

2023 CCO 2.0 Value-Based Payment (VBP) & Health Information Technology Pre-Interview Questionnaire



Introduction

As described in Exhibit H, Section 6, Paragraph b of the 2023 [contract](#), each Coordinated Care Organization (CCO) is required to complete this VBP Pre-Interview Questionnaire prior to its interview with the Oregon Health Authority (OHA) about VBPs.

OHA's interviews with each CCO's leadership will be scheduled for June 2023. Please [schedule here](#). Staff from the OHSU Center for Health Systems Effectiveness (CHSE) will be conducting the CCO VBP interviews again this year. Similarly, they will be using information collected as part of the larger evaluation effort of the CCO 2.0 VBP Roadmap.

Instructions

Please complete **Section I** of this document and return it as a Microsoft Word document to OHA.VBP@dhsoha.state.or.us by **May 5, 2023**.

All the information provided in Section I is subject to redaction prior to public posting. OHA will communicate the deadline for submitting redactions after the VPB interviews have been completed.

Section II of this document describes the oral interview topic areas and suggestions for CCO preparation. CCO responses to oral interview questions will be de-identified in publicly reported evaluation results.

If you have questions or need additional information, please contact:

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Part I. Written VBP Pre-Interview Questions

Your responses will help OHA better understand your CCO's value-based payment (VBP) activities for 2023, including detailed information about VBP arrangements and HCP-LAN categories. A prior version of this questionnaire was collected from your CCO in May 2021 and 2022. Some questions will request an update on previously submitted information, which will be provided.

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

- 1) In 2023, CCOs are required to make 60% of payments to providers in contracts that include an HCP-LAN category 2C or higher VBP arrangement. Describe the steps your CCO has taken to meet this requirement.

Advanced Health has continuously worked to meet or exceed this requirement. Advanced Health's performance as of 2022 is 61% of all reimbursement for providers with a HCP-LAN category 2C or higher contract exceeds the 2022 and 2023 requirements. Advanced Health has converted three additional providers to VBP agreements: Waterfall Clinic, Bay Clinic and RX. We will maintain those percentages and continue to expand and convert eligible providers.

- 2) In 2023, CCOs are required to make 20% of payments to providers in arrangements classified as HCP-LAN category 3B or higher (i.e., downside risk arrangements). Describe the steps your CCO has taken to meet this requirement.

As mentioned in our 2022 interview questionnaire, Advanced Health has a long history of capitated Provider arrangements and has now met this requirement by converting previous HCP-Lan category 4N arrangements to 4A and meeting the requirement. As of 2022, 58% of Advanced Health's provider reimbursement is paid under arrangements classified as HCP-LAC 3B or higher. We plan to continue to convert capitated 4N primary care contracts to 4A contracts that aim to improve performance on quality metrics related to children's healthcare.

- 3) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the hospital care delivery area requirement? (mark one)

- The model is under contract and services are being delivered and paid through it.
 Design of the model is complete, but it is not yet under contract or being used to deliver services.
 The model is still in negotiation with provider group(s).
 Other: [Enter description](#)

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Advanced Health has successfully developed and implemented three hospital care CDA models via enhanced agreement with the local hospitals. Moving forward we will work to increase the quality of care delivered by working to move additional hospitals to a shared savings/risk model.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

4) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the maternity care delivery area requirement? (mark one)

- The model is under contract and services are being delivered and paid through it.
- Design of the model is complete, but it is not yet under contract or being used to deliver services.
- The model is still in negotiation with provider group(s).
- Other:

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Advanced Health has implemented a 4A agreement in the maternity care CDA. The agreement reimburses bundled maternity services at a fixed rate and aims to increase the quality of care and the reporting of encounters outside of the Global Maternity Service. The contract incorporates Prenatal & Postpartum Care Measurement NQF1517. During 2022 the quality performance criteria was met by contracted providers and the agreement has been renewed for 2023.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

5) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the behavioral health care delivery area requirement? (mark one)

- The model is under contract and services are being delivered and paid through it.
- Design of the model is complete, but it is not yet under contract or being used to deliver services.
- The model is still in negotiation with provider group(s).
- Other: [Enter description](#)

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Advanced Health has already developed VBP models for behavioral health care payments. Advanced Health's largest behavioral health providers, Coos Health & Wellness and ADAPT, have been paid on a capitated basis for many years. Advanced Health incorporated a quality withhold into these agreements in 2021. The withhold is paid to Providers contingent on strong performance on quality measures. The quality measures include emergency department utilization for members with a behavioral health diagnosis. Over the years, Advanced Health has incentivized both providers to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although behavioral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2021 and has remained in place since that time.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

6) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the oral health care delivery area requirement? (mark one)

- The model is under contract and services are being delivered and paid through it.
- Design of the model is complete, but it is not yet under contract or being used to deliver services.
- The model is still in negotiation with provider group(s).
- Other: [Enter description](#)

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Advanced Health has already developed VBP models for oral health care payments. Advanced Health's largest oral health provider, Advantage Dental, has been paid on a percent-of-premium basis for many years. Advanced Health incorporated a quality withhold into this agreement for 2021 that is paid to Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 and Oral Evaluations for Adults with Diabetes. Over the years, Advanced Health has incentivized Advantage Dental to perform well

on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although oral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2022 and remains in place in 2023.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

7) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the children's health care delivery area requirement? (mark one)

- The model is under contract and services are being delivered and paid through it.
- Design of the model is complete, but it is not yet under contract or being used to deliver services.
- The model is still in negotiation with provider group(s).
- Other: [Enter description](#)

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Advanced Health has already developed VBP models for children's health care payments. Advanced Health's largest oral health provider, Advantage Dental, has been paid on a percent-of-premium basis for many years. Advanced Health incorporated a quality withhold into this agreement for 2021 that is paid to Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 and Oral Evaluations for Adults with Diabetes. Over the years, Advanced Health has incentivized Advantage Dental to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although oral/children's health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2022 and remains in place in 2023.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

8) a. Does your CCO still have in place any VBP contract modifications to reporting or performance targets that were introduced during the COVID-19 public health emergency?

Yes, our CCO's VBP contracts retain COVID-19 modifications.

No, all of our CCO's VBP contacts are back to pre-pandemic reporting and targets.

b. If yes, describe which modifications are still in effect, including provider categories and types of reporting or performance target that remain modified.

N/A

These questions address your CCO's work engaging with providers and other partners in developing, managing, and monitoring VBP arrangements.

9) In May 2021 and 2022, you reported the following information about how your CCO engages partners (including providers) in developing, monitoring or evaluating VBP models.

2021: As Advanced Health continues expanding VBP arrangements in the behavioral health and other care delivery areas, it is critical stakeholders with close ties to each care delivery area have a say in early VBP design. When additional input is needed, Advanced Health enlists a care delivery area expert to assist in transitioning each care delivery area to VBP. Advanced Health's 2021 VBPs include its two largest behavioral health providers. Advanced Health enlisted its Behavioral Health Director to work directly with the behavioral health providers to design the capitated structure and quality component.

2022: There are no major developments in these areas to report. There has been some internal discussion around the appropriate forum for final approval of VBP concepts. Providers are reticent to approve VBP concepts that introduce new quality measures that increase the administrative burden on Providers and their staff. In the interest of reducing Provider burnout, this is an area that deserves sensitivity.

Please note any changes to this information, including any new or modified activities or formal organizational structures such as committees or advisory groups.

Advanced Health has formed an advisory committee that is tasked with several responsibilities including review of VBP arrangements, assisting in engaging service Providers to help manage, enhance, and monitor the program. They also perform annual reviews of related OARs/CFRs and help identify any opportunities for expanding the VBP program in our service area. The committee is comprised of internal stakeholders as well as care delivery experts that will work to design, evaluate, and maintain quality VBP models.

10) In your work responding to requirements for the VBP Roadmap, how challenging have you found it to engage providers in negotiations on new VBP arrangements, based on the categories below?

Primary care:

Very challenging Somewhat challenging Minimally challenging

Behavioral health care:

Very challenging Somewhat challenging Minimally challenging

Oral health care:

Very challenging Somewhat challenging Minimally challenging

Hospital care:

Very challenging Somewhat challenging Minimally challenging

Specialty care

Very challenging Somewhat challenging Minimally challenging

Describe what has been challenging [optional]:

Advanced Health has been faced with several changes in the availability of local hospital services. Additionally, negotiations with medical specialty services have been a challenge as specialty providers are accustomed to FFS, so capitated payment arrangements have been met with resistance. Sensitivity to this matter is the key factor and a high degree of care is being taken when considering changes to VBP arrangements that could potentially impact hospitals, providers and members alike. Generally, AH has a history of quality-based payments which has helped during renegotiations with providers. However, providers are still reluctant to give up FFS in lieu of capitated payment models as they see it as a higher risk compensation package instead of global reimbursement.

11) Have you had any providers withdraw from VBP arrangements since May 2022?

Yes
 No

If yes, please describe:

[Click or tap here to enter text.](#)

The following questions are to better understand your CCO's plan for mitigating adverse effects of VBPs and any modifications to your previously reported strategies. We are interested in plans developed or steps taken since your CCO last reported this information.

12) In May 2021 and 2022, your CCO reported the following information about processes for mitigating adverse effects VBPs may have on health inequities or any adverse health-related outcomes for any specific population (including racial, ethnic and culturally based communities; LGBTQIA2S+ people; people with disabilities; people with limited English proficiency; immigrants or refugees; members with complex health care needs; and populations at the intersections of these groups).

2021: Advanced Health's processes for mitigating potential adverse effects of VBPs is similar to the process used in 2020 with a focus on countering any perverse incentives created by VBPs using countering incentives.

However, as part of Advanced Health's Health Equity Plan, we will begin collecting and coalescing data from disparate data sources to enhance our ability to identify health inequities. Although Advanced Health's existing suite of analytical tools enables staff to identify apparent inequities in quality measure performance, the primary source of demographics data used is eligibility data found in 834 files. These files lack information on Member sexual orientation and the demographic data that does exist is sometimes incomplete (e.g., undisclosed race, undisclosed ethnicity). This, along with Advanced Health's small population, makes credibly identifying inequities difficult. Through collecting this information from Reliance eHealth Collaborative (health information exchange), health risk assessments, care coordination intake screenings, and other sources we hope to expand our ability to obtain credible results. Credible results will enable Advanced Health to tie Provider payments to health equity through the incorporation of disparity measures into VBP contracts.

2022: The previous response continues to reflect Advanced Health's processes for mitigating adverse effects of VBPs. Additionally, Advanced Health has begun incorporating disparity measures into VBPs, including tying capitated behavioral health payments to performance on ED Utilization for Members with Behavioral Health Diagnoses.

Please note any changes to this information since May 2022, including any new or modified activities.

There is no major update as we continue to collect and coalesce eligibility data through the 834 files until another source or tool is identified or developed.

13) Is your CCO planning to incorporate risk adjustment for social factors in the design of new VBP models, or in the refinement of existing VBP models?

[Note: OHA does not require CCOs to do so.]

Advanced Health is not currently incorporating risk adjustments for social factors in any new VBP models or refining existing models. However, we are still interested in receiving technical assistance related to this area but understand there are still no recognized and proven tools that could help with the gathering of quality data.

Questions in this section were previously included in the CCO Health Information Technology (HIT) Roadmap questionnaire and relate to your CCO's HIT capabilities for the purposes of supporting VBP and population management. Please focus responses on new information since your last submission.

Note: Your CCO will not be asked to report this information elsewhere. This section has been removed from the CCO HIT Roadmap questionnaire/requirement.

14) You previously provided the following information about the HIT tools your CCO uses for VBP and population management including:

a. HIT tool(s) to manage data and assess performance

2021: Advanced Health employs HIT and analytical tools to support VBP and population health management. Data for VBP and population health-related analytics and reporting are managed in a report server (SQL Server). Performance is assessed using Tableau dashboards and Crystal Reports connected to the report server by custom queries. A Tableau dashboard is built for each VBP contractor or population health management tool. Each VBP dashboard includes all relevant data related to the contract, including performance against financial targets, performance against quality targets, member-level data, and patient attribution data. Population health management dashboards and reports are customized for each population health application.

Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

2022: Some VBP-related HIT tools are being rebuilt following a claims and information system transition. This affects only internally-produced analytics—Milliman/Medinsight tools were not interrupted. We expect VBP-related analytics to be live very soon.

Advanced Health is significantly expanding its analytics team to support the growing number of Providers operating under VBP agreements.

Please note any changes or updates to this information since May 2022:

Advanced Health continues reconstruction of its outward facing Tableau portal to support Providers with value-based contracts. It is expected VBP dashboards will be finalized by mid-June 2023.

b. Analytics tool(s) and types of reports you generate routinely

2021: Internally produced HIT and analytical tools to support VBP arrangements are updated on an on-demand or weekly basis, depending on the complexity of the data required for individual dashboards. Dashboards for which it is not feasible to build a live data connection are built an extract with a defined refresh cycle (daily or weekly). Each VBP Provider is given credentials to access their dashboard on Advanced Health's outward-facing Tableau portal. Providers access their dashboards through this portal on-demand.

Milliman/Medinsight's population health management tools are refreshed using a monthly cycle due to the added overhead of transmitting data to Milliman for processing and inclusion.

2022: No changes

Please note any changes or updates to this information since May 2022:

There are no changes. However, planned enhancements are to be completed by the end of 2023 which include transferring the dashboards from an internally hosted Tableau Server to a HIPAA compliant cloud-based Tableau Server.

15) You previously provided the following information about your staffing model for VBP and population management analytics, including use of in-house staff, contractors or a combination of these positions who can write and run reports and help others understand the data.

2021: Advanced Health employs an analytics department comprised of a data analytics manager and two analysts. The analytics department generates all reporting/analytics related to value-based payments and most reporting/analytics related to population health. Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

Reports are written by Advanced Health's analytics staff. Reports are run by Providers and internal data consumers.

Milliman/Medinsight control the content of their population health management tools. Their tools are accessed by internal data consumers.

2022: There are no changes regarding the general structure of Advanced Health's staffing model. However, Advanced Health is significantly expanding its analytics team to support the growing number of Providers operating under VBP agreements.

Please note any changes or updates to this information since May 2022:

Advanced Health continues to expand its analytics team. At this time, we are recruiting a data scientist and an additional analyst. The expanded staffing will support Advanced Health's reporting and analytics functions, including VBP reporting.

16) You previously provided the following information about your strategies for using HIT to administer VBP arrangements. This question included:

- a. How you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract,**
- b. spread VBP to different care settings, and**
- c. Plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract.**

2021: Advanced Health's existing HIT infrastructure and analytics team are sufficient to support current VBP providers with HIT tools. Our strategy for Provider transition to VBP includes focusing on our largest Providers first in order to shift spending quickly to VBP models while slowly ramping up the reporting load. We expect as we enter the second half of the contract period the VBP reporting load will require an additional analytics staff member. Additionally, we expect to upgrade server hardware in 2021 for improved performance for the outward-facing Tableau portal. The slow reporting ramp-up allows us to track server performance as we add contracts incrementally.

Advanced Health's milestones for supporting VBP administration with HIT are similar to those submitted in Advanced Health's 2020 HIT Roadmap, with updates related to Covid-19-related changes in OHA guidance (care delivery areas). Milestones continue to include meeting the yearly VBP spending targets and supporting all VBP Providers with the reporting and HIT support needed to track and improve their performance.

2022:

- a. No changes. However, planned server upgrades were delayed by Covid-19 pandemic and associated supply chain interruptions

- b. Advanced Health has already provided HIT tools to Providers working under VBP arrangements in numerous care settings, including hospitals, primary care, behavioral health, and oral health care.
- c. Advanced Health has found that—in order to support VBP arrangements and all areas of CCO work requiring analytics support—our analytics team must expand. Advanced Health will fill two or three analytics positions in the coming months.

Please note any changes or updates for each section since May 2022.

a. How you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract.

We are actively building a larger, stronger Analytics team to ramp up reporting across our CCO contract including the VBP arrangements

b. How you will spread VBP to different care settings.

We have already spread into all the CDA required and now we are looking at additional opportunities to expand the VBP arrangements to include additional provider.

c. How you will include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract:

Advanced Health is actively planning a migration from an internally hosted Tableau Service to a HIPAA Compliant, cloud hosted Tableau Server.

17) You reported the following information about your specific activities and milestones related to using HIT to administer VBP arrangements.

For this question, please modify your previous response, using underlined text to add updates and strikethrough formatting to delete content from your previous responses from May of 2021 and 2022. If the field below is blank, please provide updates on specific milestones from your 2021 HIT Roadmap submission.

2021: Developed the internal processes and personnel capabilities needed to support VBP Providers with HIT. This included developing staff capable of developing custom queries and Tableau dashboards tailored to each VBP contract. Staff had significant prior experience in query and Tableau development. Additional personnel development was required to prepare analytics staff to translate and interpret a VBP contract—under the oversight of contracting team—such that a useful, appropriate tool could be produced. Additionally, most care delivery areas have a unique set of applicable quality measures, which are developed by analytics staff ahead of contract execution. This work is ongoing. Advanced Health’s existing staff is skilled in analytics development, but it must expand to meet growing reporting demands.

Developed scalable IT infrastructure to support VBP Providers with HIT. Advanced Health's pre-existing HIT tools included a Tableau Sever implementation to support internal data consumers with quality and other population health dashboards. However, to implement the permissions and data security required to offer similar dashboards to Providers a new Tableau Server was implemented. The outward-facing data portal ensures that Providers may only view data relevant to their VBP contract.

Continuing Milestone/Strategy: Develop Provider data consumption skills. Each VBP Provider is trained to use and interpret their custom dashboard. At the time of each dashboard's roll-out Advanced Health's analytics staff will present the tool to the relevant parties representing the Provider. This includes a review of all dashboard elements, the mechanics of manipulating the dashboard to explore data, and the intended use cases for the tool.

Continuing Milestone/Strategy: Establish feedback loop between VBP Provider and Advanced Health analytics staff. Each VBP Provider is encouraged to provide feedback on the usefulness of the HIT tools provided. Recommended improvements are to be incorporated into the development life cycle of the tools. This work is ongoing. Provider feedback on VBP-related HIT tools has been useful but has not reflected the expected volume. Advanced Health staff will be more proactive in communicating with the end users of VBP tools.

Continuing Milestone/Strategy: Establish and monitor alerts of extract failures and performance issues.

Continuing Milestone/Strategy: Ensure each VBP arrangement is supported by timely data.

Continuing Milestone/Strategy: Ensure all dashboards contain all necessary elements to support Provider monitoring of performance. This includes data supporting the review of performance against financial and quality metrics, Member attribution information, and risk adjustment/stratification.

Continuing Milestone/Strategy: Monitor Provider utilization of HIT tools. Utilize Tableau Server's performance and utilization monitoring system to ensure Providers are engaging with HIT tools. Failure to utilize HIT tools will trigger a request for information regarding data usefulness.

Additionally, Advanced Health adds these milestones related to HIT capacity:

2022-2024: Hire additional analytics team member when/if needed to support expanding group of VBP Providers. This work is ongoing. We expect several analytics hires in the coming months.

2021-2022: Upgrade server hardware to improved performance of Provider-facing Tableau portal.

2022: The milestones above continue to reflect the work of Advanced Health in meeting the HIT needs of the Advanced Health and Provider VBP staff. Many of these milestones and strategies have been accomplished. Several are ongoing.

Briefly summarize updates to the section above:

Advanced Health continues to follow our Roadmap with the addition of the following milestones:

2023 Hire an additional analyst and a data scientist.

2023 Move Tableau Server to Cloud to further improve performance.

2023 Update reports to new Payer System.

18) You provided the following information about successes or accomplishments related to using HIT to administer VBP arrangements:

2021: Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

2022: N/A

Please note any changes or updates to these successes and accomplishments since May of 2022.

2023: We continue to build dashboards and train providers in how to use Tableau.

19) You also provided the following information about challenges related to using HIT to administer VBP arrangements.

2021: We believe a server hardware upgrade is necessary to ensure each Provider's VBP dashboard loads and filters with minimal delay. Current delays are reasonable. However, we would like to improve upon this. This is addressed in our HIT-VBP milestones above.

2022: In addition to server hardware, a claims payment and information system transition has temporarily interrupted some HIT. A new data warehouse/repository is being constructed that will improve performance of all Advanced Health HIT/VBP tools.

Please note any changes or updates to these challenges since May of 2022.

Another challenge we are finding is that providers are not interacting with their Tableau dashboards as often as we expected. Having another portal to access and use can be cumbersome to some providers.

20) You previously reported the following information about your strategies, activities and milestones for using HIT to effectively support provider participation in VBP arrangements. This included how your CCO ensures:

- a. Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.**
- b. Providers receive accurate and consistent information on patient attribution.**
- c. If applicable, include specific HIT tools used to deliver information to providers.**

2021: Providers with VBP contracts are supplied with credentials for accessing Advanced Health's Provider-facing Tableau portal. Each VBP Provider is built a dashboard tailored to the financial and quality metrics found in their contract. The data used in the dashboards are sourced primarily from claims data. The data are transformed using custom queries and stored in extracts on the Tableau server. They are refreshed frequently to ensure Providers are supplied timely information.

Advanced Health understands patient attribution information to mean different things in different contexts. A patient is truly attributed to a VBP Provider when an assignment relationship exists between Member and Provider. If a VBP contract exists with a primary care provider, for example, their patient attribution information could include all members assigned to them or the subset of their assigned members in the denominator of their relevant quality measure(s). Advanced Health's 2020 VBP contracts focused on hospitals with quality components including readmission rate and emergency department utilization. Without a well-defined assignment relationship, we provide Providers with patient lists related to their quality measures. For example, Coquille Valley Hospital holds a Category 3B contract and is provided patient-level information related to their contract's quality component: emergency department utilization.

Patient attribution is sourced from Advanced Health's claims payment/payer platform databases. The attribution information is collected from claims data or Member assignment data as dictated by the type of Provider, contract, and quality component. This information is incorporated into each Provider's Tableau dashboard and data is kept updated using the same process described above.

2022:

- a. No changes. However, a claims payment and information system transition has temporarily interrupted some HIT. A new data warehouse/repository is

being constructed that will improve performance of all Advanced Health HIT/VBP tools.

- b. No changes
- c. No changes

Please note any changes or updates to your strategies since May of 2022.

- a. Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.**

Once providers have a VBP contract in place, our Analytics Team builds a Tableau dashboard that pulls near real-time data. This data is in a reporting database that is replicated from production that night so there is less than a 24-hour delay between live data and the VBP Dashboard data.

- b. Providers receive accurate and consistent information on patient attribution.**

All VBP Dashboards are created following the VBP contract in place for the respective provider. These dashboards are reviewed by multiple internal members of our Analytics Team to ensure accurate queries and reporting.

- c. If applicable, include specific HIT tools used to deliver information to providers.**

We continue to utilize an outward facing Tableau portal.

How frequently does your CCO share population health data with providers?

- Real-time/continuously
- At least monthly
- At least quarterly
- Less than quarterly
- CCO does not share population health data with providers

- 21) You previously reported the following information about how your CCO uses data for population management to identify specific patients requiring intervention, including data on risk stratification and member characteristics that can inform the targeting of interventions to improve outcomes.**

2021: Advanced Health employs several methods for risk stratifying Members and identifying those in need of intervention. Advanced Health calculates and monitors Member risk scores using the CDPS+Rx risk adjustment tool. Advanced Health also contracts with Milliman/MedInsight and Collective Medical for the use of their population health management tools, which include risk scores for adverse outcomes, including readmission risk. Advanced Health's care coordination software allows Advanced Health's ICC team to

track members characteristics and intervention strategies. These risk stratification tools assist Advanced Health and Advanced Health’s Providers in targeting interventions, including targeted ICC support and action on the part of primary care providers to assess the conditions for high-risk patients.

2022: No changes

Please note any changes or updates to this information since May 2022.

We continue to utilize the tools described in 2021. Advanced Health has also been in conversation with CollectiveMedical to review their risk stratification abilities to enhance our ability offer risk stratified reporting.

22) You previously reported the following information about how your CCO shares data for population management to identify specific patients requiring intervention, including data on risk stratification and member characteristics that can inform the targeting of interventions to improve outcomes.

2021: Advanced Health’s VBP Providers are supplied with Tableau dashboards tailored to their individual VBP contracts. The dashboards include patient-specific population management data tailored to each contract and quality component. The population management/risk stratification data has different forms for those VBP Providers with and without well-defined Provider-Member attribution relationships. Providers with well-defined patient attribution relationships are supplied CDPS risk scores and other relevant risk scores and characteristics for attributed patients. Those without well- defined patient attribution relationships are supplied risk stratification based on patient claim history. For example, hospitals with emergency department or readmission rate quality components are supplied member-level data on utilization or readmission, stratified by frequency or severity

2022: No changes

Please note any changes or updates to this information since May 2022.

Advanced Health continues to utilize Tableau dashboards that are tailored to individual VBP agreements.

23) Estimate the percentage of VBP-related performance reporting to providers that is shared through each of the following methods:

Click or tap here to enter text.

Estimated percentage	Reporting method
	Excel or other static reports
100%	Online interactive dashboard that providers can configure to view performance reporting for different CCO populations, time periods, etc.

	Shared bidirectional platform (example: Arcadia) that integrates electronic health record data from providers with CCO administrative data.
	Other method(s): Click or tap here to enter text.
[Total percentages should sum to 100%]	

How might this look different for primary care vs. other types of providers (hospital care, behavioral health care, maternity care, oral health care, children’s health care)?

Online, real-time dashboards are ideal in any care setting, though they may need to be customized to tailor to a specific provider’s needs.

Example: Primary Care may view assigned panel and patient demographics, vs. hospitals have no assigned panel, but have access to claims-based data.

Metrics between provider types are also different. Hospitals usually have different measures including ED utilization, readmission rates, discharge and admission that include member months, as well as claims data and stop loss data.

Clinic have access to – ED utilization + target levels, what the top diagnosis codes are and age histograms.

24) You previously reported the following information about your accomplishments and successes related to using HIT to support providers.

2021: Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

2022: No changes

Please note any changes or updates to this information since May 2022.

No changes

25) You previously reported the following information about your challenges related to using HIT to support providers.

2021: We would like Providers to engage more frequently with our Provider-facing Tableau portal. Our experience deploying population health management tools to Providers is mixed in success. In the past, these tools have been poorly utilized due to workload and the inconvenience of a disjointed set of quality improvement tools used in

the Provider office. Providers are expected to engage with population management tools built into EHRs, additional tools supplied by clinic administration, and tools from various payers. During this contract period, we will be experimenting with different mediums, hoping to maximize engagement and performance through providing convenient, useful, and timely data

2022: We are exploring requiring Providers to self-report quality performance using population health tools built into existing EHRs. This would minimize the management of and time spent manipulating various tools.

Please note any changes or updates to this information since May 2022.

No changes

The following questions are to better understand your CCO's technical assistance (TA) needs and requests related to VBPs.

26) What TA can OHA provide that would support your CCO's achievement of CCO 2.0 VBP requirements?

Click or tap here to enter text.

27) Aside from TA, what else could support your achievement of CCO 2.0 VBP requirements?

We can't identify anything at this time but we would like to thank OHA and its workgroup for developing the tools and educational information needed to help CCOs attain compliance with the CCO 2.0 VBP initiative.

Optional

These optional questions will help OHA prioritize our interview time.

28) Are there specific topics related to your CCO's VBP efforts that you would like to cover during the interview? If so, what topics?

Nothing identified at this time.

29) Do you have any suggestions for improving the collection of this information in subsequent years? If so, what changes would you recommend?

No suggestions currently.

Part II. Oral Interview

This information will help your CCO prepare for your VBP interview.

Written responses are not required.

Purpose

The purpose of the CCO 2.0 VBP interviews is to expand on the information CCOs report and have provided in the written questionnaire; provide CCOs an opportunity to share challenges and successes; and discuss technical assistance needs. OHSU staff will ask these questions of all CCOs, tailoring the questions to each CCO based on written interview responses.

Format

Oral interviews will be conducted via a video conference platform (such as Zoom) and will be recorded, transcribed and de-identified for further analysis. Analysis may include overarching themes and similarities or differences in how CCOs are engaging in VBP-related work. OHA may publicly report de-identified and aggregated results next year. Before we begin, participants will have an opportunity to ask about the interview format. CCOs are encouraged to send questions to OHA *prior to* the interview, as discussion time will be limited.

Interview topics

Question topics will include your CCO's VBP activities and milestones in 2022, any early successes or challenges encountered in this work so far, and how your CCO's plans for future years are taking shape. Questions will cover three primary areas:

- 1) **Provider engagement and CCO progress toward VBP targets.** These questions will explore what has been easy and difficult about your CCO's VBP efforts so far, recognizing that each CCO operates within a unique context that must be considered when designing new payment arrangements. We may ask questions about your perception of provider readiness for or receptivity to VBP arrangements, factors affecting your progress toward VBP targets for future years, and how to make OHA technical assistance most relevant to your needs.
- 2) **Implementation of VBP models required in 2022 and 2023.** These questions will address how your CCO is making decisions about and designing required VBP models. We may ask about factors influencing the design and scale of your PCPCH infrastructure payment model and models to meet the Care Delivery Area requirements. These questions may address your experience designing quality strategies in hospital, maternity, behavioral health, oral health, and children's health VBP arrangements, as well as your progress developing HIT capabilities with providers to implement these VBP arrangements.
- 3) **Promoting health equity through VBP models.** These questions will explore how your CCO's work on health equity relates to your VBP efforts. We may ask about your CCO's progress with collecting social needs data; how health equity informs

your VBP planning in specific areas such as maternity care; and whether you have identified opportunities to use VBPs to address other CCO 2.0 priorities or requirements.