# 2021 CCO 2.0 VBP Interview Questionnaire and Guide

## Introduction

Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, will be scheduled in June 2021. Please schedule here if your team hasn't already done so.

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.

Please complete **Section I** of this document and return it as a Microsoft Word document to OHA.VBP@dhsoha.state.or.us by **Friday, May 28, 2021**. Submissions should be approximately 10–15 pages and should not exceed 15 pages.

All the information provided in Section I will be shared publicly.

**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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## Section I. Written Interview Questions

**Your responses will help OHA better understand your VBP activities this year, including detailed information about VBP arrangements and HCP-LAN categories.**

1) Describe how your CCO engages stakeholders, including providers, in developing, monitoring or evaluating VBP models. If your approach has involved formal organizational structures such as committees or advisory groups, please describe them here.

   Cascade Health Alliance (CHA) created an Alternative Payment Model (APM) Committee in November of 2015. Its members are made up of primary care providers, specialty providers, behavioral health providers, and community at-large members. The Committee met monthly until various alternative payment methods were decided upon and now functions as an ad hoc committee, meeting as needed. In September 2015, CHA applied for technical assistance from Oregon Health Authority via the Center for Evidence Based Policy at Oregon Health & Science University Center. As part of this initiative, the technical assistance enabled CHA to explore various health care payment learning & action network (LAN) payment models and enhance our journey and strategy around value-based payments.

   Annually, CHA meets with its providers that have a value-based payment component as part of their contract to discuss any changes needed for the following year. Changes would include updating the quality measures included in the contract and/or the targets or measurements of success to ensure the appropriate outcomes. These changes are finalized through a contract amendment.

   CHA monitors VBP's throughout the year, creating both dashboards and gap lists. These are shared with providers throughout the year.

2) Has your CCO taken steps to modify existing VBP contracts in response to the COVID-19 public health emergency (PHE)? *[Select one]*

   ☐ CCO modified VBP contracts due to the COVID-19 PHE. *[Proceed to question 3]*
   ☒ CCO did not modify any existing VBP contracts in response to the COVID-19 PHE. *[Skip to question 4].*

3) <u>If you indicated in Question 2</u> that you modified VBP contracts in response to the COVID-19 PHE, please respond to a–f:

   a) If the CCO modified *primary care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

      ☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from fee-for-service [FFS] to capitation)

☐ Modified the payment level or amount (e.g. increasing per member per month [PMPM])

b) If the CCO modified *behavioral health care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

c) If the CCO modified *hospital* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

d) If the CCO modified *maternity care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

e) If the CCO modified *oral health* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

☐ Waived performance targets

☐ Modified performance targets

☐ Waived cost targets

☐ Modified cost targets

☐ Waived reporting requirements

☐ Modified the payment mode (e.g. from FFS to capitation)

☐ Modified the payment level or amount (e.g. increasing a PMPM)

4) Did your CCO expand the availability or the provision of telehealth to members as a result of COVID-19? If so, describe how telehealth has or has not been incorporated into VBPs in 2021.

CHA expanded the availability of telehealth to members per OHA guidelines and changes to covered services as approved by OHA. Telehealth visits has not been incorporated into VBPs in 2021.

5) Has your CCO's strategy to measure quality changed at all as a result of COVID-19? Please explain.

CHA's strategy to measure quality has not changed as a result of COVID-19. All our vaccinators are open to any eligible individual and the capacity to administer vaccines varies widely amongst providers making vaccination rates an unreliable quality measure at the provider level.

**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 September 2020, when CCOs last reported this information.**

6) Describe in detail any 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; lesbian, gay, bisexual, transgender and queer [LGBTQ] people; persons with disabilities; people with limited English proficiency; immigrants or refugees; members with complex health care needs; and populations at the intersections of these groups). Please focus on activities that have developed or occurred since September 2020.

CHA will use historical cost and quality performance information to set VBP targets. We plan to set the performance targets that trigger an incentive payment at either the CHA target or improvement from the contracted provider's prior year performance using the Minnesota method. This will decrease the likelihood that the VBP will adversely affect any of the specific populations listed above.

CHA has implemented risk adjustment VBP models that will calculate and report documented medical complexity for members assigned to PCPs and members treated by specialists. Providers that care for members with higher documented medical complexity have the potential to receive an increased share of VBPs. Medical complexity is a VBP balancing measure and will decrease the likelihood of VBP adversely affecting members with high medical complexity.

In the future, CHA plans to develop the capacity to measure and track social complexity for members and incorporate social complexity in our VBP methodology.

CHA also monitors the number of members that are "fired" from Providers taking capitation payments by tracking all PCP and Oral Health member assignment changes which includes changes initiated by both the provider and the member. Member-initiated requests are valuable to look for more subtle methods which providers may use to deselect members. CHA also tracks all patient grievances related to providers. Assignment changes and complaints are tracked and in the case of primary care and oral health providers, rates are calculated. Data feedback

is reported to providers. If CHA identifies a provider in an outlier status for assignment changes or grievances, CHA will pursue the following interventions as appropriate:

- Provider notification of outlier status
- Ongoing monitoring
- Request for Provider assessment of the root cause
- Request for Provider development of a Corrective Action Plan
- Eventual consideration of financial penalties, exclusion from VBP participation or possibly network participation

7) Have your CCO's processes changed from what you previously reported? If so, how?

   No, CHA's processes have not changed from what was previously planned.

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

   CHA has incorporated risk adjustment into its VBP models for both primary care providers and specialists. Risk scores are calculated for every member monthly using the same risk score method as used by OHA which is the Chronic Illness and Disability Payment System (CDPS).

   Primary care providers who participate in a risk sharing contract are paid capitation monthly based on their panel size. Annually, the capitation paid is risk adjusted using the CDPS method.

   Specialists who participate in a risk sharing contract will receive risk adjusted payments annually retrospectively using the CDPS method. These payments will be based on the fee for service payments paid to the specialist for the contract year.

**The following questions are to better understand your CCO's plan to achieve the CCO 2.0 VBP Patient-Centered Primary Care Home (PCPCH) requirement.**

9) Describe <u>the process</u> your CCO has used to address the requirement to implement PMPM payments to practices recognized as PCPCHs (for example, region or risk scores), including any key activities, timelines and stakeholder engagement. Please focus on new developments, changes or activities that have occurred since September 2020.

All our risk-bearing contracted primary care clinics in our network are PCPCHs. CHA began paying per member per month payments to these PCPCH clinics in January of 2020. These payments are based on the PCPCH tier level of the clinic. Currently all our clinics are at a Level 3 or higher. These rates are part of our contracts with these clinics. The payments are intended to support ongoing operations and encourage clinics to attain higher level tiers in the future. CHA increased these rates by 5% in 2021 and will continue to evaluate increases going forward as the budget allows.

Our primary care clinics continue to work to certify for higher tiers with one clinic moving recently to Tier 4.

10) Please describe your CCO's model for providing tiered infrastructure payments to PCPCHs that reward clinics for higher levels of PCPCH recognition and that increase over time. If your CCO has made changes in your model to address this requirement since September 2020, please describe any changes or new activities.

CHA started 2020 PCPCH rates with a PMPM rate of $0.50 for Tier 1 increased in $0.50 increments up to $2.50 for Tier 5. The rate was increased by 5% in 2021. CHA will continue to evaluate and increase the PMPM rates each year as the budget permits.

**The following questions are to better understand your CCO's VBP planning and implementation efforts. Initial questions focus on the three care delivery areas in which VBPs will be required beginning in 2022 which are behavioral health, maternity and hospital care.**

11) Describe your CCO's plans for developing VBP arrangements specifically for behavioral health care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

CHA has had long established VBPs with its two largest BH providers. For 2021, CHA has refined performance targets for follow-up care within 30 days of an initial evaluation and added a process measure to reward more complete capture of medical complexity data. CHA plans to engage BH providers in discussions in the third quarter to further enhance BH VBP model.

12) Describe your CCO's plans for developing VBP arrangements specifically for maternity care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

CHA has implemented a VBP arrangement with our local contracted hospital that rewards low rates of early elective deliveries. CHA also incentivizes obstetrical providers for successful completion of a timely postpartum visit. CHA plans to engage our local hospital in discussions in the third quarter to further enhance our VBP model.

13) Describe your CCO's plans for developing VBP arrangements specifically for hospital care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

CHA believes the VBP described in #12 above, would meet the requirements for both hospital care and maternity care delivery areas. CHA plans to engage our local hospital in discussions in the third quarter to further develop our VBP model.

14) Have you taken steps since September 2020 to develop any new VBP models in areas other than behavioral health, maternity care or hospital care? If so, please describe.

No.

15) Beyond those that touch on models described in questions 11-13, describe the care delivery area(s) or provider type(s) that your new value-based payment models are designed to address.

a) Describe the LAN category, payment model characteristics and anticipated implementation year of new payment models you have developed (or are developing) this year. <u>If you have developed multiple new value-based payment models this year</u>, please provide details for each one.

b) If you previously described these plans in September 2020, describe whether your approach to developing these payment models is similar to, or different from, what you reported in September 2020; if different, please describe how and why your approach has shifted (for example, please note if elements of your approach changed due to COVID-19 and how you have adapted your approach).

Not applicable. No changes or additions to other VBPs that were already in place in 2020.

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

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

    Presentations or documentation of successful programs from other CCO's or national experts.

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

## *Optional*

**These optional questions will help OHA prioritize our interview time.**

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

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

# Part II. Oral Interview

This information will help your CCO prepare for your VBP interview.
**Written responses are <u>not</u> required.**

## Purpose

The purposes of the CCO 2.0 VBP interviews are to expand on the quantitative information CCOs report and have provided in the written section; provide CCOs an opportunity to share challenges and successes; and to identify 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

Questions topics will include your CCO's VBP activities and milestones in 2021, 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 four primary areas:

Accountability and 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 follow-up questions about your written interview responses, including your approach to developing new payment models and any technical assistance you may need. We may ask about how COVID-19 has impacted your CCO's plans.

Design of VBP models and CCO capacity for VBP. These questions will relate to how your CCO is designing new VBP models and payment arrangements. We are interested in better understanding your approach and process as you work toward your CCO's VBP goals. We may ask about the types of information you are drawing on to inform the design of your VBP models. We may ask follow-up questions regarding the characteristics of your new VBP models described in your written interview responses, particularly in the areas of behavioral health, maternity and hospital care.

Promoting health equity and VBP models. These questions will explore how your CCO's work on health equity is informing your VBP efforts. We may ask about how your VBP models are being designed to promote health equity and to mitigate health inequities. We may also ask about your future plans to promote health equity through VBPs.

Provider engagement and readiness for VBP. These questions will explore how your CCO is supporting providers in VBP arrangements, and how COVID-19 may be affecting these arrangements. We may ask about any data or support tools your CCO is using with providers in VBP arrangements, and any successes or challenges you have had.