# 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](https://www.oregon.gov/oha/HSD/OHP/CCO/2023-CCO-Contract-Template.pdf), 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](https://www.signupgenius.com/go/10C0948A4AA28A2FDCE9-2023). 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

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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 the 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 via email.**

**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 a HCP-LAN category 2C or higher VBP arrangement. Describe the steps your CCO has taken to meet this requirement.**

Click or tap here to enter text.

1. **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.**

Click or tap here to enter text.

1. **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)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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: 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)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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)?**

Click or tap here to enter text.

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

Click or tap here to enter text.

1. **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.**

Enter description

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

1. **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.**

Insert previous response.

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

Click or tap here to enter text.

1. **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]:**

Click or tap here to enter text.

1. **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.**

1. **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).**

Insert previous response.

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

Click or tap here to enter text.

1. **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.]

Click or tap here to enter text.

**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.

1. **You previously provided the following information about the HIT tools your CCO uses for VBP and population management including:**
	1. **HIT tool(s) to manage data and assess performance**

Insert previous response.

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

Click or tap here to enter text.

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

Insert previous response.

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

Click or tap here to enter text.

1. **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.**

Insert previous response.

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

Click or tap here to enter text.

1. **You previously provided the following information about your strategies for using HIT to administer VBP arrangements. This question included:**
	1. **How you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract,**
	2. **spread VBP to different care settings, and**
	3. **Plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract.**

Insert previous response.

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

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

Click or tap here to enter text.

1. **How you will spread VBP to different care settings.**

Click or tap here to enter text.

1. **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:**

Click or tap here to enter text.

1. **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.**

Insert previous response.

**Briefly summarize updates to the section above:**

Click or tap here to enter text.

1. **You provided the following information about successes or accomplishments related to using HIT to administer VBP arrangements:**

Insert previous response.

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

Click or tap here to enter text.

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

Insert previous response.

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

Click or tap here to enter text.

1. **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:**
	1. **Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.**
	2. **Providers receive accurate and consistent information on patient attribution.**
	3. **If applicable, include specific HIT tools used to deliver information to providers.**

Insert previous response.

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

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

Click or tap here to enter text.

1. **Providers receive accurate and consistent information on patient attribution.**

Click or tap here to enter text.

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

Click or tap here to enter text.

**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

1. **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.**

Insert previous response.

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

Click or tap here to enter text.

1. **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.**

Insert previous response.

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

Click or tap here to enter text.

1. **Estimate the percentage of VBP-related performance reporting to providers that is shared through each of the following methods:**

|  |  |
| --- | --- |
| **Estimated****percentage** | **Reporting method** |
|  | Excel or other static reports |
|  | 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)?**

Click or tap here to enter text.

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

Insert previous response.

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

Click or tap here to enter text.

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

Insert previous response.

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

Click or tap here to enter text.

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

1. **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.

1. **Aside from TA, what else could support your achievement of CCO 2.0 VBP requirements?**

Click or tap here to enter text.

## ***Optional***

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

1. **Are there specific topics related to your CCO’s VBP efforts that you would like to cover during the interview? If so, what topics?**

Click or tap here to enter text.

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

Click or tap here to enter text.

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.