Attachment 8 — Value-Based Payment Questionnaire

The information requested in this questionnaire should be provided in narrative form, answering specific questions in each section and providing enough information for the OHA to evaluate the response.

Page limits for this Value-Based Payment Questionnaire is 10 pages. Items that are excluded from the page limit will be noted in that requirement.

A. Value -Based Payment (VBP) Requirements

VBP Minimum Threshold

CCOs must begin CCO 2.0 – January 2020 – with at least 20% of their projected annual payments to their providersProviders in contracts that include a value-based paymentValue-Based Payment component as defined by the Health Care Payment Learning and Action Network's (LAN's) "Alternative Payment Model Framework White Paper Refreshed 2017" (https://hcp-lan.org/apm-refresh-white-paper/), Pay for Performance category 2C or higher. OHA will assess adherence retrospectively. The denominator in this calculation is the total dollars paid (claims and non-claims-based payments) for medical, behavioral, oral, prescription drugs and other health services. Administrative expenses, profit margin, and other non-service-related expenditures are excluded from the calculation.

Expanding VBP Beyond Primary Care to Other Care Delivery Areas

CCOs must develop new, or expanded from an existing contract, VBPs in care delivery areas which include hospitalHospital care, maternity care, children's health care, Behavioral Health care, and oral health care. The term "expanded from an existing contract" includes, but is not limited to, an expansion of a CCO's existing contract such that more providersProviders or membersMembers are included in the arrangement, or higher-level VBP components are included. Required VBPs in care delivery areas must fall within LAN Category 2C (Pay for Performance) or higher through the duration of the CCO 2.0 period.

Before the Contract is signed, successful Applicants will receive final specifications of care delivery area VBPs, including required reporting metrics, from OHA.

2020 VBP requirements are included in the Core Contract. CCOs must implement care delivery area VBPs according to the following schedule after 2020:

- By 2021, CCO shall implement two new or expanded VBPs. The two new or expanded VBPs must be in two of the listed care delivery areas, and one of the areas must be either hospitalHospital care or maternity care. A CCO may design new VBPs in both hospitalHospital care and maternity care. A VBP may encompass two care delivery areas, such as a children's mental health VBP.; e.g. a hospital maternity care VBP that met specifications for both care delivery areas could count for both children'shospital care and Behavioral Healthmaternity care delivery areas.
- By 2022, CCO shall implement a new VBP in one more care delivery area. By the end of 2022, new VBPs in both hospitalHospital care and maternity care must be in place.
- By 2023 and 2024, CCO shall implement one new VBP each year in each of the remaining care delivery areas. By the end of 2024, new or expanded VBPs in all five care delivery areas must be implemented.

CCO VBP targets that achieve 70% VBP by 2024

CCOs must annually increase the level of payments that are value-based through the duration of the CCO 2.0 period. CCOs must meet minimum annual thresholds, according to the following schedule:

- For services provided in 2021, no less than 35% of the CCO's payments to providersProviders must be in the form of a VBP and fall within LAN Category 2C (Pay for Performance) or higher;

- For services provided in 2022, no less than 50% of the CCO's payments to ~~providers~~Providers must be in the form of a VBP and fall within LAN Category 2C (Pay for Performance) or higher;
- For services provided in 2023, no less than 60% of the CCO's payments to ~~providers~~Providers must be in the form of a VBP and fall within LAN Category 2C (Pay for Performance) or higher; and it is expected that, beginning 2023, no less than 20% of the CCO's payments to ~~providers~~Providers must fall within LAN Category 3B (Shared Savings and Downside Risk) or higher. Payments that fall within LAN Category 3B or higher will qualify for the overall VBP target of 60% because LAN Category 3B is higher than LAN Category 2C; and
- For services provided in 2024, no less than 70% of the CCO's payments to ~~providers~~Providers must be in the form of a VBP and fall within LAN Category 2C (Pay for Performance) or higher and it is expected that beginning 2024, no less than 25% of the CCO's payments to ~~providers~~Providers fall within LAN Category 3B (Shared Savings and Downside Risk) or higher, also qualifying for the overall VBP target of 70% per statement above.

Patient-Centered Primary Care Home (PCPCH) VBP requirements

CCOs must provide per-~~member~~Member-per-month (PMPM) payments to their PCPCH clinics as a supplement to any other payments made to PCPCHs, such as fee-for-service or VBPs. CCOs must also vary the PMPMs such that higher-tier PCPCHs receive higher payments than lower-tier PCPCHs. The PMPMs must be appropriate, increase each year over the five-year contract and, although OHA is not defining a specific minimum dollar amount, the payments should be sufficient to ~~support clinic~~aid in the development of infrastructure and operations needed to maintain or advance PCPCH tier level.

The PCPCH PMPM payment counts for this requirement at a LAN Category 2A level. Unless combined with a LAN category 2C or higher, it does not count toward the CCO VBP minimum threshold for 2020 or CCO VBP annual targets, which require a LAN Category 2C (Pay for Performance) or higher.

Risk adjustment within VBP arrangements

OHA may require CCOs to use risk adjustment models that consider social complexity within their VBP arrangements in later years (2022-2024).

B. VBP Reporting

CCO VBP Data Reporting for 2020 is specified in this RFA, below, and the Core Contract. Awarded Successful Applicants must report their VBP data and other details for future years as described below.

CCO Data Reporting: 2020

CCOs must comply with the following reporting requirements in Year 1:

1. Describe the specific quality metrics from the HPQMC Aligned Measures Menu, or HPQMC Core Measure Set, if developed in future years, that will be used, including the established benchmarks that will be used for performance-based payments to ~~providers~~Providers and other relevant details; and /or

a. If the aligned measure set does not include appropriate metric/s for planned VBP, Applicants may request approval from OHA to use other metrics. Preference will be given to those metrics defined by the National Quality Forum (NQF).

b. Should OHA contract with one or more other CCOs serving ~~members~~Members in the same geographical area, the CCO shall participate in workgroups to select performance measures to be incorporated into each CCO's value-based purchasing ~~provider~~Provider contracts for common ~~provider~~Provider types and specialties. CCOs will be informed in advance of the ~~provider~~Provider types and specialties under consideration for

performance measures. Each CCO shall incorporate all selected measures into its Participating Provider contracts.

2. By September 30, 2020, CCOs must submit payment arrangement data via APAC's Appendices G and H. Please see APAC Reporting Guide for additional information.

3. Report PCPCH VBP details including:

a. Payment differential and/or range across the PCPCH tier levels during year CY 1 (2020);

b. Payment differential and/ or range by PCPCH tier levels over CY 2 (2021) through CY5 (2024); and

c. Rationale for approach (including factors used to determine the rate such as ~~rural~~Rural /~~urban~~Urban, social complexity).

4. By Spring/Summer, CCO's executive leadership team must engage in interviews with OHA to:

a. Describe how the first year of activities and VBP arrangements compare to that which was reported in the Application, including detailed information about VBP arrangements and LAN categories;

b. Discuss the outcome of the CCO's plan for mitigating adverse effects of VBPs and compare/describe any modifications to that which was reported in the Application; and

c. Report implementation plans for the two care delivery areas that will start in 2021; and

d. Any additional requested information on VBP development and implementation.

Data Reporting: 2021

1. In the first quarter of 2021, CCOs must submit Year 1 VBP Data Template, which includes summary data stratified by LAN categories that describes 2020 payment arrangements. Although the CCO will likely be unable to report exactly all adjudicated payments made for 2020, OHA will require the reporting of fee-for-service payments that are associated with a VBP in order to assess the CCO's preliminary progress towards meeting the VBP targets. This will function as a rolled-up version of APAC's Appendix G (before Appendix G data are available) and will allow for more timely monitoring of the CCO's progress towards achieving the VBP targets. This report will also serve as a comparison for what the Applicant initially submitted. Note: Data submitted to Appendix G and H, which allows for a nine-month lag after the reported time period, will be the official assessment of a CCO's VBP target achievement.

2. By September 30, CCOs must submit VBP data via APAC's Appendix G and H for the previous calendar year.

3. Report PCPCH VBP details including:

a. Payment differential and/or range across the PCPCH tier levels during year CY 2020;

b. Payment differential and/or range by PCPCH tier levels over CY 2021 through CY 2024; and

c. Rationale for approach (including factors used to determine the rate such as ~~rural/urban~~Rural/Urban, social complexity).

4. By May 2021, CCO's executive leadership team must meet formally with OHA to:

a. Describe the second year of VBP arrangements;

b. Discuss the outcome of the CCO's plan for mitigating adverse effects of VBPs on populations with complex care needs or at risk for health disparities, and compare and describe any modifications to the plan;

c. Report outcomes of the two care delivery areas implemented in January of 2021; and

d. Report implementation plans for the new care delivery area/s in January of 2022.

Data Reporting: 2022-2024

1. By September 30, CCOs must submit VBP data via APAC's Appendix G and H for the previous calendar year.
2. Report PCPCH VBP details including:
   a. Payment differential and/or range across the PCPCH tier levels during year CY 1 (2020);
   b. Payment differential and/ or range by PCPCH tier levels over CY 2 (2021) through CY 5 (2024); and
   c. Rationale for approach (including factors used to determine the rate such as ~~rural~~Rural, ~~urban~~Urban, or social complexity).
3. By May of each year, CCO's executive leadership team must met formally with OHA to:
   a. Describe the previous year of VBP arrangements;
   b. Discuss the outcome of the CCO's plan for mitigating adverse effects of VBPs on populations with complex care needs and/or at risk for health disparities and compare and describe any modifications to the plan;
   c. Report outcomes of the care delivery areas implemented in the previous year; and
   d. Report implementation plans for the upcoming new care delivery areas.
4. Report complete ~~encounter data~~Encounter Data with contract amounts and additional detail for VBP arrangements.

C. VBP Questions

For all questions below, describe VBP data using The Health Care Payment Learning and Action Network (LAN) categories and the OHA Value-~~based~~Based Payment Roadmap Categorization Guidance for Coordinated Care Organizations

1. Submit two variations of the information in the supplemental baseline RFA VBP Data Template: a detailed estimate ~~based on historical data~~ of the percent of VBP spending that uses the Applicant's self-reported *lowest* ~~enrollment~~Enrollment viability threshold, and a second set of detailed and historical data-driven estimate of VBP spending that uses the Applicant's self-reported *highest* ~~enrollment~~Enrollment threshold that their network can absorb.
2. Provide a detailed estimate of the percent of the Applicant's PMPM LAN category 2A investments in PCPCHs and the plan to grow those investments.

   Applicants must submit the following details:

   a. Payment differential across the PCPCH tier levels and estimated annual increases to the payments
   ~~b.~~ Rationale for approach (including factors used to determine the rate such as ~~rural~~Rural, ~~urban~~Urban, or social complexity)

3. Describe in detail the Applicant's plan for mitigating any adverse effects VBPs may have on health inequities, health disparities, 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 and ~~members~~Members with complex health care needs~~)~~ as well as populations at the intersections of these groups. Mitigation plans could include, but shall not be limited to:

   a. Measuring contracted ~~provider~~Provider performance against their own historical performance rather than national benchmarks when patient mix is more complex;

   b. Use of risk-adjustment models that consider social and medical complexity within the VBP; and

   c. Monitoring number of patient that are "fired" from ~~providers~~Providers.

4. Describe in detail the new or expanded, as previously defined, care delivery area VBPs the Applicant will develop in year one and implement in year two. The two new VBPs must be in two of the following care delivery areas: ~~hospital~~Hospital care, maternity care, children's health care, Behavioral Health care, and oral health care; noting which payment arrangement is either with a ~~hospital~~Hospital or focuses on maternity care, as required in 2021. The description will include the VBP LAN category 2C or higher, with which the arrangement aligns; details about what quality metrics the Applicant will use; and payment information such as the size of the performance incentive, withhold, and/or risk as a share of the total projected payment.

5. Provide a detailed plan for how the Applicant will achieve 70% VBP by the end of 2024, taking into consideration the Applicant's current VBP agreements. The plan must include at a minimum information about:

   a. The service types where the CCO will focus their VBPs (e.g. primary care, specialty care, ~~hospital~~Hospital care, etc.)

   b. The LAN categories the CCO will focus on for their payment arrangements (e.g. mostly pay for performance, shared savings and shared risk payments, etc.)

D. VBP Reference Documents

- ~~OHA's Value-based Payment Roadmap~~ OHA's Value-Based Payment Roadmap for Coordinated Care Organizations
- ~~OHA's Value-based Payment Categorization Guidance~~ OHA's Value-Based Payment Categorization Guidance for Coordinated Care Organizations
- Health Care Payment Learning and Action Network's (LAN's) "Alternative Payment Model Framework White Paper Refreshed 2017"
- LAN-APM Framework
- RFA VBP Data Template
- Year 1 VBP Data Template
- APAC Reporting Guide
- Health Plan Quality Metrics Committee 2019 Aligned Measures Set
- Oregon Health Authority Patient-Centered Primary Care Home Program 2017 Recognition Criteria Technical Specifications and Reporting Guide

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