



# Valuation User Guide

## User Guide

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FAFCC gathers information on the value of services provided by our members, to demonstrate the impact and value to our communities and our state. The value information will be collected on health care visits, specialty care services, mental and behavioral health visits, imaging, labs, durable medical equipment, medications, and dental services.

This initiative is designed to highlight the essential role we play in the communities we serve and is crucial for demonstrating the impact of our services, ensuring continued support and recognition for the value of our work.

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## To Begin

FAFCC is collecting Valuation Data within the Salesforce Grant Portal.

- This report is a required submission for all grantees receiving funding through the State Funds Grant and non-grantees are asked to submit their data as well.
- Grantees will use their grant login to access the report. Non-grantees should reach out to [kendall@fafcc.org](mailto:kendall@fafcc.org) to receive access.
- FAFCC will calculate the valuations using our [2024-25 Valuation Rates](#).
- Members who are specialty care networks will also report the value of the services they coordinate and can disregard any sections that do not apply.

This document describes how to determine and enter your valuation information.

## Overview of Section 1-8

Clinics will report information related to the value of care provided through their services. Theirs will be divided in four sections, conceptually:

- **Section 1:** Report all general health care and specialty visits. Include either the known value or total number of services, which will be valued using the FQHC encounter rate.
- **Section 2:** Report all mental and behavioral health services. Include either the known value or total number of services, which will be valued using the FQHC encounter rate.
- **Section 3:** Report all imaging services, regardless of where they occurred. Use reported values when available, or enter the number of services, which will be valued using Florida's average Medicare rate.
- **Section 4:** Report the total known value of all laboratory services.
- **Section 5:** Report the value of Durable Medical Equipment and diabetic testing supplies using supplier/donor values or the Florida CMS DME fee schedule.
- **Section 6:** Report all prescription and OTC medications. Use known values when available (e.g., Americares summary), or enter the number of medications, which will be valued using an average value.
- **Section 7:** Report all dental services. Include either the known value or total number of services, which will be valued using determined average values.
- **Section 8:** Patient services data is collected within the valuation report. This section collects all remaining data points regarding services offered and patients served.

## Section 1: Value of Care

### Health Care Visits

- Enter the total number of health care visits your clinic provided.
- This category includes all medical, vision, and wellness visits. (It may also include some specialty care visits; see below for details.\*\*)
- A standard value will be used for each visit based on the FQHC closest to your clinic/organization. See your assigned FQHC in the [Valuation Rates document](#) (FQHC Rates tab).

### Specialty Care Services

*Visit/procedure occurred at a location other than your clinic:*

- For all specialty care visits/procedures for which you have a documented value (i.e. claim, statement, or bill from provider), enter the total dollar value (the sum of all of the visits/procedures).
- \*\*For specialty care that occurred at a location other than your clinic, but for which you have not received a documented value, include the total number of visits/procedures under Health Care Visits.

*Visit/procedure occurred in your clinic:*

- \*\*If the value is in line with other clinic visits, you can record it as a Health Care Visit.
- If you have a documented value for service and the value is much higher than other clinic visits, you can report those specific visits as part of your total for Specialty Care Services. (But we expect this to be rare.)

You will also report the total number of specialty visits, for purposes of capturing all visits only. This count will not be included in the calculated value of services and should not duplicate any encounters already reported as Health Care Visits.

### IMPORTANT NOTES

- Regardless of which line you choose, a visit/procedure should only be reported ONCE.
- If you partner with a specialty care network for referrals and they are an FAFCC member, do NOT report any visits or services they coordinated as they will report these services.
- Enter a number for each box. If you have none in that category, enter a zero.

## Section 2: Mental Health Visits

### Mental Health Visits

- Enter the total number of sessions providing mental or behavioral health care.
- This category includes all sessions with qualified counselors, clinicians, or therapists. (It may also include some specialty care visits; see below for details.)
- A standard value will be used for each visit based on the FQHC closest to your clinic/organization. See your assigned FQHC in the [Valuation Rates document](#) (FQHC Rates tab).

### Mental Health Specialty Services

- This section refers to services provided by a psychiatrist or psychiatric practitioner, whether at your clinic or coordinated by your clinic at another location.
- For all specialty services for which you have a documented value (i.e. claim, statement, or bill from provider), enter the total dollar value (the sum of all of the visits/procedures).
- If the value is in line with other clinic visits, or if you do not have a documented value, you may include the total number of visits under the Mental Health Visits.

You will also report the total number of specialty visits, for purposes of capturing all visits only. This count will not be included in the calculated value of services and should not duplicate any encounters already reported as Mental Health Visits.

### IMPORTANT NOTES

- Regardless of which line you choose, a visit/procedure should only be reported ONCE.
- If you partner with a specialty care network for referrals and they are an FAFCC member, do NOT report any visits or services they coordinated as they will report these services.
- Enter a number for each box. If you have none in that category, enter a zero.

## Section 3: Imaging

### Known Value

- Partner organizations that provide imaging services often send a claim, bill, or statement to the clinic with the value of the services. Some clinics also pay for some imaging services.
- For all of these services, add up the statement values and report a single total in the Total \$ Value for Imaging Services field.

### Total Number with Unknown Value

- If you coordinate/provide imaging but you have not received any report or statement of value, you may report imaging services by type of imaging.
- Total value will be calculated using the average values shown.

*You may use a combination of the above methods but should not duplicate any services.*

### Combined Value of Services

- If you only receive a report from providers that combines the value of services for labs, imaging and/or specialty care, you will enter that amount on the Combined Value page and indicate which services are included.
- Anything that is covered by this figure should NOT be included on a different page; we only want a value reported once.

### IMPORTANT NOTES

Include:	<ul style="list-style-type: none"><li>• Imaging donated by partner organizations</li><li>• Imaging paid for by your clinic</li><li>• Imaging conducted at your clinic/mobile unit</li></ul>
Exclude:	<ul style="list-style-type: none"><li>• Imaging coordinated by an FAFCC Member specialty care network</li><li>• Imaging paid for entirely by the patient</li><li>• Dental imaging (these will be reported in the dental section)</li></ul>

## Section 4: Labs

Clinics who have specific value data from their partners will report the sum of this value. Due to the more complicated and varied nature of lab services, we do not have a standard amount by which to calculate the value of services. Therefore, clinics that do not receive the value information from their lab partners will simply not report on those labs.

Use the following table to determine what services to include:

Include:	<ul style="list-style-type: none"><li>• Labs donated by partner organizations</li><li>• Labs paid for by your clinic</li><li>• Labs conducted at your clinic</li></ul>
Exclude:	<ul style="list-style-type: none"><li>• Labs coordinated by an FAFCC Member specialty care network</li><li>• Labs paid for entirely by the patient</li><li>• Labs reported in the Combined Values section</li></ul>

## Section 5: Durable Medical Equipment

To determine the value of DME, use the value reported by the supplier or donor, whether that is full retail or a discounted rate. If you do not have a reported value for certain items, you can look up the Florida rate using the [Centers for Medicare and Medicaid Services \(CMS\) fee schedule](#).

### IMPORTANT NOTES

Include:	<ul style="list-style-type: none"><li>• Reusable equipment recommended in the care plan and given to the patient for use at home (e.g. wheelchair, hospital bed, walker)</li><li>• Glasses, so long as the patient did not pay the entire cost</li><li>• Glucose testing and monitoring equipment and supplies, <u>including test strips</u></li><li>• Items provided by your clinic or donated by your partner organizations</li></ul>
Exclude:	<ul style="list-style-type: none"><li>• Supplies which are disposable or one-time use (with the exception of test strips)</li><li>• Food or dietary supplements</li><li>• Equipment paid for entirely by the patient</li><li>• Equipment used at the clinic for multiple patients (e.g. wheelchair used only inside the clinic to move patients from room to room)</li></ul>

## Section 6: Prescriptions/Medications

Use this section to report the value of all medications, both prescriptions and over-the-counter medications dispensed.

### Known Value

- If you have a data system that tracks the value of all prescriptions and medications dispensed, please use that information to report the total value.
- If you only have reports from suppliers on the value of medications received, you can report that value. We prefer the dispensed value, but we recognize that not every clinic has a system that can provide that information.
- If a prescription's cost is significantly higher than the standard value listed, you may reference GoodRx to calculate the value. Always use the lowest available price—whether it's a listed rate or discounted with a coupon.

### Total Number with Unknown Value

- If you do not have any value information on the medications dispensed, but you do have a count of the number dispensed, report that on the second question. An average value will be used to calculate value.
- For recurring medications (such as those for chronic diseases) a 30-day supply counts as one prescription.

*You may use a combination of the above methods but should not duplicate any medications.*

### IMPORTANT NOTES

Include:	<ul style="list-style-type: none"><li>• Prescriptions and over-the-counter medicines</li><li>• Medications dispensed by your providers or your partner organizations</li><li>• Donated medications and medications paid for by your clinic</li></ul>
Exclude:	<ul style="list-style-type: none"><li>• Prescriptions written by your providers but filled elsewhere and paid for entirely by the patient</li><li>• Prescriptions written by your providers but filled by another FAFCC member organization</li></ul>

## Section 7: Dental Services

Use this section to report the value of services if your organization provides dental services, whether solely a dental clinic, or a medical clinic that provides dental services.

### Known Value

- Clinics may report the value of services, as long as the valuation is based on CDT codes from the American Dental Association, volunteer provider rates, or fees from local dental practices that align with national averages.
- For all of these services, add up the statement values and report a single total in the Total \$ Value for Dental Services field.

### Total Number with Unknown Value

- If you coordinate/provide dental but do not have value information, you may report by type of service.
- Total value will be calculated using the average values shown.

## Section 8: Patient Services

While this section does not impact your total value calculation, gathering this data is an important piece of FAFCC's data collection efforts and includes required questions for reporting to the Department of Health.

This information is used to represent our sector and exact numbers are required for data integrity. If the exact number is not known, indicate so with a response of "unknown" and if the question is not applicable, indicate so with a response of "N/A."