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:

   AllCare CCO has been pursuing value based agreements with larger contracts. For example in 2024, we entered into an agreement with a local hospital group that improved our 2C percentage by an estimated 20%. We are working with both hospital systems in Southern Oregon to continue or develop value based agreements to further improve our LAN scores. We are also looking to identify other contracts that are not under a value based agreement but would significantly increase our LAN category percentages if a value based agreement was in place.

   Describe any challenges you have encountered:

   Both of the hospital systems we have been working with have had a change in contracting leadership so the negotiation process was slowed as we developed relationships with the incoming leadership. We have since established a connection with those individuals and are meeting to discuss value based agreements as well as other contract related matters.

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:

AllCare CCO has developed withhold agreements for our dental care organizations that are contingent on overall performance on established quality metrics. We are also looking into transitioning other existing VBP agreements to include a withhold contingent on overall performance on quality measures. We are optimistic that having these agreements in place will help us meet the LAN target.

Describe any challenges you have encountered:

The reluctance of our vendors to take downside risk has been challenging. It is difficult to promote downside risk agreements to our vendors in a way that conveys a benefit for them to enter into such an agreement.

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?**

   The Maternal Health VBP has been successful in improving overall performance on the established measures; specifically postpartum care. AllCare's postpartum care measure rate was 41.4% when the VBP was first implemented and has improved year over year to 81.5% in 2023. We feel the partnerships we have built through the VBP have been a significant contributor to this success.

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?**

   We continue to partner with vendors in an effort to identify downside risk options that are mutually beneficial.

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)?

AllCare finalized an agreement with Asante Rogue Regional and Asante Three Rivers for a payout based on a percentage of inpatient claims dollars if they reached a set improvement target on the overall readmission rate for the hospitals.

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.

We are meeting with the contracting and financial teams to discuss the implementation of an ongoing agreement.

6. **What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>maternity</u> 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)?

Measures include: Timely Postpartum Visit, Documentation of Current Medications, Tobacco Use: Screening and Cessation Intervention, Utilization of Health and/or Community Information Exchange, Language Access, Timely Prenatal Visit, Provider Portal Usage

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.

N/A

7. **What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>behavioral health</u> 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)?

Measures Include: Mental Health Assessment for DHS Children, ED Visits for Substance Use Disorder (SUD), Follow up within 7 Days of SUD Discharge, Follow up within 30 Days of Mental Health Discharge, Assertive Community Treatment, Initiation and Engagement of AOD Treatment, Wraparound Program, Utilization of Health and/or Community Information Exchange, Language Access

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.

N/A

8. **What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>oral health</u> 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)?

Measures include: Oral Health exam for DHS Children within 60 days, Oral Evaluations for Diabetic Patients, Preventive Visits 1-5 Year olds, Preventive Visits 6-14 Year olds, Dental Services Utilization, Tobacco Use: Screening and Cessation Intervention, Language Access, Utilization of Health and/or Community Information Exchange

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.

N/A

9. **What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>children's health</u> 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)?

Measures Include: Childhood Immunizations, Adolescent Immunizations, Well Child Visits, Smoking Prevalence, Depression Screening w/ Follow-up, SBIRT, Social Determinants of Health, Language Access

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.

N/A

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:

N/A

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:

    N/A

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.**

    AllCare CCO implemented Provider Planning Committees for each of our VBPs in 2014. We currently cover the following care delivery areas with existing VBP's: Primary Care/Pediatrics (children's care); Specialty - OB/GYN (maternal), medical, and surgical subgroupings; Oral Health; and Behavioral Health. The committees consist of a cross-section of network providers/stakeholders as well as AllCare senior leadership, Medical Directors and our VBP team.

    AllCare initiates the cycle by conducting a virtual or in-person meeting with each VBP Provider Planning Committee to present AllCare's suggestions and recommendations for changes to the programs for the upcoming year. The presentations by AllCare staff to the committees include a recap of program history, overview of AllCare's strategic priorities, graphic displays of measure level performance results, and the recommendations of changes to the program for the coming year. The aim for these committees is not only to

educate providers regarding the metrics, but also to answer questions and get their feedback and suggestions regarding changes to the VBP for the coming year.

Once the committees have formalized their recommendations for the next year, those recommendations are presented to the AllCare Board of Governors for final approval. In addition, progress on quality measure performance is presented to the AllCare Board of Governors on a regular basis. The Provider Engagement team works directly with providers on an on-going basis to educate, coach and keep them informed of their progress. AllCare Board of Governors also reviews progress on a quarterly basis to provide feedback and support.

AllCare has developed an evaluation process within the VBP team that consists of reviewing performance of each measure within the program to determine inclusion/exclusion recommendation status for the upcoming year. The criteria used to determine a recommendation for future inclusion are measure relevancy, overall achievement trajectory of existing measures, AllCare CCO strategic priorities, and alignment with OHA. The VBP team uses the results of these indicators to formulate the recommendations to present to the VBP Provider Planning Committees.

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		
☐ 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, if relevant [optional]:

It was challenging to decide upon meaningful measures and to establish an agreement that would adequately incentivize improvement on those measures.

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

☐ Yes
☒ No

If yes, describe:

N/A

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)?**

The criteria below is used for identifying unintended consequences.

Criteria to Determine Unintended Consequences for a Measure

- Cause undue burden for provider offices:
    - Costly technology required
    - Additional staffing required
    - Significant adjustment to current processes and workflows
    - Staff needs additional training or resources to meet measure
- Alienate specific patient population:
    - Offices "firing" or shaming patients that refuse measure qualifying care. (Vaccine hesitancy, non-compliant diabetics, patients who 'no show').
    - Pull focus from other health issues not included in a measure (i.e.: providers making sure diabetics get their A1c but not diabetic eye exam).
- Reducing access for patients outside the measure parameters (well care visits for those older than age 6, dental visits for children vs. adults).

Language Access has been added as a measure in our Primary Care/Pediatrics, Specialty, Dental and Behavioral Health VBPs. Social Determinants of Health was added as a measure for primary care offices in 2023 and for the rest of the VBP models in 2025. Primary Care offices will be tracking the percentage of their patients screened and referred for SDOH needs. The other models will be asked to provide information regarding current Health Related Social Needs screening processes in place in offices, if they are or intend to collect race, ethnicity, language, disability, sexual orientation or gender identity information from their patients and to gauge which offices currently utilize the Unite Us or Connect Oregon CIE platforms to refer their patients to services. AllCare's Provider Engagement team assists in educating provider offices regarding the measures and help connect offices

with CCO contacts that can assist members with additional identified needs. AllCare also produces reports that look at measure performance by REALD components which can help identify potential disparities within our member populations.

17. **Is your CCO <u>currently</u> 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.

N/A

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

N/A

18. **Is your CCO <u>planning</u> 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 <u>health IT tools</u> does your CCO use for VBP and population health management, including to manage data and assess performance?**

AllCare CCO administers VBP programs in several care delivery areas. Data extracts for each incentive measure that is based on administrative data (claims, eligibility) are generated by querying the core processing system using SQL. The extracts that are created via SQL are exported to Excel and then the files are imported into a reporting template. The reporting template is Excel based and has programmed macros that convert the imported data into a provider level quality report. The quality reports are exported to PDF files and distributed to program participants.

AllCare CCO hosts an EHR platform for a number of the primary care clinics in our service area. The service agreement with the clinics includes support of their required metric reporting. Reporting for incentive measures from the EHR is exported to Excel files and then imported into the reporting template using the same process as described for the administrative data extracts.

AllCare CCO utilizes the care management platform, HMS' Essette for population management. Essette can import data from outside sources to support population health reporting. The Care Management team is currently in the process of shifting to the Arcadia platform. The PointClickCare platform is being utilized to track ER and Inpatient stays related to substance use disorder. This assists in timely follow up and tracking of outcomes relating to engagement in treatment. The Unite Us platform is being utilized to track utilization and referral trends. This provides information for the Social Determinants of Health measure.

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

AllCare CCO has begun utilizing Power BI to produce member level gap lists for claims-based measures. The gap lists are still exported to Excel and distributed by the Provider Engagement team but the data is available monthly instead of quarterly and the process is much more streamline. Work continues on finding a replacement contracts management system.

AllCare is trialing a care gap management platform to administer an incentive program for our Medicare Advantage line of business. It is able to provide more timely performance reporting and interactive engagement with providers. AllCare plans to assess for the possibility of utilzing it for our CCO line of business in the future.

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

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

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

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

AllCare CCO provides quarterly Quality Reports to the contracted providers that are participating in our VBP programs. The reports reflect year-to-date progress relative to established targets. Claims-Based gap lists are now distributed on a monthly basis and

EHR based gap lists are distributed quarterly for the clinics who allow access to their EHR system. Gap lists of attributed members are also loaded to the provider portal for access.

AllCare CCO has also begun utilizing Power BI to create visual displays of Primary Care provider performance on each VBP measure. This aids in highlighting offices that may need assistance as well as top performers who could share best practices regarding their methods for meeting the measure(s).

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.**

Risk Stratification reports have been discontinued at the clinic level due to feedback from providers that they were not finding value in the reports. The reports are reviewed at the CCO level to identify trends and focus areas within the data.

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 VPB arrangements? If so, do you provide this data automatically to all providers participating in risk-based VBP arrangements or only upon request?**

AllCare CCO currently provides this kind of information on an as requested basis.

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	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☒ Weekly ☐ Monthly ☐ Quarterly ☐ Other	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.
Quality performance & gap reports	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Weekly ☒ Monthly ☒ Quarterly ☐ Other	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.
Performance reports with numerator/ denominator details	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Weekly ☐ Monthly ☒ Quarterly ☐ Other	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.
Total cost/utilization data with transactional details	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Weekly ☐ Monthly ☐ Quarterly ☒ Other – If requested	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.
Member-level risk score details	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Weekly ☐ Monthly ☐ Quarterly ☒ Other– If requested	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.
Total premium data with member-level details	☒ Yes ☐ No	☒ Yes ☐ No	☒ Yes ☐ No	☐ Weekly ☐ Monthly ☐ Quarterly ☒ Other– If requested	☒ Excel, static reports ☐ Interactive dashboard ☐ Bidirectional platform Tool: Click or tap here to enter text.

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?

None to note.

26. Describe your <u>accomplishments</u> related to using health IT to administer VBP arrangements and support providers.

Measure programming has been fully transitioned to the Data Science team. The introduction of Power BI has allowed for more frequent gap list distribution as well as the ability to evaluate and compare provider performance at a glance. We are optimistic this will help improve performance on the measures.

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

    It is challenging to make strategic decisions based on OHA measure performance data that is delayed more than four months. We have worked to create internal programming that will provide more real-time data but it has been difficult to recreate measure results for the OHA incentive measures due to the complexity of measure specifications.

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?**

    Provide examples and strategies for initiating downside risk agreements

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

    VBP Work group

30. **<u>Optional</u>: 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?**

    N/A

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