Value-based Payment CCO 2.0 Policy Development Proposed Work Plan

Background

The development of a payment system that rewards improvement in health outcomes and not volume of services delivered, or value-based payment (VBP), has been a key strategy of Oregon's health system transformation to achieve the triple aim of better health, better care and lower costs. The two largest

opportunities for enhanced VBP in Oregon's Medicaid program, the Oregon Health Plan (OHP) are:

- (1) OHA's payments to Coordinated Care Organizations (CCOs); and
- (2) Encouraging CCOs' use of VBP approaches with their contracted providers.

In September 2017, Governor Brown asked the Oregon Health Policy Board (OHPB) to provide recommendations to increase the use of VBP approaches and performance-based payment when considering the future of CCOs.

OHA pays CCOs using a VBP comprised of a global budget and an incentive metrics quality pool. OHA pays CCOs using a global budget that grows at a fixed rate and incorporates payments connected to performance on incentive metrics. The CCO incentive metric quality pool rewards CCOs for the quality of care provided to Medicaid members, based on their performance on 17 metrics.

Oregon's recent 1115 Medicaid Demonstration Waiver renewal requires OHA to advance CCOs' use of VBPs by

Definitions

Value-Based Payment (VBP): The
Centers for Medicaid and Medicare
Services (CMS) defines VBP for
Medicare as "programs that reward
health care providers with incentive
payments for the quality of care they
give to people." CMS further defines
VBP through its Medicaid Innovation
program as, "payment models that
range from rewarding for performance
in fee-for-service (FFS) to capitation...."
and "ties provider payment directly to
specific indicators of quality or
efficiency and can be built through
rewards and penalties."

Pay-for-Performance: Generally considered to be a synonym for value-based payment.

ensuring "through its CCO contracts that VBP arrangements, structured to improve quality and manage cost growth, are used by CCOs with their network providers. The state will develop a VBP plan that describes how the state, CCOs and network providers will achieve a set target of VBP payments by the end of the demonstration period."

CCO 2.0 questions for 2018 investigation and policy options associated with each question:

Questions	Policy Options
1) Should the percentage of CCO global budgets tied to performance and quality,	#1 CCO incentive measure benchmarks/targets (setting the bar higher)
and the bar for awards, increase? (OHA payments to CCOs)	#2 CCO global budget incentive methodology (i.e. increasing lump [bonus or withhold] payments)
2) How can OHA encourage VBPs between the CCOs and their providers and hold	#3 VBP targets and goals for CCOs
CCOs accountable? (CCO payments to providers)	#4 Payments to Patient-centered Primary Care Homes (PCPCHs) by PCPCH tier level
3) Should VBPs that reduce health disparities and address the social determinants of health (SDOH) be incented for CCOs? (CCO payments to providers)	#5 Incentive payments (i.e., incorporating lump [bonus or withhold] payments) (CCO payments to providers)
4) Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? (CCO payments to providers)	#6 Incentive payments (i.e., incorporating lump [bonus or withhold] payments) (CCO payments to providers)
5) What changes to data collection are necessary to track progress on, and	#7 CCO reporting requirements: Modify/using APACs Appendix G (non-claims) reporting
improve our understanding of, VBP utilization? (CCO to provider payments)	#8 CCO reporting requirements: Supplemental data #9 OHA CCO monitoring requirements

Opportunities for public input on value-based payment policy options:

Date and	Stakeholder Engagement Opportunity			P	olicy Op	tions (Consider	ed	
		#1	#2	#3	#4	#5	#6	#7	#8
3/15- 4/15	Online survey on overall CCO 2.0 process and policy areas, available on OHPB webpage	х	Х	х	х	х	х		
4/9	Quality and Health Outcomes Committee (QHOC)	х	х	х	х	х	Х	х	х
4/12	CCO VBP Workgroup	Х	Х	х	Х	Х	Х	х	Х
4/ 16- 4/26	OHA VBP survey to providers			Х	Х	х	х	х	х
4/19	Primary Care Payment Reform Collaborative	Х	х	х	х	х	х	х	Х
4/20	Metrics & Scoring Committee	х							
5/2	Healthcare Workforce Committee			х	х	Х	Х		
6/5	OHPB June Board Meeting	Х	Х	х	х	Х	Х	Х	Х
6/7	Health Information Technology Oversight Committee (HITOC)							х	
6/6-7/4	Public input opportunities	Х	Х	х	х	Х	Х	х	Х

Value-based Payment Topic Area Team

OHA has convened an internal VBP CCO 2.0 team with members from Health Policy and Analytics (HPA) and Health Systems Division (HSD). Members were invited to participate based on their particular subject matter expertise to develop a comprehensive and integrated VBP plan.

VBP Lead and Subject Matter Expert	Chris DeMars, Transformation Center
Project management and policy lead staff	Lisa Krois, Transformation Center
OHPB Policy Liaison	Jeff Scroggin, Office of Health Policy
Additional subject area experts	Jon Collins, Office of Health Analytics
	Jamal Furquan, Health Systems Division
	Zachary Goldman, Office of Health Analytics
	Summer Boslaugh, Transformation Center

2018 CCO 2.0 work plan development process

At the January 2018 Oregon Health Policy Board retreat, OHPB members provided feedback on the overarching questions for investigation in 2018. These questions provide the overarching foundation for what to explore in order to improve CCOs in the future. Using these questions as a guide, OHA staff gathered existing recommendations from reports, evaluations and committees and researched best practices and innovative ideas within these topic areas in order to identify policy options that should be examined and discussed further. The work plans below list the steps that will be taken to build towards potential policy recommendations for review by the OHPB, including additional research needed, timelines and opportunities for expert and public input.

The VBP work plan begins on the next page.

1) Should the percentage of CCO global budgets tied to performance and quality, and the bar for awards, increase? (OHA payments to CCOs)

Policy Option 1: CCO incentive measure benchmarks/targets (setting the bar higher)

Key next steps	Completion date	Link with other topic areas	Comments
Meet with Office of Analytics to flesh out process for introducing and working with the Metrics and Scoring Committee	March 9	Cost	Waiver evaluation recommendation: "Increase portion of total CCO payments awarded
Execute required process steps including research and MSC engagement	April 9		for quality and access, and raise the bar for
Committee engagement and input	April 30		awards"
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Policy Option 2: CCO global budget incentive methodology (i.e. increasing lump (bonus or withhold) payments

Key Next Steps	Completion Date	Link with other topic areas	Comments
VBP and Cost TAT collaboration to develop process and identify opportunities	March 20	Cost	Waiver evaluation recommendation: "Increase portion of total
Committee engagement and input	April 30		CCO payments awarded
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		for quality and access, and raise the bar for awards"
Finalize draft recommendations for OHPB	May 25		

2) How can OHA encourage VBPs between the CCOs and their providers and hold CCOs accountable? (CCO payments to providers)

Policy Option 3: VBP targets and goals for CCOs

Key next steps	Completion date	Link with other topic areas	Comments
Hold 2 nd CCO VBP Roadmap Workgroup meeting	March 8		

Hold 3 rd CCO VBP Roadmap Workgroup meeting	April 12	First CCO VBP Roadmap Workgroup meeting held
Identify draft VBP Roadmap recommendations	April 16	2/8/18
Committee engagement and input	April 30	1115 Waiver requires
Present recommendations at Comprehensive Primary Care Plus (CPC+) Payer Workgroup Meeting	TBD (April or May)	development of "VBP plan that describes how the state, CCOs and
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4	network providers will achieve a set target of VBP payments by the end
Finalize draft recommendations for OHPB	May 25	of the demonstration period."

Policy Option 4: Payments by PCPCH tier level				
Key next steps	Completion date	Link with other topic areas	Comments	
VBP and Cost TAT collaboration to develop process and identify opportunities for encouraging PCPCH payments by PCPCH tier level	March 23	Cost		
Committee engagement and input	April 30			
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4			
Finalize draft recommendations for OHPB	May 25			

3) Should VBPs that reduce health disparities and address the social determinants of health (SDoH) be incented for CCOs? (CCO payments to providers)

Policy Option 5: Incentive payments (i.e., incorporating lump [bonus or withhold] payments) (CCO payments to providers)

Key Next Steps	Completion Date	Link with other topic areas	Comments
VBP and Cost TAT collaboration to develop process and identify opportunities	March 23	Cost TAT, SDOH TAT	
Committee engagement and input	April 30		

Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4	
Finalize draft recommendations for OHPB	May 25	

4) Should VBPs that foster improvements in behavioral health outcomes be incented for CCOs? (OHA payments to CCOs; CCO payments to providers)

Policy Option 6: Incentive payments (i.e., incorporating lump [bonus or withhold] payments) (CCO payments to providers)

Key Next Steps	Completion Date	Link with other topic areas	Comments
VBP and Cost TAT collaboration to develop process and identify opportunities	February 28	Cost TAT, BH TAT	
Committee engagement and input Incorporate committee and public survey feedback into recommendations for OHA leadership	April 30 May 4		
Finalize draft recommendations for OHPB	May 25		

5) What changes to data collection are necessary to track progress on and improve our understanding of VBP utilization? (CCO payments to providers)

Policy Option 7: CCO reporting requirements: Modify/using APACs Appendix G (non-claims) reporting

Key next steps	Completion date	Link with other topic areas	Comments
Identify VBP categories that will be used to track CCO progress in reaching VBP targets (per the VBP Roadmap discussions)	April 15		Closely connected to Policy Option #2 Rules in effect by
Decide whether modifications to APAC's Appendix G are required (which will prompt a Rules change)	April 15		October 2019
Committee engagement and input	April 30		
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4		
Finalize draft recommendations for OHPB	May 25		

Manage Rules Advisory Committee (RAC) to modify	Draft	
APAC Appendix G	January	
	2019;	
	Complete	
	RAC by	
	March 2019	

Policy Option 8: CCO reporting requirements: Supplemental data					
Key Next Steps	Completion Date	Link with other topic areas	Comments		
Identify whether supplemental data are needed to complement Appendix G for tracking CCO VBP targets (per CCO VBP Roadmap Workgroup process)	April 15				
If supplemental data are needed, draft supplemental questions to be included in Exhibit L of the CCOs' financial report	April 15				
Committee engagement and input	April 30				
Incorporate committee and public survey feedback into recommendations for OHA leadership	May 4				
Finalize draft recommendations for OHPB	May 25				

Policy Option 9: OHA CCO monitoring requirements					
Key Next Steps	Completion Date	Link with other topic areas	Comments		
Update evaluation design to incorporate baseline data obtained in late 2018	June 1				