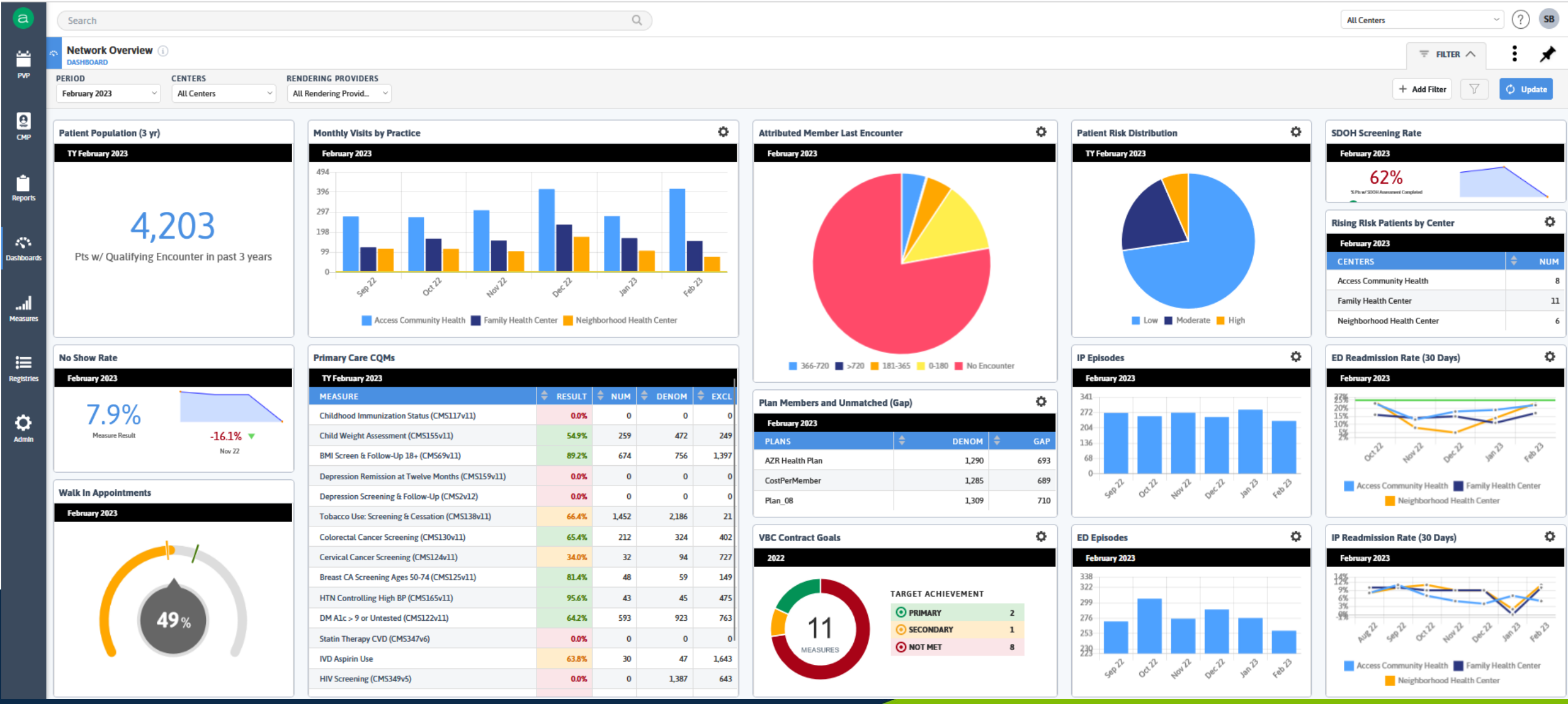
Requirements for All Participants

TACHC
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS

- TACHC Member in Good Standing
- Actively participating in a Patient Centered Medical Home (PCMH) recognition process
- Health Center Controlled Network participant with TACHC or a TACHC HCCN Partner
- Participate and engage in CIN's educational sessions, meetings and performance improvement activities
- Complete TACHC's Annual Value-based Care Readiness Assessment

Sample CIN Dashboard

TACHC
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS



Advantages and Opportunities

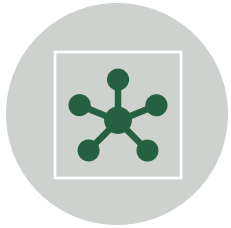
TACHC
TEXAS ASSOCIATION OF COMMUNITY HEALTH CENTERS

HIGHLY ENGAGED AND EXPERIENCE EXECUTIVE COMMITTEE

FLEXIBLE PARTICIPATION AGREEMENT

HEALTH CENTERS ARE AT VARIOUS STAGES OF VALUE-BASED CARE PARTICIPATION

TACHC SUPPORTING CIN INFRASTRUCTURE AND INITIAL INVESTMENTS



ON-GOING HEALTH CENTER DATA INTEGRATION

PAYER CONNECTION TO CIN DATA PLATFORM

JOURNEY TO VALUE IS NOT A QUICK TRIP...

PREVIOUS MSSP EXPERIENCE

On the Horizon

- Infrastructure refinement
- Contract portfolio build
- Hybrid service support
- Establish distribution methodology
- CIN Branding
- Network expansion
- On-going fundraising

Questions?

PCA VBC Collaborative

Achieving VBC Goals without a CIN

Darcy Shargo
CEO
Maine Primary Care Association

PCA Overview

Maine PCA's VBC Journey
as of March 12, 2024

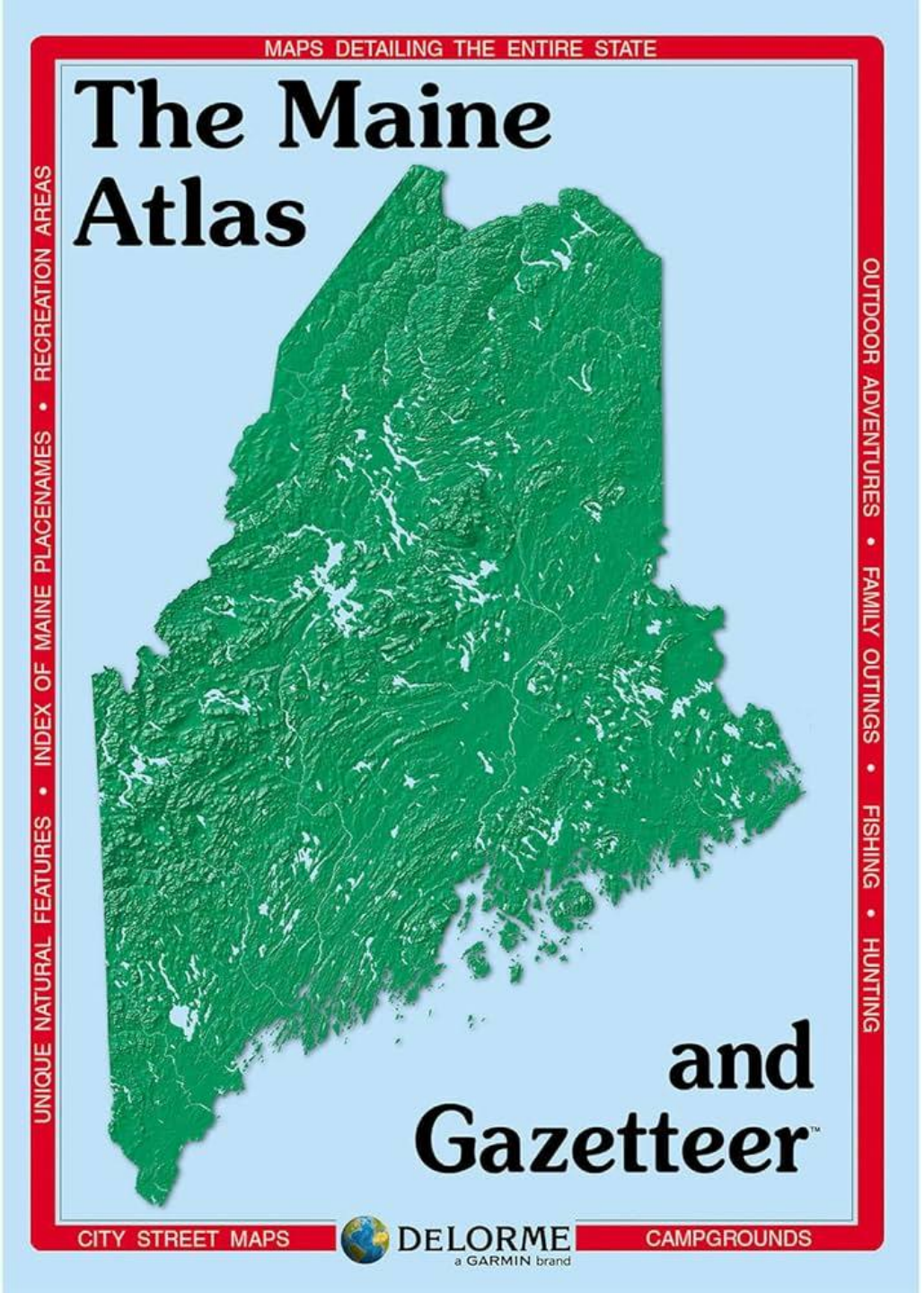
What a long strange trip it has been ….

The Maine Landscape

- 20 FQHCs (including one LAL) serving 1 in 5 Maine people - largest independent PC network in state (19 are PCA members).
- ***Non-managed care state.***
- Recovering from decimated Public Health/Health Care System after 8 yrs of bad policy-making (with ravages of COVID-19 laid over this recovery.)
- Until last year, the rate gap between PPS payment and cost averaged 65%; new rates established after a very painful process and are now dealing w/a delayed inflationary adjustment and growing financial fragility in our network.
- PCA part of early (2012) FQHC-led Medicare ACO that disbanded in 2018 – replaced with new ACO.
- Strengthening collaboration with FQHC-predominant ACO that has over 80% overlapping membership.

Landscape, cont'd

- Total patients served = roughly 215,000
- Payor mix in Maine FQHCs (2022 UDS):
  - 9.52 % Uninsured
  - 28.79% Medicaid
  - 24.97% Medicare (reflects demographics)
  - 36.72 % Private Insurance
- Range of CHC sizes across Maine FQHCs: >1K to 65K +
- Mostly rural service areas – 65% of Mainers live in rural areas, the highest % in the nation



Understanding the Lay of the Land

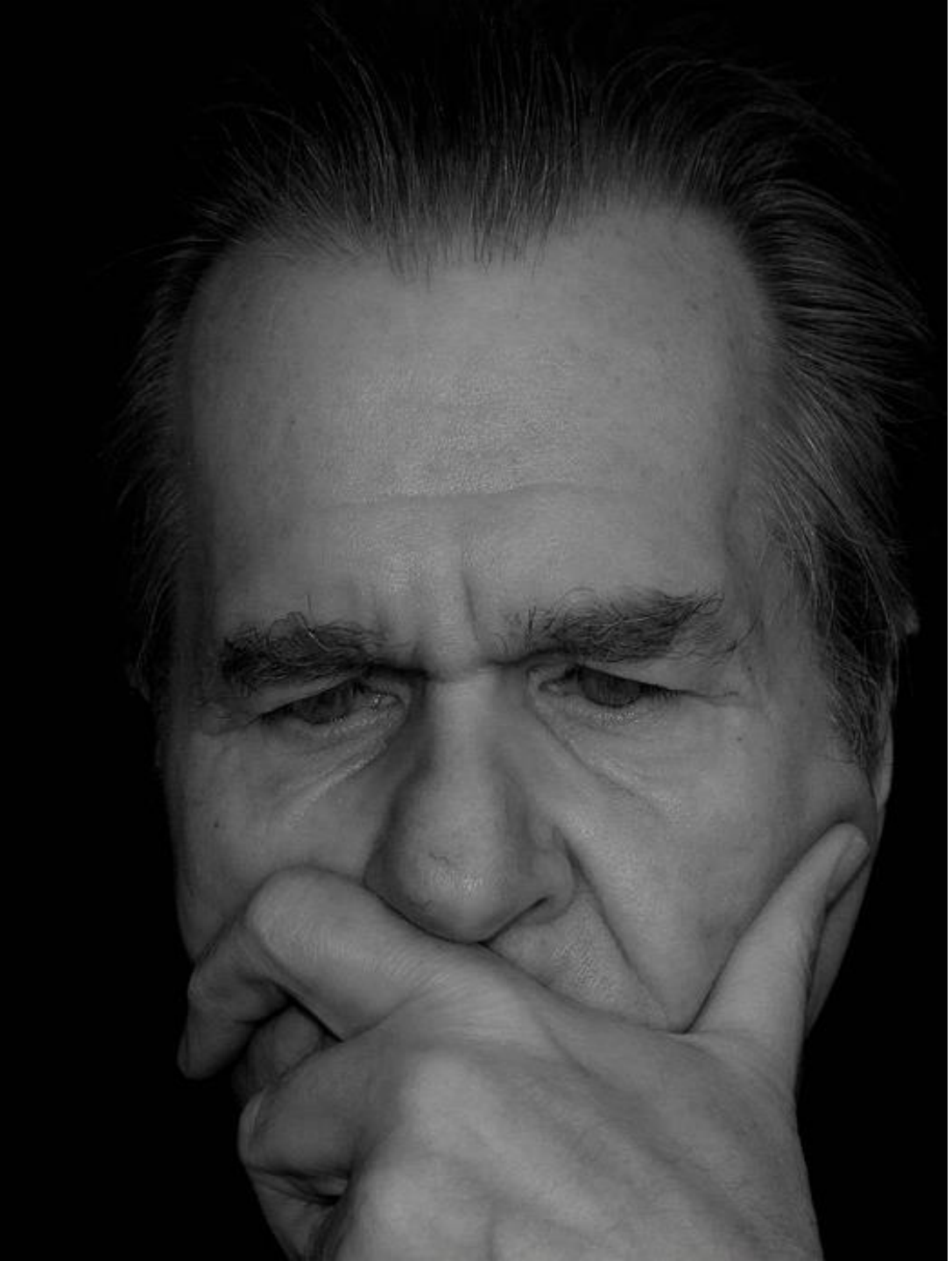
ACOs, PC Plus, and More

Maine's ACO Landscape

Maine's FQHCs predominantly in FQHC-led ACO, called Community Care Partnership of Maine (CCPM) - 17 of 20 FQHCs engaged

Also have FQHCs participating in Central Maine ACO and MaineGeneral ACO

Most multi-payer ACOs moving into downside risk (so is Medicaid ACO)



So Why Don't We (yet?) Have a CIN?

- ACO and rapid expansion – PCA playing catch up
- Challenges with figuring out best partnership(s) structure
- Non-managed care environment doesn't force the issue
- Establishment of internal groups to guide VBP work absent CIN – and to set network-wide goals and alignment
- Alignment incl lawmaker education on FQHC payment – *Legislative Briefing Book*

Developing Internal Structures

VBP Steering Committee (VBPSTCOM)

- As approved by MPCA's board in 2019, the Association's Executive Committee shall act as the "Payment Reform Steering Committee" and shall guide the board process to advance the Maine Primary Care Association's payment reform work. The intent is to *align payment reform with practice transformation that supports the holistic needs of the populations Maine CHCs serve collectively and the unique needs of populations that individual CHCs serve*.

APM Work Group (APMWG)

PURPOSE

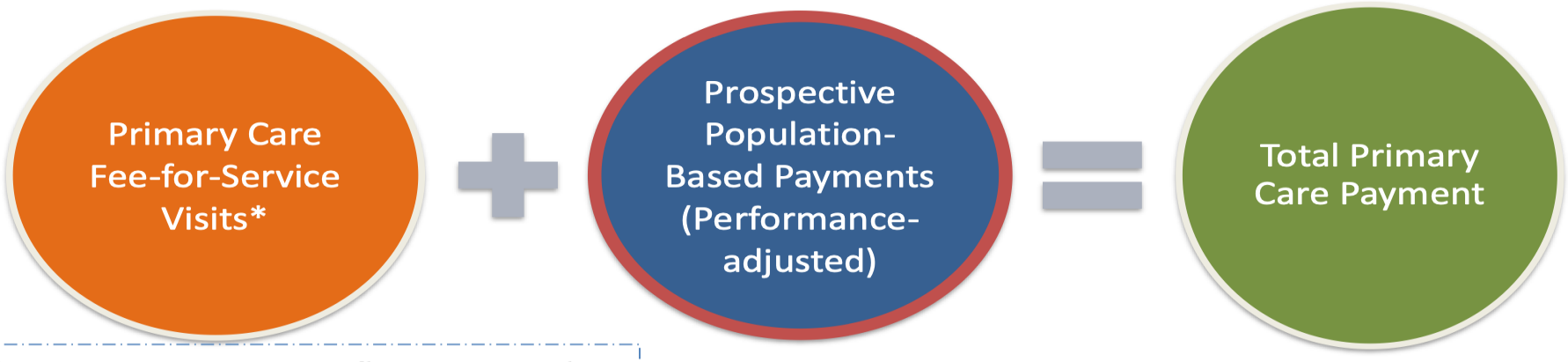
- The APM Work Group will provide oversight and strategic direction for the **capitated APM development** process, explore key decision points, and make recommendations to the VBP Steering Committee on payment model design.

Both are in service of alignment – esp. in Medicaid space

Payment Structure

MaineCare Primary Care 2.0

Payment Structure:



**Transitioning to a flat rate and larger percent of payments as non-visit based*

- *Population- and risk-adjusted*
- *Enhancements available based on practice characteristics and alignment with Accountable Communities program*
- *Adjusted for performance on <10 measures*

Major Complications to PC+ (Round 1)

- No SDOH adjustments
- Chaotic roll out
- Potential losses to CHCs
- No ongoing/upfront investment
- Limited engagement re: YR 2 “flat visit” which is in conflict w/federal FQHC payment rules
- Lack of understanding/ misconception re FQHC model, incl. financial viability

VBP/VBC Principles – What's Most Important to FQHCs

1. Reduce health disparities
2. Support patient-focused primary care models
3. Support advanced primary care models
4. Ensure patients are able to access services they need
5. Move from volume-based pay to value-based pay
6. Allow a glide path to VBP
7. Increase funding to primary care
8. Hold providers accountable for cost, quality, and access metrics
9. Support innovations that improve primary care
10. Allow for more flexibility to improve care
11. Limit additional work that doesn't impact patient outcomes
12. Address attribution issues
13. Support data, analytics, and technology investments
14. Address workforce issues
15. Design payment to benefit multiple stakeholders
16. Payment should be timely
17. Support community-based care models for vulnerable populations
18. Encourages FQHCs to form partnerships

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

State & FQHC VBP/VBC Goal Development and Alignment

WHERE STATE AND HC GOALS ALIGN: IMPROVE HEALTH EQUITY

- Identifying and addressing SDoH barriers
- Making sure that payment doesn't disadvantage providers serving patients w/complex social and behavioral health characteristics
- Assessing and addressing the unique needs of rural populations (remember – we're the most rural state!)

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

WHERE STATE AND HC GOALS ALIGN: COST, QUALITY AND ACCESS

- Improving access to comprehensive primary care
  - Billable and non-billable access – incl. “outside the box” access
- Improve and align quality metrics
- Bend the TCOC (total cost of care) curve (including hospital costs, specialty costs, Rx, etc.)
- Payments promote accountability to cost, quality and access

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

WHERE STATE AND HC GOALS ALIGN: SUPPORT COMPREHENSIVE CARE

- Continuity of care
- Care management and care coordination
- Integration of BH, oral health, and SDoH services
- Advancement of a population health approach
- Increase focus on prevention and wellness (esp. where Maine lacks a public health system as exists in many states)
- Partnerships and connections with other parts of the health care system, esp. social service agencies

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

WHERE STATE AND HC GOALS ALIGN: REDUCE ADMINISTRATIVE BURDEN

- Make payment less complex
- Align payers to use the same metrics/payment methodologies

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

WHERE STATE AND HC GOALS ALIGN: RISK ADJUSTMENT

- Payment adjusted by patient complexity
- Risk adjustment should include appropriate social and behavioral health adjustments to decrease health disparities

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

PC 2.0: Alignment with VBP/VBC Principles & FQHC Rules, and Joint Goals

What does it take for us to be rowing the same direction?

WHERE WE ARE SEEKING FURTHER ALIGNMENT

- Working on an FQHC primary care capitated payment like what other states have done through our APM work group. Inviting ACO to be part of the development and engagement strategy.

- Stressing an accountability plan that not only aligns with cost, quality, access goals, but also with innovation and the key principles that FQHCs are committed to upholding.

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

FURTHER ALIGNMENT, CONT'D

- Risk adjustment needs to account for social determinants of health barriers. Our state has said they agree but have "no idea" how to do this.

- Budget neutral approach doesn't address the issue of primary care being underfunded and needing infrastructure investments to prepare for VBP – MPCA pursuing a primary care investment strategy – unveiling the framework this month – see this as a key parallel process to anything related to VBC

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

LEVERAGING PEOPLE, PROCESS/TECHNOLOGY

- Using internal structures to showcase models from other states – i.e. VBP Educational series for all Maine FQHCs
- Partnering with our in-house HCCN to explore how Azara can advance VBP goals/principles (in beginning phases)
- Setting joint priorities with ACO

PO Box 5137, Augusta, ME 04332 | (207) 621-0677

How Are CHCs Performing?

11%

72%

27%

33%

85%

FMI, connect with Darcy Shargo, CEO, MPCA

207-462-4443

dshargo@mepca.org

Q and A

Please type you questions in the Q&A box or raise your hand to be unmuted.