**USING VALUE-BASED PAYMENT TO INCREASE ENROLLMENT OF HIGH BURDEN POPULATIONS INTO HEALTHY HEART AMBASSADOR BLOOD PRESSURE SELF-MONITORING LIFESTYLE CHANGE PROGRAMS**

**Overview and Purpose**

The Wyoming Department of Health, Chronic Disease Prevention Program (CDPP) is granting the use of subgrant funds to be used to support the enrollment of high burden populations in existing Healthy Heart Ambassador Blood Pressure Self-Monitoring (HHA-BPSM) programs in Wyoming. High-burden populations are those who are disproportionately affected by hypertension due to socioeconomic characteristics or restricted access to healthcare.

The CDPP estimates the cost of administering the HHA-BPSM program to one participant who completes all sessions of the four-month long program to be $176.00. Value-based payment (VBP) under this guidance is limited to $176.00 per participant. This does not include the cost of program support incentives or additional services to address social determinants of health, such as transportation.

**Value-Based Payment**

VBP is payment tied to outcomes. Under this program, the outcome of interest is session attendance. The CDPP will reimburse the subrecipient program based on individual session attendance of the participants, qualifying for the program (see Participant Eligibility below).

**Program Eligibility**

VBPs will only be available to trained HHA-BPSM facilitators in the state of Wyoming. VBPs will be based on the availability of federal funds. The CDPP will only reimburse for VBP session attendance during the term of June 30, 2023 to June 29, 2024. VBP funding shall not exceed one (1) year, per subrecipient, from the date the first VBP for session attendance is made to the subrecipient (e.g., paid invoice).

Sessions which occur before or after the subgrant end-date will not be eligible for reimbursement. Subrecipients can apply for VBP no matter what stage of the four-month long program their participants are in. Subrecipients who are delivering cohort-based classes may also utilize VBP for multiple cohorts within the one (1) year. Subrecipients are encouraged to develop or obtain a sustainable funding source to continue to support VBPs beyond the one (1) year of CDPP funding.

In order to receive federal funds, Subrecipients must be in good standing with the Wyoming Secretary of State, registered on SAM.gov and have a current W-9 on file.

**Participant Eligibility**

VBP participant eligibility shall be determined by the subrecipient. The following information must be submitted to the CDPP for prior approval:

1. Definition of High-Burden Population: Federal guidance requires VBP support enrollment of high-burden populations. The subrecipient is required to define their high-burden population, effectively defining participant eligibility requirements. Subrecipients are encouraged to consider an individuals’ financial means/federal poverty level status, insurance status (e.g., none, underinsured), ability to qualify for services under a sliding fee scale, and/or other enrollment barriers that would limit participation based on their ability to pay. More than one priority population can be identified in the application.
2. Eligibility Determination Process: A description of the process and/or mechanism that will be used to document and verify participant eligibility requirements are met.
3. Description of Program Delivery: A description of how the facilitator plans to conduct program delivery over the course of VBP.

**Performance Measures**

VBPs will be distributed based on participants’ attendance at each class session. Reimbursement will occur per participant per session attended, regardless of program completion.

The subrecipient must report the following de-identified participant information to the CDPP:

1. The total number of participants utilizing the VBPs to cover the cost of HHA-BPSM participation;
2. Within each monthly invoice the subrecipient shall include the number and dates of the sessions attended by each VBP recipient;
3. The total number of participants who utilized the VBP program during the subgrant term (ending June 29, 2024); and
4. The total number of participants who utilized blood pressure cuffs checked out from the library.

**Value-Based Payment Amount Determination**

VBP reimbursement will follow the amounts outlined in **Attachment A**. The subrecipient must submit **Attachment B** to [amber.nolte@wyo.gov](mailto:amber.nolte@wyo.gov) with the required information prior to receiving VBP funds. The subrecipient will invoice CDPP for the VBPs monthly following the outline in **Attachment C**.

**Attachment A**

| **Value-Based Payment Projections for HHA-BPSM Participants** | | |
| --- | --- | --- |
| **Cost per participant completing the full 4-month long program** | **Cost per participant per session** | **Total number of sessions to be completed during the term of each program** |
| *$176.00* | *$22.00* | *8 sessions x $22.00*  *8 office hours (4 of the office hours must include a nutrition seminar)* |

**Attachment B**

**What is your organization’s definition of a high-burden population?** *Subrecipients are encouraged to consider an individuals’ financial means/federal poverty level status, insurance status (e.g., none, underinsured), ability to qualify for services under a sliding fee scale, and/or other enrollment barriers that would limit participation based on their ability to pay. In addition, high burden populations may include but are not limited to: geographically underserved, Medicaid and Medicare beneficiaries, Hispanic/Latino Americans, African Americans, and American Indians. More than one high burden population can be identified.*

**How will your organization determine Value-Based Payment participant eligibility?** *A description of the process and/or mechanism that will be used to document and verify participant eligibility requirements are met. CDPP encourages screening for social determinants of health (SDOH) for every participant. At minimum, SDOH tools must assess food, housing, utilities, transportation, and safety needs.*

**How will your organization deliver the 4-month long program?** *Please describe if your HHA-BPSM will be conducted in a cohort or on a 1:1 basis. How does that modality**best serve your high-burden population?*

**Attachment C**

Name of Organization:

Invoice Date:

Service Month:

The total number of participants utilizing the VBPs to cover the cost of the HHA-BPSM program:

The total number of participants utilizing blood pressure cuffs checked out from the library:

| **HHA-BPSM Value Based Payment Invoice** | | | |
| --- | --- | --- | --- |
| **De- Identified Participant** | **Dates of sessions attended this month** | **Type of session attended** | **Total VBP for participant** |
| *Example:*  *Participant 1* | *July 15, 2023*  *Jul 30, 2023* | *Nutrition Seminar and/or Office Hours* | ***Total number of sessions attended this month x $22.00 =***  ***$44.00*** |
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