

## 2025 Value-Based Payment (VBP) Questionnaire

### Introduction

As described in Exhibit H, Section 6, Paragraph a of the 2025 contract, each Coordinated Care Organization (CCO) is required to complete this Value-based Payment (VBP) Questionnaire (previously VBP Pre-Interview Questionnaire).

Beginning in 2025, OHA will no longer be pre-filling a version of this document with previous years' responses. The intent of this change is to (1) streamline submissions, given that there are now several years of information included in previous responses, and (2) provide a new "baseline" to pre-fill over the next couple of years.

Your responses will help OHA better understand your CCO's VBP activities for 2024-2025, including detailed information about VBP arrangements and [Healthcare Payment Learning and Action Network](#) (HCP-LAN) categories.

### Instructions

Please complete and return this deliverable as a Microsoft Word document, via the Contract Deliverables portal located at <https://oha-cco.powerappsportals.us/>, by **May 2, 2025**. The submitter must have an OHA account to access the portal.

- Please be thorough in completing each section of this document. Incomplete submissions will be returned for revision.
- Please provide responses for all required questions. Questions #3, #4, #10, and #31 are optional.
- All the information provided in this document is subject to redaction prior to public posting. OHA will communicate the deadline for submitting redactions after reviewing your submission.

If you have questions or need additional information, please contact:

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## Section 1: Annual VBP Targets

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

1. In 2025, CCOs are required to make 70% of payments to providers in contracts that include an HCP-LAN category 2C or higher VBP arrangement.

**How confident are you in meeting the 2025 requirement?**

- ☒ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident
- ☐ Other: [Enter description](#)

**Describe the steps your CCO has taken to meet the 2025 requirement since May 2024:**

For 2024 Advanced Health achieved an overall increase in VBP reimbursement to providers with contracts with an HCP-LAC category of 2c or higher. We saw a gain of 6.9% over the 2023 reimbursement levels. In total, 74.9% of provider payments are related to contracts in HCP-LAN categories 2c as compared to the 2023 performance of 68%. This is the result of Advanced Health successfully migrating 92% of our local medical practitioners, clinics and hospitals to 3B or higher service agreements. Advanced Health continues to work with those providers that remain as outliers.

**Describe any challenges you have encountered:**

[Nothing to mention at this time.](#)

2. In 2025, CCOs are required to make 25% of payments to providers in arrangements classified as HCP-LAN category 3B or higher (i.e., downside risk arrangements).

**How confident are you in meeting the 2025 requirement?**

- ☒ Very confident
- ☐ Somewhat confident
- ☐ Not at all confident
- ☐ Other: [Enter description](#)

**Describe the steps your CCO has taken to meet the 2025 requirement since May 2024:**

Advanced Health has successfully converted the 4N portions of our primary care service agreements over to 4A service agreements. These agreements outline VBP performance measures linked to quality with the improvement of children's healthcare and adult diabetes – HbA1c testing. Additionally, we successfully convert a 2c hospital to 3B which also increased Advanced Health's ability to continue to meet the 2025 requirement.

**Describe any challenges you have encountered:**

Nothing to mention at this time.

3. **Optional**: Can you provide an example of a VBP arrangement your CCO has implemented that you consider successful? What about that arrangement is working well for your CCO and for providers?

As reported in last year's questionnaire, one of our critical access hospitals has generated consistent saving against their total health care spending target for MY2022 and MY2023 since having a Risk/Savings arrangement with our CCO. In 2024 they had a slight increase in utilization (>.03%) but even with this change, they are still well ahead of their performances of previous years.

The facility is paid on a FFS basis. At the end of the performance year, all FFS payments are then then tallied and calculated into an average PMPM spend. If the facility does not exceed their specified "target PMPM" value when calculated at the end of the performance year, then the provider will receive a percentage back of the total savings. However, if the provider exceeds the target PMPM, then they are responsible for 40% of the over payment that is subject to a previously negotiated risk exposure cap.

The average result in savings for the first 2 years showed a decrease in spending of 34% overall, though since the PHE (Covid) period has ended, we are seeing a slight trend in increased utilization as demonstrated in 2024 results.

4. **Optional**: In questions 1-2, you described challenges that you have encountered in meeting annual VBP targets. How has your CCO responded to and addressed those challenges?

Click or tap here to enter text.

## Section 2: Care Delivery Area VBP Requirements

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

**5. 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](#)

**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)?**

[Advanced Health has now successfully implemented 4 hospital care CDA models via enhanced agreement with our local hospitals. In 2024 we were successful in renegotiating with the 4<sup>th</sup> local hospital and were able to move them to a 3b or better LAN Category with the addition of the hospital CDA.](#)

**If this model is not yet under contract, or if a previous contract is no longer in place, describe the status of your negotiations with providers and anticipated timeline to implementation.**

[Click or tap here to enter text.](#)

**6. 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](#)

**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)?**

[Advanced Health continues to maintain its 4A LAN agreement that incorporates the maternity care CDA. The agreement reimburses bundled maternity services at a fixed rate and has shown to increase the quality of care and reporting of encounters outside of the global maternity service. The agreement incorporates Prenatal & Postpartum Care Measurement NQF1517. In the past 3 years of implementation, the quality measure has been successfully met by contracted providers and results show an increase in care of 9.5% over last year.](#)

**If this model is not yet under contract, or if a previous contract is no longer in place, describe the status of your negotiations with providers and anticipated timeline to implementation.**

[Click or tap here to enter text.](#)

**7. 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](#)

**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)?**

[Advanced Health has already developed VBP models for behavioral health care payments. Advanced Health's largest behavioral health providers, Coos Health & Wellness and ADAPT, have been paid on a capitated basis for many years. Advanced Health incorporated a quality withhold into these agreements back in 2021. The withhold is paid to Providers contingent on strong performance on quality measures. The quality measures include emergency department utilization for members with a behavioral health diagnosis, and in 2024 we added another quality measure related to the increase in behavioral health services for members that have behavioral health needs.](#)

[Over the years, Advanced Health has incentivized both providers to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although behavioral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2021 and has remained in place since that time.](#)

**If this model is not yet under contract, or if a previous contract is no longer in place, describe the status of your negotiations with providers and anticipated timeline to implementation.**

[Click or tap here to enter text.](#)

**8. 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](#)

**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)?**

Advanced Health has already developed VBP models for oral health care payments. Advanced Health's largest oral health provider, Advantage Dental, has been paid on a percent-of-premium basis for many years.

Advanced Health incorporated a quality withhold into the agreement for 2021 paid to the Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 and Oral Evaluations for Adults with Diabetes. Over the years, Advanced Health has incentivized Advantage Dental to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although oral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2022 and remains in place until re-negotiated with the provider.

**If this model is not yet under contract, or if a previous contract is no longer in place, describe the status of your negotiations with providers and anticipated timeline to implementation.**

[Click or tap here to enter text.](#)

**9. 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](#)

**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)?**

Advanced Health has already developed VBP models for oral health care payments. Advanced Health's largest oral health provider, Advantage Dental, has been paid on a percent-of-premium basis for many years.

Advanced Health incorporated a quality withhold into the agreement for 2021 paid to the Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 and Oral Evaluations for

Adults with Diabetes. Over the years, Advanced Health has incentivized Advantage Dental to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although oral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements. This model was in place in 2022 and remains in place until re-negotiated with the provider.

**If this model is not yet under contract, or if a previous contract is no longer in place, describe the status of your negotiations with providers and anticipated timeline to implementation.**

[Click or tap here to enter text.](#)

10. **Optional**: In designing new or enhanced VBP models in additional care delivery areas, what have you found to be most challenging? What is working well?

[Click or tap here to enter text.](#)

### Section 3: PCPCH Program Investments

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

11. OHA requires that PCPCH infrastructure, or per-member per month (PMPM), payments made by CCOs to clinics are independent of any other payments that a clinic might receive, including VBP payments tied to quality. In September 2023, OHA provided updated guidance on this in the [VBP Technical Guide](#).

**Are the infrastructure payments made to your PCPCH clinics independent from other payments made to those clinics?**

☒ Yes

☐ No

**If no, explain your plan to meet this requirement going forward:**

[Click or tap here to enter text.](#)

12. **If a clinic meets the requirements to be recognized as a PCPCH clinic at a given tier level, the baseline PMPM payment made to that clinic should not be**

contingent upon meeting any additional requirements (e.g., VBP quality metrics, added clinic integration or functionality, etc.). CCOs may use VBP arrangements and other quality incentives to supplement baseline PMPM payments made to clinics (p. 12, [VBP Technical Guide](#)).

**Are the infrastructure payments made to your PCPCH clinics contingent upon meeting any additional requirements?**

- ☐ Yes  
☒ No

**If yes, explain:**

[Click or tap here to enter text.](#)

#### Section 4: Engaging with Providers on VBP

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

- 13. How does your CCO engage partners (including providers) in developing, monitoring, and evaluating VBP models? Note any formal organizational structures such as committees or advisory groups involved in this process.**

In 2023 Advanced Health formed an advisory committee that is tasked with several responsibilities including review of VBP arrangements, assisting in engaging service Providers to help manage, enhance, and monitor the program. The committee is comprised of internal stakeholders and care delivery experts that aid in the design, evaluation, and maintenance of the quality VBP models. Many of the committee members have close ties with local area providers and facilities and will engage with these connections as needed in developing, monitoring and evaluating the VBP models.

- 14. 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		
<input type="checkbox"/> Very challenging	<input type="checkbox"/> Somewhat challenging	<input checked="" type="checkbox"/> Minimally challenging
Behavioral health care		
<input type="checkbox"/> Very challenging	<input type="checkbox"/> Somewhat challenging	<input checked="" type="checkbox"/> Minimally challenging
Oral health care		
<input type="checkbox"/> Very challenging	<input type="checkbox"/> Somewhat challenging	<input checked="" type="checkbox"/> Minimally challenging
Hospital care		



<input type="checkbox"/> Very challenging	<input checked="" type="checkbox"/> Somewhat challenging	<input type="checkbox"/> Minimally challenging
<b>Specialty care</b>		
<input type="checkbox"/> Very challenging	<input type="checkbox"/> Somewhat challenging	<input checked="" type="checkbox"/> Minimally challenging

**Describe what has been challenging, if relevant [optional]:**

[Click or tap here to enter text.](#)

**15. Have you had any providers withdraw from VBP arrangements since May 2024?**

- ☐ Yes  
☒ No

**If yes, describe:**

[Click or tap here to enter text.](#)

## Section 5: Health Equity & VBP

The following questions are to better understand your CCO's plan for ensuring that VBP arrangements do not have adverse effects on populations experiencing or at risk for health inequities.

**16. How does your CCO mitigate possible adverse effects VBPs may have on health outcomes for specific populations (including racial, ethnic and culturally diverse 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)?**

Advanced Health's processes for mitigating potential adverse effects of VBPs is similar to the process focused on countering any perverse incentives created by VBPs using countering incentives.

However, as part of Advanced Health's Health Equity Plan, we have been collecting and coalescing data from disparate data sources to enhance our ability to identify health inequities. Although Advanced Health's existing suite of analytical tools enables staff to identify apparent inequities in quality measure performance, the primary source of demographic data used is eligibility data found in 834 files. These files lack information on Member sexual orientation and the demographic data that does exist is sometimes incomplete (e.g., undisclosed race, undisclosed ethnicity). This, along with Advanced Health's small population, makes credibly identifying inequities difficult. Credible results will

enable Advanced Health to tie Provider payments to health equity through the incorporation of disparity measures into VBP contracts. Advanced Health has incorporated disparity measures into VBPs, including tying capitated behavioral health payments to performance on ED Utilization for Members with Behavioral Health Diagnoses.

- 17. Is your CCO currently employing medical/clinical and/or social risk adjustment in your VBP payment models?** (Note: OHA does not require CCOs to do so.)

- ☐ Yes  
☒ No

**If yes, describe your approach.**

[Click or tap here to enter text.](#)

**Describe what is working well and/or what is challenging about this approach.**

[Click or tap here to enter text.](#)

- 18. Is your CCO planning to incorporate new medical/clinical and/or social risk adjustment in the design of new VBP models, or in the refinement of existing VBP models?** (Note: OHA does not require CCOs to do so.)

[Not at this time.](#)

## Section 6: Health Information Technology and VBP

Questions in this section were previously included in the CCO Health Information Technology (IT) Roadmap questionnaire and relate to your CCO's health IT capabilities for the purposes of supporting VBP and population management.

Note: Your CCO will not be asked to report this information elsewhere. This section has been removed from the CCO HIT Roadmap questionnaire/requirement.

- 19. What health IT tools does your CCO use for VBP and population health management, including to manage data and assess performance?**

Advanced Health employs HIT and analytical tools to support VBP and population health management. Data for VBP and population health-related analytics and reporting are managed in a report server (SQL Server). Performance is assessed using Tableau dashboards and Crystal Reports connected to the report server by custom queries. A Tableau dashboard is built for each VBP contractor or population health management tool. Each VBP dashboard includes all relevant data related to the contract, including performance against financial targets, performance against

quality targets, member-level data, and patient attribution data. Population health management dashboards and reports are customized for each population health application.

**20. Describe your strategies and activities for using health IT to administer VBP arrangements, noting any changes since May 2024.**

Advanced Health's existing HIT infrastructure and analytics team are sufficient to support current VBP providers with HIT tools. Our strategy for Provider transition to VBP has focused on our largest Providers first to shift spending quickly to VBP models while slowly ramping up the reporting load. We have upgraded our server hardware for improved performance for the outward-facing Tableau portal. The slow reporting ramp-up allowed us to track server performance as we add contracts incrementally. Milestones continue to include meeting the yearly VBP spending targets and supporting all VBP Providers with the reporting and HIT support needed to track and improve their performance.

No changes since May of 2024 other than further development and refinement of the Tableau VBP Provider dashboards.

**21. Describe your strategies and activities for using health IT to effectively support provider participation in VBP arrangements, noting any changes since May 2024.**

**a. How do you ensure that providers receive accurate and timely information on patient attribution?**

Once providers have a VBP contract in place, our Analytics Team builds a Tableau dashboard that pulls near real-time data. This data is in a reporting database that is replicated from production that night so there is less than a 24-hour delay between live data and the VBP Dashboard data.

All VBP Dashboards are created following the VBP contract in place for the respective provider. These dashboards are reviewed by multiple internal members of our Analytics Team and Finance Team to ensure accurate queries and reporting.

**b. How do you ensure that providers receive timely (e.g., at least quarterly) information on measures used in their VBP arrangements?**

The VBP Dashboards utilizing claims data are updated monthly and providers may access their dashboard at any time.

For those VBP Dashboard that utilize attribution data, the dashboards pull near real-time data, with no less than a 24-hour delay between live data and the VBP Dashboard.

**c. What specific health IT tools do you use to deliver information to providers (list and provide a brief description of each)?**

We utilize an outward facing Tableau portal that providers can sign into and access their VBP Dashboard at any time.

**22. One way to support providers in meeting the quality metrics used in VBP arrangements is by helping to identify patients who require intervention. Describe 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. Note any changes since May 2024.**

As reported in previous years, Advanced Health employs several methods for risk stratifying Members and identifying those in need of intervention. Advanced Health calculates and monitors Member risk scores using the CDPS+Rx risk adjustment tool. Advanced Health also contracts with Point Click Care for the use of their population health management tools, which include risk scores for adverse outcomes, including readmission risk. Advanced Health's Analytics team has also built a risk stratification dashboard utilizing OHA's ICC rules for risk stratification. Advanced Health's care coordination software allows Advanced Health's ICC team to track members characteristics and intervention strategies. These risk stratification tools assist Advanced Health and Advanced Health's Providers in targeting interventions, including targeted ICC support and action on the part of primary care providers to assess the conditions for high-risk patients.

**23. Does your CCO routinely provide transaction-level cost and utilization data ("raw claims data") for attributed patients' total cost of care to providers participating in risk-based VBP arrangements? If so, do you provide this data automatically to all providers participating in risk-based VBP arrangements or only upon request?**

Upon request

**24. Using the table below, indicate (a) which types of data files, prepared reports, or dashboards you make available to providers in each type of HCP-LAN VBP arrangement, (b) how often you make the data available, and (c) how the information is provided (please include the name of the tool).**

**For reference:** Online interactive dashboards are websites where providers can configure settings to view performance reporting for different CCO populations, time periods, etc. Shared bidirectional platforms integrate electronic health record data

from providers with CCO administrative data (such as: Arcadia, Azara, Epic Payer Platform).

	HCP-LAN 2C	HCP-LAN 3A/B	HCP-LAN 4	Frequency	How is this information being provided?
Attribution files, including dates of coverage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input checked="" type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: Tableau
Quality performance & gap reports	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input checked="" type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: <a href="#">Tableau</a> .
Performance reports with numerator/denominator details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input checked="" type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: <a href="#">Tableau</a> .
Total cost/utilization data with transactional details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Weekly <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: <a href="#">Tableau</a> .
Member-level risk score details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: <a href="#">Click or tap here to enter text.</a>
Total premium data with member-level details	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other	<input type="checkbox"/> Excel, static reports <input type="checkbox"/> Interactive dashboard <input type="checkbox"/> Bidirectional platform Tool: <a href="#">Click or tap here to enter text.</a>

**25. Are there any significant operational details about the way you share data with providers that are not captured in the chart above? Are there any additional**

**types of data or reports that you make available to providers in VBP arrangements to support their success?**

Not at this time.

- 26. Describe your accomplishments related to using health IT to administer VBP arrangements and support providers.**

Since 2021, Advanced Health has successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained in the use of the tool and financial/quality metrics associated with their contracts.

- 27. What challenges are you experiencing related to using health IT to administer VBP arrangements and support providers?**

We are still experiencing low utilization and lack of Provider engagement. Our goal with the Provider-facing portal was a way for Providers to have quick and easy access to their dashboards. Our experience deploying population health management tools to Providers is still mixed in success. In the past, these tools have been poorly utilized due to workload and the inconvenience of a disjointed set of quality improvement tools used in the Provider office. Providers are expected to engage with population management tools built into EHRs, additional tools supplied by clinic administration, and tools from various payers.

## Section 7: Technical Assistance

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

- 28. What TA can OHA provide that would support your CCO's achievement of VBP requirements outlined in Exhibit H of the CCO Contract?**

Can not identify anything at this time.

- 29. Aside from TA, what else could support your achievement of VBP requirements outlined in Exhibit H of the CCO Contract?**

Can not identify anything at this time.

- 30. Optional: Do you have any suggestions for improving the collection of the information requested in this questionnaire in future years? If so, what changes would you recommend?**

Click or tap here to enter text.

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