

2020 CCO 2.0 VBP Interview Questionnaire and Guide

August 24, 2020

Introduction

As noted in the July 7 CCO Weekly Update, the contractually required Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, were rescheduled for the week of September 14. Please see Appendix A for the interview schedule. Staff from the OHSU Center for Health Systems Effectiveness (CHSE) will be conducting the interviews and using information collected as part of a 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@dhsosha.state.or.us by **Friday, September 4, 2020**. 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.

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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, HCP-LAN categories and how these compare to what had been planned.

- 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.

Trillium engages in stakeholder/provider participation through our regional boards consisting of both Trillium and Provider representatives from various categories; primary care, specialists, behavioral health, and dental (DCO). Meetings with this group are held monthly or quarterly depending on agenda item priorities. The objective of both State and Trillium (Centene) goals for Value Based Payment (VBP) arrangements, was reviewed with this stakeholder group, to outline the State's expectations on VBP levels over the 2020-2024 timeframe. Using the HC-LAN categories as the basis for measurement, plans were discussed to move contracted providers towards the higher HC-LAN categories (2C or higher) over the coming years.

In addition, Trillium has individual discussions with contracted providers regarding reimbursement models available that would allow Trillium to reach the State's target level of VBP penetration. Various risk arrangement options with quality components have been discussed including our Total Cost of Care contract model (MLR target with upside and downside risk and Quality metrics included), and our Model One contract model (a MLR target with various risk pools identified, inclusive of upside and downside risk sharing, and a quality risk pool tied to quality performance).

Trillium has been rewarding clinical sites achieving Primary Care Patient Center Homes (PCPCH) status, with additional PMPM payments for membership assigned to them for several years. Payment levels to those PCPCH sites increase as the clinics attain higher PCPCH status (level 1 to 5) over the course of time.

- 2) Has your CCO taken steps in 2020 to modify existing VBP contracts in response to the COVID-19 outbreak? *[Select one]*

CCO did not modify any existing VBP contracts in response to the COVID-19 outbreak. *[Skip to question 5]*

We have not taken specific steps to modify existing VBP contracts in response to changes in utilization due to COVID-19, but we have taken the following steps to assure continued quality care and member engagement during the pandemic:

1. *Continued awareness of need and value of immunizations for all age groups*
 - a. *Start Smart for Baby Program, brochures and flyers, follow up calls, different venues for securing immunizations, pharmacies, clinics*
 - b. *Fluvention program , mailings and outreach to those vulnerable populations to include closer venues during COVID such as pharmacies, clinics*
2. *Assistance with NEMT to clinic appointments with COVID safety awareness*
3. *Prioritized care management outreach via phone and mailing to vulnerable populations to develop a plan for continued self-care, preventative care and emergency services during COVID*
4. *Assisting via care management phone appointment setting as advocates for members*
5. *Chronic condition management continues to include diabetes management with review of A1C metrics, outreach to members with opportunities for education, lab draws compliance and medication management/adherence to include hypertension.*
6. *Encouraging members during outreach calls, to utilize telehealth with their providers to keep in touch and not miss an appointment due to physical concerns*

- CCO modified all existing VBP contracts due to the COVID-19 outbreak, and we used the same rationale and process for all modifications. *[Proceed to question 3]*
- CCO modified all existing VBP contracts due to the COVID-19 outbreak, but we used different rationales and processes for some modifications. *[Skip to question 4]*
- CCO modified some, but not all, existing VBP contracts due to the COVID-19 outbreak. *[Skip to question 4]*

- 3) If you indicated in Question 2 that you modified all existing VBP contracts under a single rationale and process, please respond to a–c:
- a) Describe the rationale for modifying existing VBP contracts in 2020.
 - b) Describe the process you used for modifying VBP contracts, including your key activities, stakeholder engagement and timeline.
 - c) Describe the payment model/s you have revised (or are revising) this year, including LAN category, payment model characteristics, and implementation date/s.

- 4) If you indicated in Question 2 that you made modifications to some (but not all) existing VBP contracts, or that your rationale and process varied by VBP model, please respond to d–g:
- d) Among the existing VBP contracts that have been modified due to COVID-19, which payment models included the largest number of members?
 - e) Describe your rationale for modifying this existing VBP model in 2020.
 - f) Describe the process you used for modifying this VBP model, including your key activities, timeline/s and stakeholder engagement.
 - g) Describe how you modified this VBP model, including changes in LAN category, payment model characteristics, or implementation dates.

The following questions are to better understand your CCO’s plan for mitigating adverse effects of VBPs and any modifications to your original plans.

- 5) Describe in detail any planned 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).

Our VBP contract language includes protections that call for commitment on the Provider’s part to achieve membership engagement. Not achieving those engagement commitment targets would result in a loss of reimbursement under our VBP agreements.

Each VBP includes terms unique and specific to the Provider we are working which take into account the unique member mix involved.

- 6) Have your CCO’s processes changed from what you previously planned? If so, how?

No material changes.

- 7) What approaches are you taking to incorporate risk adjustment in the design of new VBP models, or in the refinement of existing VBP models?

Our Total Cost of Care and Model One VBP models include actual premiums received as part of the MLR calculations for revenue. Those premiums are specific to the members covered by that agreement and assigned to the contracted provider. This allows for the contract to automatically adjust for changes aligning with the Risk Groups of the members assigned to the provider. If there are any shifts in Risk

Groups for the members under the VBP agreement, the corresponding revenue changes flow through in the Risk Sharing calculation. MLR and capitation rates are developed using historical utilization for that particular provider which includes historical membership mix and is evaluated and recalculated on an annual basis.

- 8) Have you considered social factors in addition to medical complexity in your risk adjustment methodology?

With the implementation of any rate development, social factors are taken into consideration for each unique member population/contract.

If yes, please describe in detail your use of social risk adjustment strategies in your VBP models, including the following:

- a) Whether social risk adjustment is applied to quality metrics, overall payment (for example, capitation), or both;

Included in the primary care capitation rate setting process. Our VBP arrangements include a capitation component to provide consistent cash flow to the providers.

- b) Specific social factors used in risk adjustment methodology (for example, homelessness); and

- c) Data sources for social factors, including whether data is at the individual/patient or community/neighborhood level.

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

- 9) Describe the process your CCO has used in 2020 to address the requirement to implement per member per month (PMPM) payments to practices recognized as PCPCHs (for example, region or risk scores), including any key activities, timelines and stakeholder engagement.

Trillium reimburses recognized PCPCH providers with a prospective monthly PMPM payment. The payment is administered through our Provider Capitation system, based on the provider's total assigned membership and includes a look back period for retro eligibility changes. PCPCH status is verified quarterly using the State's published PCPCH eligibility list on the OHA website.

10) Has your CCO implemented new, or revised existing, payments to PCPCHs during 2020?

Yes

No

If yes, describe the characteristics of new or revised PMPM payments to PCPCHs.

If no, describe how your CCO intends to address this requirement in the remainder of 2020.

Trillium is assuring that all providers have contract language that supports these additional payments, and that all payments in accordance with our CCO 2.0 contract with OHA. We have included PCPCH payment terms in our new contracts covering members in the Multnomah, Clackamas and Washington expansion area.

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?

Trillium implemented capitation agreements with some behavioral health providers in 2019. With our reduction of membership in the Lane County area, we made the decision to move back to FFS for 2020 for all BH providers. We plan to start shifting back to Capitation in 2021 as soon as utilization is consistent under the new membership levels. With COVID causing additional utilization changes separate from our 1/1/20 membership changes, this may cause a delay in the move back to Capitation however we remain committed to this strategy along with the inclusion of quality metrics.

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?

We are working with specific groups to incorporate Behavioral Health services into OB care episodes, by providing additional funding on a per case basis in efforts to improve outcomes.

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?

Our Model One VBP agreements, include a Facility/Institutional Risk Pool that is part of the risk sharing payment calculation. Through this process, providers would be financially rewarded for managing costs related to hospital and facility claims for the members assigned to them. Earning those financial rewards would also be dependent on the provider's achievement of quality metrics/targets.

14) Have you taken steps in 2020 to develop any other new VBP models?

Yes (please respond to a–c)

No (please respond to d–e)

a) Describe the care delivery area(s) or provider type(s) that your new value-based payment models are designed to address.

Maternity/OB care BH integration, BH programs (ICTS and ACT program PMPMs), TCOC agreement, some including a PCP capitation component.

b) Describe the LAN category, payment model characteristics and anticipated implementation dates (2021, 2022, etc.) of new payment models you have developed (or are developing) this year. If you have developed multiple new value-based payment models this year, please provide details for each one.

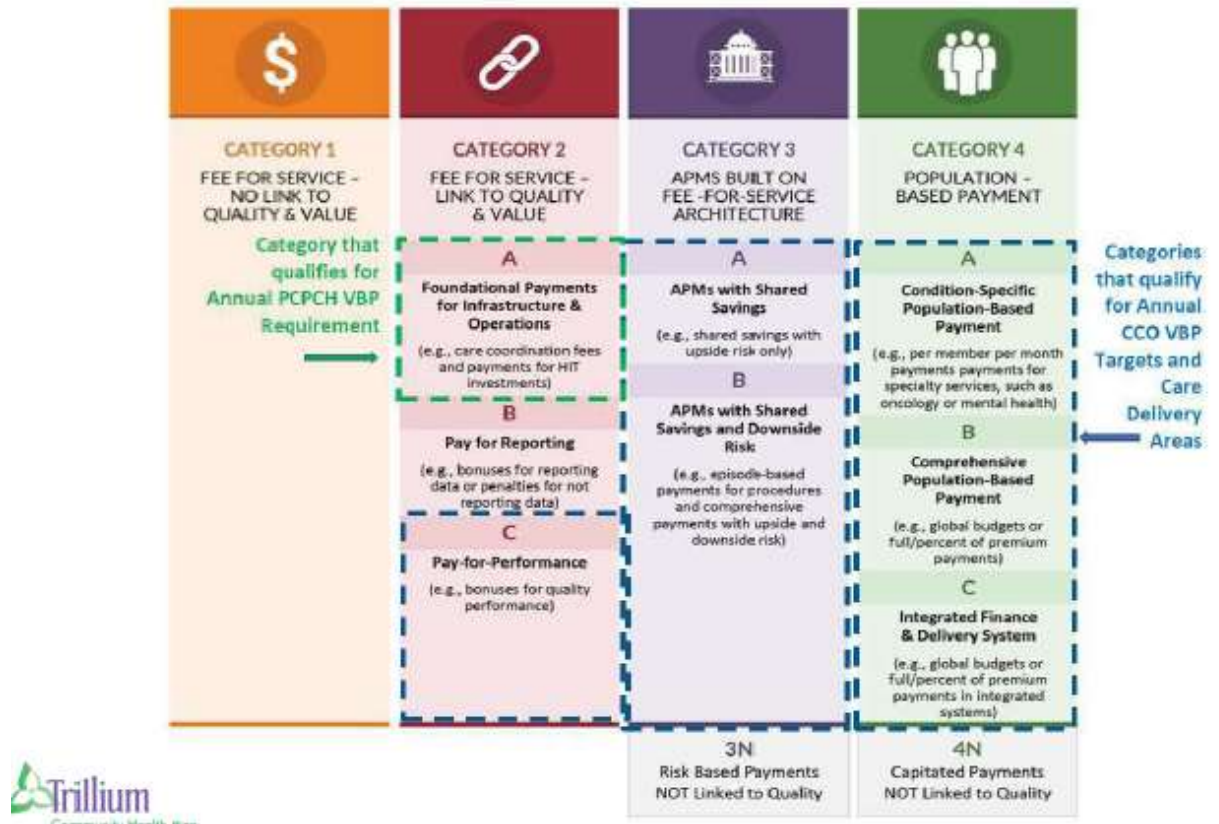
TCOC 2020 – 3b (currently in place for 2020)

Maternity case rate APM - 3a (expected 2020)

ACT/ICTS PMPM – 4a (Currently in place for 2020)

Model One – 3b (expected 2021)

Health Care Payment Learning and Action Network (LAN) Categories



- c) Describe whether your approach to developing these payment models is similar to, or different from, what you had originally intended in 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).

Similar

If no, please respond to d–e:

- d) Describe any decisions made to date regarding the eventual design of your payment models, including the care delivery area(s) or provider type(s) that VBP's will cover, LAN category, payment model characteristics, and implementation dates.
- e) Describe whether your approach to developing these models will be similar to, or different from, what you had originally intended in 2020, and why.

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

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

It would be helpful if OHA would provide clear examples and definitions of VBP programs and HC-LAN category achievement, including best practice program templates.

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

It would also be helpful if OHA would provide additional emphasis from the State to providers that they need to move towards these VBP arrangements.

With COVID efforts taking a significant portion of time for CCOs and providers, trying to engage providers on 'new' alternative methods of payment has been difficult. Additional change is hard for them to incorporate at this time. If there is an opportunity to postpone some of the VBP targets and timeline until after the pandemic has run its course, that would help.

Optional

These optional questions will help OHA prioritize our interview time.

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

18) 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, and written responses are not 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, although they will tailor the questions to each CCO after reviewing written interview responses.

Format

Oral interviews will be conducted via a video conference platform such as Zoom. These interviews will be recorded, transcribed and de-identified for further analysis. This analysis may include overarching themes and similarities or differences in how CCOs are engaging in VBP-related work. Results may be publicly reported in a de-identified and aggregated way that will be made available 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 2020, 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.

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.

Appendix A. CCO VBP Interview Schedule

Date/Time	Time (Pacific Time)	CCO
Mon 9/14/2020	9 AM - 10:30 AM	PacificSource Community Solutions
Mon 9/14/2020	1 PM - 2:30 PM	Yamhill Community Care
Mon 9/14/2020	3 PM - 4:30 PM	Columbia Pacific CCO
Tue 9/15/2020	8:30 AM - 10 AM	Trillium Community Health Plan
Tue 9/15/2020	1 PM - 2:30 PM	Jackson Care Connect
Tue 9/15/2020	3 PM - 4:30 PM	Cascade Health Alliance
Wed 9/16/2020	9 AM - 10:30 AM	Advanced Health
Wed 9/16/2020	3 PM - 4:30 PM	Eastern Oregon CCO
Fri 9/18/2020	9 AM - 10:30 AM	InterCommunity Health Network CCO
Fri 9/18/2020	11 AM - 12:30 PM	AllCare CCO
Fri 9/18/2020	1 PM - 2:30 PM	Health Share of Oregon
Fri 9/18/2020	3 PM - 4:30 PM	Umpqua Health Alliance