

FEE-FOR-VALUE GY33

A review of the Fee-for-Value funding model and GY33 update

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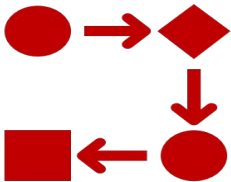
The FFV Model

- A grant-reimbursement model, with standard inputs that help determine sub-recipient's grant awards.
- Funding is based on performance and varies year-to - year.
- Rewards strong processes and program models.
- Includes the voice of sub-recipients.

The FFV Model



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



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



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

Network further explained

- The overall network includes every sub-recipient funded under Fee-for-Value regardless of the average number of customers served.
- Sub-recipients are grouped into quantiles of small, medium and large based on the number of customers served. This is referred to as similar sized sub-recipients.
- When determining the most valuable organization by service category, the overall network, as well as the organization's quantile, are factors.

Fee-For-Value Service Categories

Outpatient Ambulatory Health Services

Medical Case Management

Non-Medical Case Management

Medical Nutrition Therapy

Food Bank/Home Delivered Meals

Value Enhancements

- Consist of process assessment awards and outcome measure awards.
- Are funds awarded to sub-recipients based on their performance as a Ryan White sub-recipient and for providing funded services commensurate with service size and scope of their program.
- Are determined by HAHSTA staff who conduct an annual review of the processes and outcomes of each FFV sub-recipient.
- Will be assessed in the fourth quarter (December) of the current grant, in preparation for future funding decisions.

Process Assessment

- Evaluates current best practices based on deliverables.
- Is administered by HAHSTA monitoring staff.
- Measures sub-recipients based on their performance commensurate to the size and scope of their program.
- Will be conducted for all FFV sub-recipients to determine future award amounts.

Process Assessment Tool

- Measures each FFV service category based on their unique protocols and standards as they relate to:
 - Patient Care
 - Performance Measures
 - Infrastructure
 - Chart Audits
- Measures the elements determined by HAHSTA to be most valuable.
- Consists of measures that review each FFV sub-recipient's overall quality management, fiscal and program reporting activities.

Outcome Measure Award

- Network grouped and assessed commensurate to the size and scope of the program. Max 5.
- Quantile only awarded to the top two performers in each service area
- The top two performing sub-recipients receive a 65/35 split of available funds.
- Outcome metrics shared with sub-recipients in advance of the measurement period.
- Data for these metrics are retrieved from data submitted into CAREWare.

Fee-For-Value Recap

- Grant Year 32 - Awarded \$12,324,733
 - Baseline and capacity 80% - \$10,473,533
 - Value enhancement 20% - \$1,851,200
- Grant Year 33 - Awarded \$10,855,728
 - Baseline and capacity 70% - \$7,599,010
 - Value Enhancement Awards 30% - \$3,256,718

Current Implementation – Grant Year 33

- FFV sub-recipients were awarded funds based on FFV Calculator data/inputs retrieved from CAREWare and process assessment scores.
- FFV Calculator is an algorithmic excel spreadsheet used to calculate funding, considering the following:
 - Baseline (equal split of all organizations providing service)
 - Capacity (proportional split based on CAREWare customers across network)
 - Quantiles (proportional split among similar sized organizations)
 - Process Assessment (value enhancement award)
 - Outcome Measures (value enhancement award based on CAREWare data)

Current Implementation – Grant Year 33

18 FFV Sub-recipients awarded in the following service categories:

- Medical Care Coordination Bundle
 - 11 OAHS, 10 MCM, 11 NMCM
- Non-Medical Care Coordination Bundle
 - 6 MCM, 6 NMCM
- Medical Nutrition Therapy
 - 5 sub-recipients
- Foodbank/HDM
 - 2 Foodbank
 - 1 HDM

Outpatient Ambulatory Health Svcs – GY33 Funding

- OAHS \$2,800,000
 - Baseline \$840,000
 - Capacity \$1,120,000
 - Process Assessment \$420,000
 - Outcome Measures \$420,000
- OAHS factors
 - 1437 customers, 11 sub-recipients
 - Quantiles 4 large, 3 medium, 4 small
 - Outcomes ranged from 86.96% to 66.28%
- OAHS awards ranged from \$115,000 to \$457,000

Medical Case Management - Medical Care Coordination Bundle (MCC) – GY33 Funding

- MCM (MCC) \$2,165,736
 - Baseline \$649,721
 - Capacity \$866,294
 - Process Assessment \$162,430
 - Outcome Measures \$162,430
- MCM (MCC) factors
 - 1135 customers, 10 sub-recipients
 - Quantiles 2 large, 5 medium, 3 small
 - Outcomes ranged from 83.43% to 48%
- MCM (MCC) awards ranged from \$107,038 to \$359,741

Non-Medical Case Management - Medical Care Coordination Bundle (MCC) – GY33 Funding

- NMCM (MCC) \$1,565,320
 - Baseline \$469,596
 - Capacity \$626,128
 - Process Assessment \$117,399
 - Outcome Measures \$117,399
- NMCM (MCC) factors
 - 1788 customers, 11 sub-recipients
 - Quantiles 1 large, 7 medium, 3 small
 - Outcomes ranged from 82.61% to 0.87%
- NMCM (MCC) awards ranged from \$74,131 to \$381,826

Medical Case Management – Non-Medical Care Coordination Bundle(NMCC) – GY33 Funding

- MCM (NMCC) \$860,451
 - Baseline \$258,135
 - Capacity \$344,180
 - Process Assessment \$129,068
 - Outcome Measures \$129,068
- MCM (NMCC) factors
 - 242 customers, 6 sub-recipients
 - Quantiles 2 large, 4 medium
 - Outcomes ranged from 90% to 0%
- MCM (NMCC) awards ranged from \$107,000 to \$360,000

Non-Medical Case Management – Non-Medical Care Coordination Bundle(NMCC) – GY33 Funding

- NMCM (NMCC) \$1,224,229
 - Baseline \$367,267
 - Capacity \$489,692
 - Process Assessment \$183,635
 - Outcome Measures \$183,635
- NMCM (NMCC) factors
 - 483 customers, 6 sub-recipients
 - Quantiles 3 large, 3 medium
 - Outcomes ranged from 94.69% to 2.86%
- NMCM (NMCC) awards ranged from \$117,607 to \$298,205

Medical Nutrition Therapy – GY33 Funding

- Medical Nutrition Therapy \$347,732
 - Baseline \$104,320
 - Capacity \$139,092
 - Process Assessment \$52,160
 - Outcome Measures \$52,160
- Medical Nutrition Therapy factors
 - 391 customers, 5 sub-recipients
 - Quantiles 3 large, 2 medium
 - Outcomes ranged from 87.5% to 51.43%
- Medical Nutrition Therapy awards ranged from \$53,065 to \$81,383

Foodbank/Home Delivered Meals – GY33 Funding

- FBHDM \$1,892,260
 - Baseline \$567,678
 - Capacity \$756,904
 - Process Assessment \$283,839
 - Outcome Measures \$283,839
- FBHDM factors
 - 378,515 units, 3 sub-recipients
 - Quantiles 1 large, 2 medium
 - Outcomes ranged from 247% to 83%
- FBHDM awards ranged from \$383,017 to \$1,101,344

FFV Key Takeaways from Grant Year 32

- Including sub-recipients during the FFV development process enhanced collaboration and increased buy-in for this new model.
- When developing FFV measurement tools, minimize redundancy with other Part A administrative processes such as Redesign Capacity Assessment Tool (RCAT) and Report Cards.
- Early feedback from some sub-recipients on the FFV model was that the juice was not worth the squeeze.
- Transition to the FFV model will take time for Ryan White program monitoring staff and sub-recipients to fully grasp the nuances of the model.

New in Grant Year 33

- Revision of Process Assessment Tool
 - The process assessment tool will be revised with fewer measures and more standardization
 - HAHSTA will form a committee of sub-recipients and HAHSTA Program, Grants Management and Quality staff to revise the tool
- Outcome Measures
 - Sub-recipients can view outcomes in CAREWare
 - Review will be annual from Dec 1, 2022 through November 30, 2023

New in Grant Year (continued)

- HAHSTA will notify sub-recipients at the beginning of the award period if/when changes are made to the FFV program.
- Acuity Survey
- FFV Survey
- Process assessment's Program, Quality, and Fiscal measures used to improve FFV programs

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QUESTIONS?

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