

NACHC MEDICAID WAIVER PRINCIPLES

PREAMBLE

Medicaid provides health insurance coverage for the nation's most economically disadvantaged populations. These populations are distinguished by the breadth and intensity of their health needs; the impact of poverty and other socioeconomic factors that may be barriers to their ability to obtain health care services; and the degree to which they require assistance in accessing and paying for care.

Community health centers (also known as federally qualified health centers or FQHCs) are non-profit, community-directed providers that serve as the primary medical home for more than 27 million people in over 10,000 medically underserved rural and urban communities across America, including more than 13 million (1 in 6) Medicaid beneficiaries. For over 50 years, community health centers have been committed to providing all individuals who come through their doors with high-quality, cost-effective primary and preventive care, regardless of their insurance status or ability to pay.

Community health centers have demonstrated their value to the Medicaid program in areas such as care quality, population health outcomes, and cost controls. Since their advent and as a direct function of their requirement to remain sustainable yet accessible, community health centers are innovators in the delivery of value-based care for disadvantaged populations. As a committed partner to the Medicaid program and their patients, community health centers will continue contributing to the development of payment and delivery models in Medicaid, in order to further enhance care and outcomes without impairing access for our country's most vulnerable and isolated patient populations.

As the national membership organization for community health centers, NACHC seeks to establish a set of Medicaid waiver principles that: 1) support the mission of health centers, 2) ensures patient access to high-quality, affordable care for underserved and vulnerable populations, and 3) can be adopted and tailored by state and regional PCAs and health centers to suit specific needs.

PRINCIPLES

Maintain Access to Federally Qualified Health Centers (FQHCs):

- Any waiver should ensure that Medicaid beneficiaries have unfettered access to FQHCs and the services that they provide. This includes guaranteeing that any change to the Medicaid program does not waive or otherwise undermine the specific Medicaid FQHC statutory requirements, including coverage of FQHC services as a mandatory Medicaid benefit and adherence to the FQHC Prospective Payment System (FQHC PPS) and Alternative Payment Methodology (FQHC APM).

Maintain Coverage, Access, and Affordability:

- Any change to the Medicaid program allowed by a demonstration waiver must uphold the program's guarantee of coverage and at a minimum, maintain current eligibility standards.
- Medicaid 1115 demonstration waivers must ensure access to needed care and services for affected enrollees, including maintaining affordability protections. Affected individuals should also maintain timely access to any willing, qualified provider.

- Medicaid 1115 demonstration waivers must be structured so that enrollees continue to be able to receive, at a minimum, all mandatory care and services in order to meet their unique needs and ensure quality care.
- Medicaid 1115 demonstration waivers should align reporting requirements across Medicaid enrollees, providers and plans and, when possible, reduce administrative complexity and costs.

Foster Innovation:

- While considering Medicaid 1115 demonstration waivers, CMS should balance state flexibility and innovation with necessary federal standards to protect beneficiaries.
- Medicaid 1115 demonstration waivers should advance population health through innovations that influence health outcomes and directly address the social determinants of health. Waivers should also support the provision of integrated, seamless, continuous, patient-centered care, promote continued innovation in health care delivery, and consider both public- and private-sector solutions, while protecting essential benefits.
- Payment and delivery system innovations require substantial investment in new technologies and infrastructure. Medicaid 1115 demonstration waivers should take into consideration these costs and provide appropriate upfront federal investment with requirements to involve key stakeholders such as safety net providers during times of transitional funding. This will ensure that states have the capacity and resources to develop delivery system and payment models that improve health outcomes and decrease long-term costs, and can help to ensure that state Medicaid programs continue to lead the way in innovation and payment and delivery reform.

Uphold Process and Transparency Standards:

- It is vital that existing transparency requirements remain in effect. This should include, but not be limited to, demonstrable stakeholder engagement at the state and federal level, and transparency during the waiver development and revision process.
- Rigorous evaluation of existing demonstration waivers on programmatic flexibilities, and their impact on enrollees, providers, and plans, should be considered when assessing new waiver applications.