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### Fee-For-Value

Mark Hill, MPA, Contract Administrator  
Care and Treatment Division

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### What is fee for value?

 Model which rewards sub-recipients with incentive payments for the quality of care in delivering RWHAP services.

**Fee for Value supports**

-  Better care for individuals
-  Better health for populations
-  A sustainable system of care

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### Why Fee-For-Value?

-  Reward sub-recipients for providing services in a matter that are consistent with the goals, objectives, and plans of HAHSTA RWHAP.
-  Allocate funds with more transparency and accuracy than previous funding models. Improve spending.
-  Reward quality over quantity, with defined and standardized targets based on outcomes, process, and capacity.

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### The Model

- Is like the grant-funded model, with inputs to determine total award
- Ties funding to performance and varies year to year
- Employs a fair comparison to similar sub-recipients
- Rewards strong processes and programs
- Scales emerging best practices across network
- Includes the voice of sub-recipients

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
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### The Model

 Pays for the percentage of RW network customers the sub-recipient serves.

 Pays for the quality of service and program the sub-recipient provides, *relative to network*.

 Includes an additional value enhancement award opportunity for sub-recipients with the highest outcomes.

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### Fee-For-Value Service Categories

- Outpatient Ambulatory Health Services
- Medical Case Management
- Non-Medical Case Management
- Medical Nutrition Therapy
- Food Bank/Home Delivered Meals

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**Fee-For-Value Service Categories/Bundles**

- Medical Care Coordination Bundle:  
**OAHS, MCM, NMCM**
- Non-Medical Care Coordination Bundle:  
**MCM, NMCM**
- Medical Nutrition Therapy**
- Food Bank/HDM**

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**Value Enhancements**

- Consists of process assessment and outcome measure awards
- Fee For Value(FFV) sub-recipients will be awarded funds based on their performance as a Ryan White sub-recipient and for providing funded services commensurate with service size and scope
- HAHSTA will conduct an annual review of the processes and outcomes of each FFV sub-recipient
- The reviews will occur in the fourth quarter (December) of the current grant in preparation for continuation funding decisions

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**Process Assessment**

- Sub-recipients will be awarded for performance commensurate with size and scope of service program
- Evaluates current best practices based on deliverables
- Is administered by HAHSTA staff
- All sub-recipients will receive a process assessment award

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### Process Assessment

- Each FFV service category has unique protocols and standards as they relate to:
  - Patient Care
  - Performance Measurement
  - Infrastructure
  - Chart Audits
- The assessment tool will only measure the elements determined by HAHSTA to be most valuable
- The process assessment consists of a review of each FFV sub-recipient's overall quality management, fiscal and program reporting elements.

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Outpatient Ambulatory Health Service		
Deliverable	Criteria	Points
Linkage, rapid ART	Step-by-step guidelines and person(s) responsible - Red Carpet	5
	Data is analyzed and reviewed at least monthly	10
subtotal:		15
Retention	Step-by-step guidelines and person(s) responsible	5
	Data is analyzed and reviewed at least monthly	10
subtotal:		15
Recapture/Reengagement	Step-by-step guidelines and person(s) responsible	5
	Data is analyzed and reviewed at least monthly	10
subtotal:		15
Adherence Counseling	Step-by-step guidelines and person(s) responsible	5
	Data is analyzed and reviewed at least monthly	10
subtotal:		15
Risk reduction counseling	Step-by-step guidelines and person(s) responsible	5
	Data is analyzed and reviewed at least monthly	10
subtotal:		15
After Hours Access & Virtual Visits	Offers evenings and weekend appointments, with documentation of weekly availability	5
	Offers virtual visits with a prescribing provider	10
subtotal:		15
Sub-specialty Care	Offers wellness information and services tailored to needs of PLWH	10
subtotal:		10
<b>SERVICE TOTAL:</b>		<b>100</b>

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Fiscal Process Assessment - Criteria	Points
Agency's initial budget is submitted on time AND any necessary revisions for approval are submitted within 3 business days from notification of GMS' comments.	10
Agency manages spending according to the approved budget	25
Burn rate of overall award is between 20-30% by end of Q1	20
Renews and submits all expired assurances within 5 business days of expiration	5
Single Audit submitted to the Federal Audit Clearinghouse within nine months after organization's fiscal year (those who expend \$750K federal funds) OR Audited Annual Financial Statements (those who expend less than \$750K federal funds) with no findings	15
Sub grantee submits complete monthly invoice package, without errors, and by 10th business day for 4/4 months July (9/9 months Dec)	25

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### Outcome Measure Award

- Grouped and assessed commensurate with size and scope of service program
- Only the top performers will be awarded – Max 2
- The top performing sub-recipient is eligible to receive 65% of available funds
- The second highest sub-recipient is eligible to receive 35% of available funds
- Outcome metrics will be shared in advance.
- Data for these metrics must be submitted into CAREWare

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### Outcome Measure Examples

**OAHS**

- Viral Load – HAB Core 01
- Rapid Start ART
- Rapid Re-start – Linkage to HIV care within 7 days %

**MCM**

- MCM Viral Load Suppression
- Care Marker Retention Measure

**NMCM**

- NMCM Viral Load Suppression
- NMCM Care Plan

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### Value Enhancements

- In Year One – Only the process assessment will be conducted in July 2022 to determine value enhancement awards.
- Sub-recipients will be notified in August 2022.
- Funding will be made available Oct 1.
- Subsequent process and outcome assessments will be conducted in December to determine award funding for the next grant year.
- Sub-recipients will be notified in January and funding made available March 1.

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**FFV Award Breakdown – GY32**

**Capacity (80%)**

- Baseline: Will be equally split amongst total network
- Service Size: Award split amongst similar sized sub-recipients. Based on proposed customers from applicant's Scope of Service (Table A)

**Value Enhancement (20%)**

- Process assessment award: 100% of the value enhancement awarded according to performance, amongst similar sized sub-recipients
- Outcome measure award – not applicable in GY32

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**FFV award breakdown – GY33 (planned)**

**Capacity (70%)**

- Baseline: Will be equally split amongst total network
- Service Size: Award split amongst similar sized sub-recipients. Based on customers served in CAREWare.

**Value Enhancement (30%)**

- Process assessment award – 15% split amongst ALL subrecipients within network
- Outcome measure award – 15% split amongst top 2 performers per network

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**FFV Reimbursement structure (cont.)**

**Year One (3/1/22 – 2/28/23)**

- Capacity awards will be made available March 1, 2022
- Value enhancements will be made available October 1, 2022
  - Process assessments conducted July 2022

**Subsequent Years**

- Capacity & value enhancements awards will be made known and available at the beginning of the Grant Year, March 1
  - Process and Outcome measure assessments will be conducted in December

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### Fee for Value Award Recap

**Year One**

- Capacity 80%
- Process 20%

**Year Two**

- Capacity 70%
- Process & Outcome 30%

After Year One, Network Acuity will be considered in subsequent funding decisions

HAHSTA will notify subrecipients at the beginning of the award period if/when changes are made to the FFV program

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### Value Enhancement - Budget Facts

- Year one value enhancement awards will be made through HAHSTA initiated budget modifications
- Budget and workplan submissions are required for all value enhancement awards
- The value enhancement award is program dollars
- The value enhancement award is a part of the total grant award but is not guaranteed
- All budgeted activities are cost reimbursable

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## Questions?

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