Using Performance-Based Contract Reimbursement to Promote Accountability, Data Quality, and Ensure Payer of Last Resort

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Disclosures

Presenter(s) has no financial interest to disclose.

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Learning Objectives

At the conclusion of this activity, the participant will be able to:

1. Define the crucial elements of performance-based reimbursement
2. Describe how to use tools to develop payment points and rates
3. Describe how to develop feedback loops with providers and planning bodies to improve service provision and spending

Agenda

- Background and Terminology
- Who is in the Room?
- Lifecycle of a Service Category
- Deliverables
- Fee-for-Service
- Activity 1
- Benefits and Challenges
- Activity 2
- Considerations

Background and Terminology

Background (1)

- Grantee: NYC Department of Health and Mental Hygiene (DOHMH)
  - DOHMH Bureau of HIV/AIDS Prevention and Control
    - Care and Treatment Program
- 2016 Part A Award is $100,750,936 (Base and MAI)
  - 177 contracts among 93 agencies in NYC and Tri-County
- 2016 HIV Prevention Funding is approximately $70,000,000 (CDC and NYC)
  - 198 contracts among 90 agencies in NYC

Background (2)

- New York, NY Ryan White EMA includes
  - Five boroughs (counties) of New York City, and
  - Tri-County area North and East of NYC
    - Westchester, Rockland and Putnam Counties
- Began transitioning Ryan White-funded contracts in 2007
  - From cost-based to performance-based with non-standardized, negotiated rates
- Standardized rates as service categories are RFP'ed
  - Typically release one Ryan White and one HIV Prevention RFP per year
  - Average three (3) service categories per RFP
- In 2016, only 36 cost-based contracts remain in portfolio

Background (3)

Public Health Solutions
MERGING RESEARCH AND ACTION

- Public Health Solutions (PHS)
  - Formerly Medical and Health Research Association of NYC (MHRA)
  - Master Contractor for DOHMH
    - Contracting and Management Services (CAMS)
  - On behalf of DOHMH, issues RFPs, participates in evaluation and selection process
  - Legal holder of contracts
  - Negotiates contract terms and monitors contract compliance (jointly with DOHMH)
  - Issues payments
  - Processes changes to contract terms, including modifications and renewals
  - Collects most contract reports
  - www.healthsolutions.org

Terms to Know (1)

- Performance-Based
  - Umbrella term used to denote that payment is determined based on either outcomes or processes performed on a contract rather than on contract expenditures
- Deliverables-Based
  - A type of **performance-based** reimbursement where payment is determined by successfully completing a pre-determined set of deliverables. A deliverables schedule is set with contract milestones and corresponding target completion dates. *For example, a start-up deliverable may be "development of client grievance procedure" or "50% of program staff hired".*
- Fee-for-Service
  - A type of **performance-based** reimbursement where payment is determined by completing discreet, unbundled services. Typically, these are process-oriented and payment is based on a standardized rate. *For example, the calculated rate for an "intake assessment" into a mental health program is $296.*

Terms to Know (2)

- Cost-Based
  - A type of reimbursement where payment is based directly on a contract budget and submitted expenditures.
- Hybrid
  - A type of contract that contains more than one reimbursement methodology, e.g. cost-based, deliverables-based, and/or fee-for-service.
- Rate Setting
  - A process where individual service elements are defined and a reimbursement rate is set for each. Each rate is standardized and accounts for variables such as staff time, staff salary, supplies, etc.
- MRA
  - The Maximum Reimbursable Amount is the maximum total dollar amount of the contract able to be reimbursed.
- MAA
  - The Maximum Authorized Amount is a subset or a portion of the MRA that is authorized for expenditures.

Deliverables-Based Reimbursement

- Reimburses contractors based on completion of project milestones
- Payment is dependent on meeting deliverables
- Provides some flexibility in managing spending
- Forces contractors to track progress of achieving milestones

Fee-for-Service Reimbursement

- Reimburses contractors based on budgeted services and costs through reimbursement rates
- Provides contractor flexibility in managing spending
- Payment is dependent on number of services provided and ensures provision of contracted services
- Forces contractors to track services provided and encourages them to analyze actual vs. budgeted services
- Incentivizes contractors to provide services efficiently, including evaluating staff providing the service, overhead costs, etc.
- May result in growing pains but will encourage contractors to deliver their services more competitively

Cost-Based Reimbursement

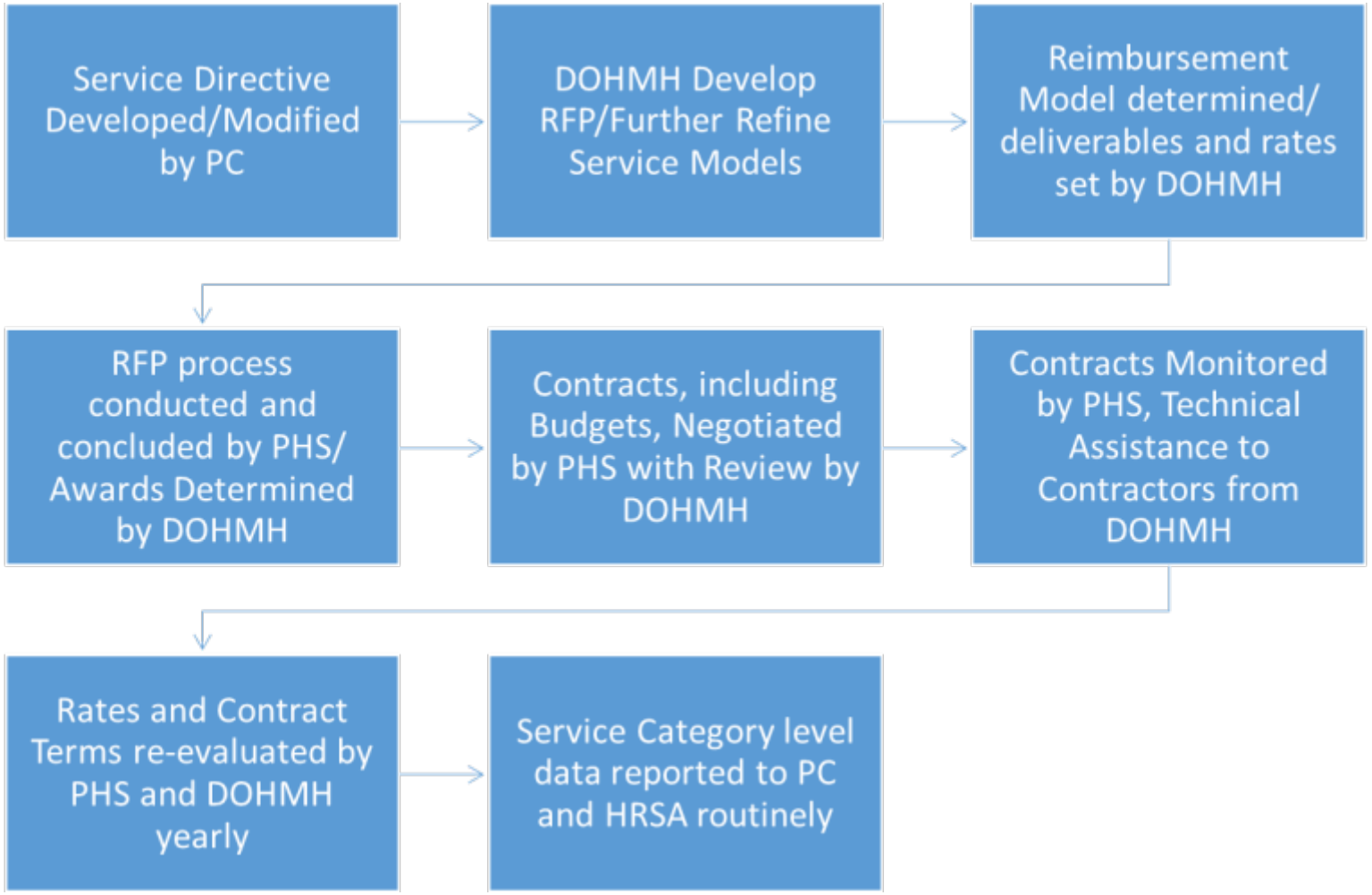
- Reimburses contractors for costs incurred in providing services
- Requires funder approval for all spending changes
- Payment not dependent upon number of services delivered
- No direct incentive for efficiency
- Less direct incentive to maximize alternative funding sources or reimbursement streams
- Some service categories make sense only as cost-based (e.g. housing)

Who is in the Room?

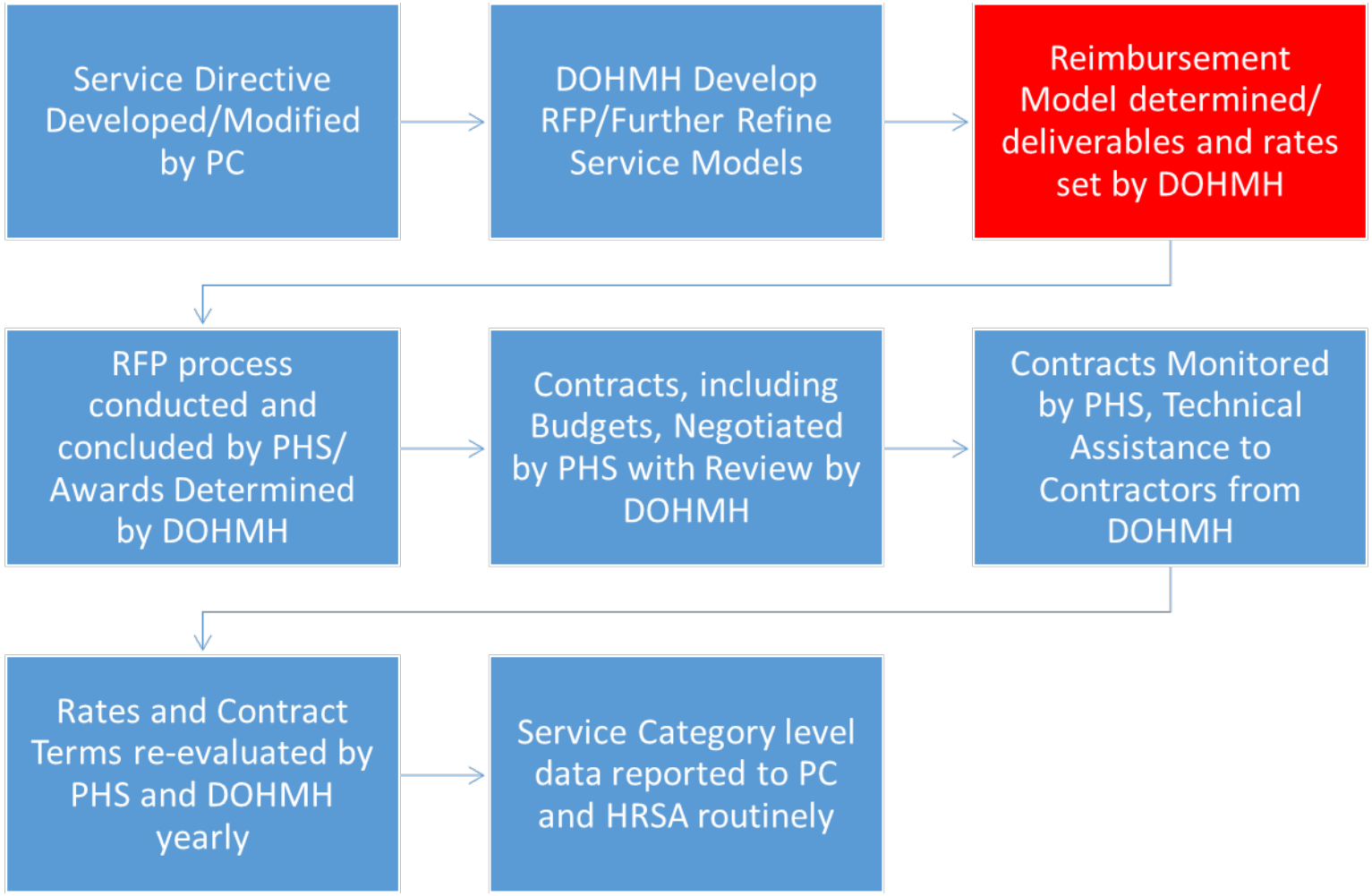
Questions for the Room

- How many of you administer/manage contracts?
- How many of you are direct service providers?
- How many of you have cost-based contracts only?
- How many of you have fee-for-service contracts?
- How many of you have deliverable-based contracts?
- How many of you have hybrid contracts?

Lifecycle of a Service Category



Lifecycle of a Service Category



Reimbursement Model

Deliverables

Elements of Deliverables

- Deliverable Description
  - Contract Milestones
- Required Documentation
- Target Completion Date
- Voucher Due Date
- Funding Allocation

When to Use Deliverables

- Beginning of new fee-for-service contracts
  - Allows for agencies to begin scaling up their program
    - Hire and train staff
- Closeout of terminating fee-for-service contracts
  - Allows time for agencies to scale down their program
    - Focus on transferring clients
- Contract activity is not a direct client service
  - Examples include
    - Social network maps for HIV Social Network Testing
    - Required staff trainings

Reimbursement Model

Fee-for-Service

Elements of Fee-for-Service Reimbursement

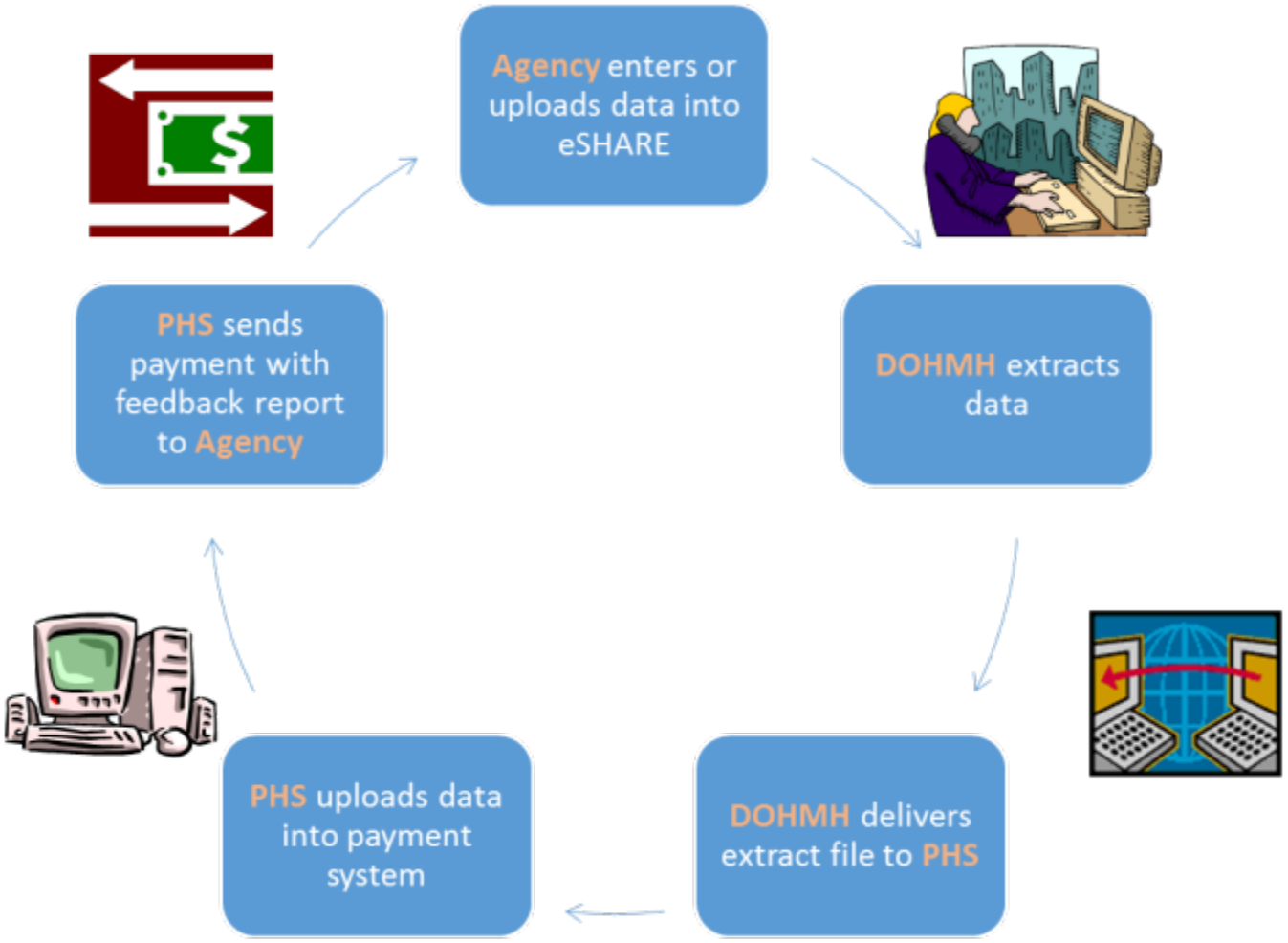
- Client-level data
- Discrete payment points
- Reimbursement rates
- Feedback to providers
- Technical Assistance to providers

Client-Level Data

- Electronic Systems for HIV/AIDS Reporting and Evaluation (eSHARE)
  - Demographics
  - Service Types (some with subtypes)
  - Worker who provided service
  - Start and End time
  - Service Location
- Payment System at Public Health Solutions (MAPS)
  - Extract from eSHARE mapped to payment points and rules

e·share

From Data Entry to Payment



Discreet Payment Points

- Are payments based on client-level essential elements/activities
- Allow monitoring of service targets for required elements
- Allow establishment of payment rules (e.g. service caps)
- Increase data entry requirements

Activity 1

Activity 1 – 10 minutes

1. Break into small groups/pairs
2. Introduce yourselves to each other
3. Using Worksheet #1, identify a Ryan White service category everyone in the group funds
4. Identify key components or service elements of this service category
5. Determine which of these key components or service elements could be used as payment points
6. Report back

Service Level Rate Analysis Tool (SLRAT)

	A	B	C	D	E	F	G	H	I	J
1	**Agency Name:**									
2	**Contract Number:**	16-MHV-508								
3	**Service Category:**	Mental Health Services								
4	**Contract Period:**	06/01/2016 - 02/28/2017								
5										
6		**Schedule F: Service Level Analysis**								
7										
8	**Service Type**	**Projected Units**	**Multiplier**	**Total Units**	**Approved Rate**	**Calculated MRA**	**Percent**	**Allocated Difference**	**Total MRA**	**Total Rounded MRA**
9	Intake Assessment	5.00	1.00	5.00	$296.00	$1,480.00	0.94%		$1,480.00	$1,480.00
10	Service Plan Development	5.00	1.00	5.00	$112.00	$560.00	0.35%		$560.00	$560.00
11	Reassessment	16.00	1.00	16.00	$254.00	$4,064.00	2.57%		$4,064.00	$4,064.00
12	Service Plan Update	16.00	1.00	16.00	$112.00	$1,792.00	1.13%		$1,792.00	$1,792.00
13					**Assessment and Planning**	**$7,896.00**	**4.99%**	**$0.00**	**$7,896.00**	**$7,896.00**
14	Mental Health Counseling - Individual	45.00	1.00	45.00	$196.00	$8,820.00	5.57%		$8,820.00	$8,820.00
15	Mental Health Counseling - Group	6.00	1.00	6.00	$79.00	$474.00	0.30%		$474.00	$474.00
16	Mental Health Counseling - Family	1.00	1.00	1.00	$225.00	$225.00	0.14%		$225.00	$225.00
17	Psychiatric Evaluation	3.00	1.00	3.00	$390.00	$1,170.00	0.74%		$1,170.00	$1,170.00
18	Psychiatric Visits	18.00	1.00	18.00	$209.00	$3,762.00	2.38%		$3,762.00	$3,762.00

Service Target Grid

	A	B	C	D	E	F	G	H	I	J	K	L
1	**Agency Name:**											
2	**Contract Number:**		16-MHV-508									
3	**Service Category:**		Mental Health Services									
4	**Contract Period:**		06/01/2016 - 02/28/2017									
5												
6		**Schedule E: Service Target Grid**										
7												
8						45	Projected number of unduplicated clients served by this contract					
9												
10						**Projection Type:**				Original		
11						**Projection Effective Date:**				6/1/16		
12												

13	Service	Required/Optional	Units	Clients	March		April		May		June		
14			Service Unit	# of Clients	# of Services	# of Clients	# of Services	# of Clients	# of Services	# of Clients	# of Services	# of Clients	# Ser
15	**Assessment and Planning**												
16	Intake Assessment	Required	Encounters								6		
17	Service Plan Development	Required	Encounters								6		
18	Reassessment	Required	Encounters								0		
19	Service Plan Update	Required	Encounters								0		
20	**Mental Health Services (CORE):** at least 50% of the MRA must be allocated toward Mental Health, Other Counseling Services and Evidence Based In												
21	Mental Health Counseling - Individual	Required	Encounters								5		
22	Mental Health Counseling - Group	Required	Attendee								0		
23	Mental Health Counseling - Family	Required	Event								0		

Reimbursement Rates

- Can be standard across a service category or individually negotiated with each agency
- Can be published ahead of time in RFPs or determined/presented during negotiations
- Rates and payment rules should be transparent to providers
- Can be based on other standardized rates (such as Medicaid or Medicare rates) or on cost inputs

Rate Setting Inputs

- We use a rate-setting tool to determine payment amounts for each service element

- The following inputs are used develop a standardized rate for each service element:

1. Direct time: direct time estimated for delivery of the service
2. Data entry: time needed to enter data and complete reporting requirements
3. Staff type: minimum staff credential required to deliver service
4. Staff salary: average salary for staff role
5. Mark ups: direct personnel, fringe, admin, other than personnel (OTPS) markups
6. Travel: for offsite services (if applicable)

Rate Setting Tool

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V
1	HIV Ryan White RFP YR 25 Rates																					
2	Service Category 1: Mental Health Services																					
3					Inputs and intermediate output variables with references to variable names in the Unit Service Cost document and the calculation using column labels																	
4	Activity Name	Location	Required	Travel	Direct Time / Encounter (hrs)	Travel Time /Setup/ Breakdown Time Encounte	Data Entry (hrs)	Staff	Salary	Direct PS Mark-up	Fringe Mark-up	OTPS Mark-up	Admin Mark-up	Total Cost / Service / Year	Work Hrs / Year	Cost / Hour	Total Time / Service	No-Show Probability	Adjusted Time / Service	Supplies	Cost / Unit	Adjusted Rate Without Travel / Unit
5					T(f)	T(t)	T(x)	Non-Numeric	S	P	F	O	A	C(p)	W(y)	C(h)	T	B	T(e)	Sp	undefined	T
6					Input	Input	Input	Input	Input	Input	Input	Input	Input	S*(1+P)*(1+F)*(1+O)*(1+A)	(260-40)*5.5 (See Below)	C(p)/W(y)	T(f)+T(t)+T(x)	Input	T*(1+(B/(1-B)))	Input (See	C(h)*T(e)	Round-Off Cost/Unit
7	ASSESSMENT AND PLANNING																					
8	Intake Assessment	On-Site or Off-Site	YES	YES	1.25	0.00	0.50	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.75	0.20	2.19	$0.00	$296.13	$296.00
9	Service Plan Development	On-Site	YES	NO	0.50	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	0.83	0.00	0.83	$0.00	$112.36	$112.00
10	Reassessment	On-Site or Off-Site	YES	YES	1.00	0.00	0.50	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.50	0.20	1.88	$0.00	$253.82	$254.00
11	Service Plan Update	On-Site	YES	NO	0.50	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	0.83	0.00	0.83	$0.00	$112.36	$112.00
12	MENTAL HEALTH SERVICES - CORE																					
13	Mental Health Counseling - Individual	On-Site or Off-Site	YES	YES	0.83	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.16	0.20	1.45	$0.00	$196.29	$196.00
14	Mental Health Counseling - Group	On-Site	YES	NO	0.75	0.50	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.58	0.10	1.76	$0.00	$237.65	$238.00
15	Mental Health Counseling - Family	On-Site or Off-Site	YES	YES	1.00	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.33	0.20	1.66	$0.00	$225.06	$225.00
16	Psychiatric Evaluation	On-Site	NO	NO	0.75	0.00	0.33	Psychiatrist	$160,000.00	0.2	0.3	0.25	0.12	$349,440.00	1210	$288.79	1.08	0.20	1.35	$0.00	$389.87	$390.00
17	Psychiatric Visit	On-Site	NO	NO	0.25	0.00	0.33	Psychiatrist	$160,000.00	0.2	0.3	0.25	0.12	$349,440.00	1210	$288.79	0.58	0.20	0.73	$0.00	$209.38	$209.00
18	OTHER COUNSELING SERVICES - CORE																					
19	AOD Counseling - Individual	On-Site or Off-Site	NO	YES	0.83	0.00	0.33	CASAC or CASAC-T	$60,000.00	0.2	0.3	0.25	0.12	$131,040.00	1210	$108.30	1.16	0.20	1.45	$0.00	$157.03	$157.00
20	AOD Counseling - Group	On-Site	NO	NO	0.75	0.50	0.33	CASAC or CASAC-T	$60,000.00	0.2	0.3	0.25	0.12	$131,040.00	1210	$108.30	1.58	0.10	1.76	$0.00	$190.12	$190.00
21	AOD Counseling - Family	On-Site or Off-Site	NO	YES	1.00	0.00	0.33	CASAC or CASAC-T	$60,000.00	0.2	0.3	0.25	0.12	$131,040.00	1210	$108.30	1.33	0.20	1.66	$0.00	$180.04	$180.00
22	Treatment Adherence Counseling - Individual	On-Site or Off-Site	YES	YES	0.83	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.16	0.20	1.45	$0.00	$196.29	$196.00
23	Treatment Adherence Counseling - Group	On-Site	NO	NO	0.75	0.50	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.58	0.20	1.98	$0.00	$267.36	$267.00
24	Treatment Adherence Counseling - Family	On-Site or Off-Site	NO	YES	1.00	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.33	0.20	1.66	$0.00	$225.06	$225.00
25	Wellness - Individual	On-Site or Off-Site	NO	YES	0.50	0.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	0.83	0.20	1.04	$0.00	$78.65	$79.00
26	Wellness - Group	On-Site	NO	NO	0.75	0.50	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	1.58	0.10	1.76	$0.00	$133.09	$133.00
27	Biomedical Counseling - Partners	On-Site or Off-Site	NO	YES	0.50	0.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	0.83	0.20	1.04	$0.00	$78.65	$79.00
28	SERVICE COORDINATION																					
29	Coordination with Primary Care Provider	On-Site or Off-Site	YES	YES	0.33	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	0.66	0.00	0.66	$0.00	$89.35	$89.00
30	Client Assistance	On-Site or Off-Site	YES	YES	0.33	0.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	0.66	0.00	0.66	$0.00	$50.03	$50.00
31	Accompaniment	Off-Site	YES	NO	1.00	2.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	3.33	0.00	3.33	$0.00	$252.44	$252.00
32	Outreach for Client Re-Engagement	On-Site or Off-Site	YES	YES	0.33	0.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	0.66	0.00	0.66	$0.00	$50.03	$50.00
33	Client Engagement Activities	On-Site or Off-Site	YES	YES	0.33	0.00	0.33	Patient Navigator	$42,000.00	0.2	0.3	0.25	0.12	$91,728.00	1210	$75.81	0.66	0.00	0.66	$0.00	$50.03	$50.00
34	EVIDENCE-BASED INTERVENTIONS -																					
35	Seeking Safety - Individual	On-Site	NO	NO	0.83	0.00	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.16	0.20	1.45	$0.00	$196.29	$196.00
36	Seeking Safety - Group	On-Site	NO	NO	1.00	0.50	0.33	Licensed Mental Health Practitioner	$75,000.00	0.2	0.3	0.25	0.12	$163,800.00	1210	$135.37	1.83	0.10	2.03	$0.00	$275.26	$275.00
37	STAFF TRAVEL																					
38	Staff Travel - High	Off-Site	NO	N/A	SEE "TRAVEL RATES" WORKSHEET																	$189.00
39	Staff Travel - Low	Off-Site	NO	N/A	SEE "TRAVEL RATES" WORKSHEET																	$119.00
40	Calculated Total																					
41	Full MRA (for Service Category 1)																					
42	Variance																					
43																						
44					Time Guide																	
45					0.08	5 mins								Assumptions underlying the hourly labor expense -->		Weekdays (W)	260					
46					0.17	10 mins										Holidays (W(h))	12					
47					0.20	12 mins										Leave (W(L))	28					
48					0.25	15 mins										Direct hours/day	5.5					
49					0.33	20 mins										Work Hrs/Yr (W(y	1210					
50					0.50	30 mins								Workdays are calculated as 5/week for 52 weeks								
51					0.75	45 mins								Days off include 12 holidays and 28 days for personal leave including planned vacations, sick days, and other								

MH Rates | MH Comparison | MH Work Analysis | MH Budget-PS | MH Budget-Summary | HR Rates | HR Compari ...

For our rate setting example, we will set the rate for our Mental Health Intake Assessment.

Service Element	Location	Direct Time (hrs)	Travel (hrs)	Data Entry (hrs)
Intake Assessment	Onsite	1.25	0	0.5

A

The first column of the rate setting tool lists the service elements for the service category. In this case, it is the program Intake Assessment.

B

For this example, Intake Assessments for this service category are only to be conducted onsite.

C

For an Intake Assessment, our expectation is that the average time it will take to deliver this service is: 1 hour and 15 minutes.

D

Since the Intake Assessment in this example is only allowed to be delivered onsite, there is not travel time associated with the service element (see **B**).

E

We require our service providers to enter data through our reporting program eSHARE. To account for this time, we estimate 30 minutes needed for data entry for an Intake.

Intake Assessment rate setting example continued.

Staff	Salary	Direct PS	Fringe	OTPS	Admin
Licensed MH Practitioner	$75,000	0.2	0.3	0.25	0.12
F	G	H	I	J	K

We specify that only a CASAC/CASAC-T, or equivalent can conduct an Intake for this service category. That is the minimum credentialed required.

We use online resources to determine an average salary for this staff role.

Mark ups

Intake Assessment rate setting example continued.

Staff	Salary	Direct PS	Fringe	OTPS	Admin
Licensed MH Practitioner F	$75,000 G	0.2 H	0.3 I	0.25 J	0.12 K

To calculate the next column, **L** (Total cost/service/year), we use the following calculation:

G*(1+H)*(1+I)*(1+J)*(1+K)

= 75,000*(1+0.2)*(1+0.3)*(1+0.25)*(1+0.12)

=$163,800.00

Intake Assessment rate setting example continued.

Total Cost/Service/Year	Work Hours/ Year	Cost/Hour	Total Time/ Service	No-show probability
$131,040	1210	$108.30	1.75	0.2
L	M	N	O	P
Total from previous slide.	Weekdays per yr: 260 Holidays/leave days per yr: 40 Direct hours/day: 5.5 **(260-40)*5.5 = 1210**	Total Cost/Service/Yr (**L**) divided by Work Hours/Year (**M**) **$131,040/1210 = $108.30**	Direct time/encounter (**C**) + Travel (**D**) + Data entry (**E**) **1.25+0+0.5 =1.75**	We account for this time for some service elements where a staff may plan for a client to be present but there is a no-show

Intake Assessment rate setting example continued.

Total Cost/Service/Year	Work Hours/ Year	Cost/Hour	Total Time/ Service	No-show probability
$131,040	1210	$108.30	1.75	0.2
L	M	N	O	P

To calculate the next column which would be **Q** (Adjusted Time/Service), we use the following calculation:

O*(1+(P/(1-P)))

1.75*(1+(0.2/(1-.02)))

=2.19

Intake Assessment rate setting example continued.

Adjusted Time/Service	Supplies	Cost/Unit	Adjusted Rate/Unit
2.19	$0	$236.90	$237.00

Q

Total from previous slide.

R

If there is a supply cost associated with the service we account for it here. For example, supplies may include the cost of a vaccine dose or an testing kit.

S

Cost/Hour (**N**) multiplied by Adjusted Time/Service (**Q**)

$108.30*2.19 =$237.18

T

Rounded value from Cost/Unit (**S**)

Activity 2

Activity 2 – 20 minutes

1. Join your small group from Activity 1
2. Select one of the service elements you determined earlier could be used as a payment point
3. Using Worksheet #3, determine appropriate cost inputs for the service element
4. Brainstorm payment rules for the service element that may affect reimbursement, such as service caps

Next Steps?

Next Steps

- Test your developed rates
  - Build a model program in a Service Target Grid
- Test your input assumptions
  - Conduct a work analysis
- Develop a model budget
- Compare model budget to model program MRA
- Finalize rates and issue RFP

Feedback to Providers

- Important for providers to know what services have been recognized and reimbursed
- Master Itemization Report (MIR)
  - Summary Page
  - Discrepancies Under Investigation
  - Year-to-Date Totals by Service
  - Summary of Issues Noted (SIN)
    - Examples include possible duplicates, invalid frequency, exceeds cap, etc.
  - Monthly Totals for Services Submitted and Recognized
  - Line-Item Items Recognized
  - Group Attendees Recognized

MASTER ITEMIZATION REPORT FOR CONTRACT 07-MSV-150

II:YEAR-TO-DATE TOTALS BY SERVICE

Service Family	Service Type	Service Type Code	Rate	Multiplier	Units Recognized	Projected Units	Percent Units Completed	Recognized Value	Projected Value	Percent Value Completed
Mental Health	Biomedical Counseling - Partners	P86	$107.55	1	0	0	0.00%	$0.00	$0.00	
Mental Health	Care Coordination – Other Medical/Social Services Provider	246	$107.55	0.5	1352	1471	92.00%	$72,703.80	$79,103.03	
Mental Health	Home Visit for Clinical Purposes	251	$107.55	2	3	10	30.00%	$645.30	$2,151.00	
Mental Health	Mental Health Intake and Assessment	058	$107.55	1	26	20	130.00%	$2,796.30	$2,151.00	
Mental Health	Treatment Adherence Counseling - Individual	239	$107.55	0.5	969	1314	74.00%	$52,107.98	$70,660.35	
							Subtotal for Mental Health	**$128,253.38**	**$154,065.38**	**83.25%**
Mental Health Advocacy	Accompaniment	030	$171.97	1	17	24	71.00%	$2,923.49	$4,127.28	
Mental Health Advocacy	Client Engagement Activities	P55	$171.97	0.5	499	480	104.00%	$42,906.52	$41,272.80	
Mental Health Advocacy	Outreach for Client Re-engagement - Office	H02	$17.20	0.25	251	360	70.00%	$1,079.30	$1,548.00	
Mental Health Advocacy	Wellness Group	P58	$171.97	0.75	8	24	33.00%	$1,031.82	$3,095.46	
Mental Health Advocacy	Wellness Individual	P57	$171.97	0.75	140	144	97.00%	$18,056.85	$18,572.76	
							Subtotal for Mental Health Advocacy	**$65,997.98**	**$68,616.30**	**96.18%**
OPS	Reassessment	076	$0.00	0	162	144	113.00%	$0.00	$0.00	
OPS	Service Plan Development	225	$0.00	0	17	24	71.00%	$0.00	$0.00	
OPS	Service Plan Update	226	$0.00	0	490	144	340.00%	$0.00	$0.00	
							Subtotal for OPS	**$0.00**	**$0.00**	
Psychiatric Services	Care Coordination – Primary Care Provider	247	$168.69	2	521	610	85.00%	$175,774.98	$205,801.80	
							Subtotal for Psychiatric Services	**$175,774.98**	**$205,801.80**	**85.41%**
							Grand Total	**$370,026.33**	**$428,483.48**	

* Note that the Units Recognized and Recognized Value shown above may include services that may be recoupable at closeout. They also may include amounts which may not be payable insofar as they exceed the Maximum Reimbursable Amount for a given service family or the contract as a whole. The Projected Units and Projected Value shown above reflect the projections entered into CAMS' payment system at the time this report was run; recent changes in projections that have not yet been entered into the payment system will not be reflected.

Sheet1 | Sheet2 | Sheet3 | Sheet4 | Sheet5 | Sheet6 | Sheet7

Technical Assistance to Providers

- Contract Managers work with the providers to reconcile the MIR with their own data records
- Contract Managers answer questions about payment rules, service caps, and disallowed services
- Project Officers provide technical assistance on program models and quality management
- eSHARE Technical Assistants provide technical assistance on data entry and other eSHARE specific issues (including the RSR)

Monitoring and Evaluation

Monitoring

- **Contractual** monitoring on service targets vs. actuals
- **Programmatic** monitoring of program model expectations and essential service elements

Evaluation

- Gather very specific information on service utilization patterns
- Lockout features in data entry system require our providers to enter clinical indicator data in order to enter services for payment
- Collect health outcomes

Payer of Last Resort

- Because you are paying for discrete services, you have the ability to pay for essential services that are not reimbursable by insurance/Medicaid for insured patients
  - Examples include home-based services, linkage/navigation, services over Medicaid caps, per attendee reimbursement for groups allows mixed funded groups, etc.
- If a service is later found to be insurance/Medicaid reimbursable, the payment can be more easily recouped and used to pay for other services
- If a provider thought a service would be reimbursed by Medicaid/insurance and later is not, they can bill the grant knowing they are in compliance with POLR

Benefits and Challenges

Why Change?

Benefits?

What do you think are the benefits of Performance-Based Reimbursement?

Potential Benefits

- Incentivize program model and public health priorities
  - Example: Linkage to primary care in HIV Testing programs
- Payment more closely tied to services delivered
- Ensure thorough reporting of services delivered
- Ability to reprogram
  - Reallocate funding from under-performing contracts to over-performing contracts
- Identify trends in service utilization for service directive/standards of care updates
- Detailed trends data to report to Planning Council other stakeholders
- Mechanism for collected clinical indicators from non-clinical providers by tying in to contract payments

Challenges?

What do you think are the challenges of Performance-Based Reimbursement?

Potential Challenges

- Providers don't always want to do new things, without more money
- Setting the system up and providing the technical assistance is time-consuming
- Some providers and provider types may have difficulty projecting services
- Requires a strong IT infrastructure and data capacity
- A schedule to re-evaluate rates is not usually clear

Considerations

Things to Consider

- Because the Ryan White Program is still a cost-based program, so DOHMH still:
  - Requires a budget to justify costs
  - Requires an end of year cost report
  - Ensures that administration is no more than 10% of the aggregate program costs
- One data system for reporting and reimbursement
- Sufficient data management capabilities
  - Consider data structure of data reporting system
    - Encounter-based v. Service-based data entry

Things to Consider

- Be patient – transition and change take time
- Performance-based reimbursement may not be appropriate for all service categories
- Not all contractors will be able to make the transition from cost-based to performance-based contracting
- Be prepared to offer capacity building and technical assistance as you transition reimbursement methodologies
- Creating/maintaining consistent service definitions
- Flexibility of reimbursement model
  - Clearly explain in the RFP

Acknowledgements

- NYC DOHMH
  - Graham Harriman
  - Nasra Aidarus
  - Rachel Davis
  - eSHARE Technical Assistance Team
  - Ryan White Technical Assistance and Quality Management
  - Ryan White Research and Evaluation
  - HIV Health and Human Services Planning Council of New York
- Public Health Solutions
  - Rachel Miller
  - Derek Coursen
  - Ryan Rasmussen
  - Gucci Kaloo

Salary Resources

- Salary.com
  - http://www.salary.com/category/salary/
- Glassdoor.com
  - https://www.glassdoor.com/index.htm
- Indeed.com
  - http://www.indeed.com/salary

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