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:

   We have maintained all existing 2024 agreements in the 2C LAN category, and our current projections show that we are on track to meet the 2025 requirement.

   Describe any challenges you have encountered:

   N/A

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:

   We are negotiating 2025 renewals for all 2024 agreements in the 3B LAN category, and our current projections show that we are on track to meet the 2025 requirement, if all renewals are executed.

   Describe any challenges you have encountered:

VBP 2024 and 2025 goals have been to standardize all our contract arrangements and methodologies. 2025 negotiations have been challenging as we negotiate the risk and primary care capitation agreements for our largest PCP provider group.

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?**

   Our Primary Care Payment Model Program (2C) is a Program that has enabled the CCO to provide consistent financial support for quality performance, across many providers (both systems and individual clinics). We continue to find ways to adapt the Program for reduced administrative burden, with a clear focus on equity and quality.

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 review all our VBP programs on a regular basis, and consistently find ways to ensure they are standardized, reduce administrative burden, use industry best practice standards, and are focused on promoting quality and equity.

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)?

   Our hospital VBP contracts incorporate quality measures focused on sepsis and transitions of care to best support the needs of our members and their health complexities.

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

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)?

Our maternity VBP contracts include quality measures that support our achievement on CCO incentive measures (timely postpartum care) and support integrated perinatal and substance use disorder care.

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)?

The Quality Improvement Incentive Program (QIIP) includes quality measures that support engagement and retention in mental health and substance use disorder treatment and was intentionally co-designed with provider partners to build a strong partnership with our provider network.

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)?

We incorporate pediatric and adult oral health quality measures within the Primary Care Payment Model Program, our largest primary care VBP program. We include oral health focused quality metrics to support integration and referrals of oral health services in primary care.

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)?

We incorporate a number of pediatric focused quality measures within the Primary Care Payment Model Program, our largest primary care VBP program. The measures support primary access and engagement and support our achievement on CCO incentive metrics.

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?**

    The maternity CDA has historically been the most challenging for the CCO to meet, given the demographics of the region. We have done a deeper dive into the data and have determined that CCO members have been receiving services that qualify for the CDA requirements.

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.

The CCO actively collaborates with stakeholders and providers in the development, monitoring, and evaluation of VBP models across our physical health, behavioral health, and oral health networks. Providers are engaged at the beginning of the process to help identify quality measures through a shared, iterative process. Multiple data points are reviewed jointly, and key performance indicators are chosen. Once those areas are identified, targets for improvement are collaboratively agreed upon. A regular review process is then set up for the providers and CCO staff to review how the provider is performing. During these meetings, performance is reviewed, areas of improvement are discussed, and technical assistance offered if needed to support the provider. Regular reports are provided on the VBP performance.

The CCO Board of Directors has knowledge of the VBP models and monitors the CCO's Risk Shares via their Finance Committee and quality metric attainment via their Network & Quality Committee. Each of our three County Collaborative Risk Share groups also has a committee comprised of participating provider groups that meets regularly to monitor their performance throughout the year. CCO's leadership team meets with each of our clinic leadership teams on a quarterly basis to review individual performance on our Primary Care Payment Model and with our Community Mental Health Providers leadership teams to gather feedback on our behavioral health VBPs. In addition, CCO's Clinical Advisory Panel is comprised of a cross section of providers within the CCO network, and reviews performance indicators at both a clinic and CCO level. Committee recommendations based upon their expertise guide CCO improvement activities.

The CCO is also in collaborative risk arrangements in each of its three counties. The partners include hospitals, primary care, and community mental health partners. The CCO shares

performance data related to their total cost of care with each set of county partners every other month and quality metric performance data quarterly. For our more advanced partners, the CCO provides a claims data feed that enables their internal population segmentation tool to include cost analysis.

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]:

2024 and 2025 have been challenging for both providers and health plans as we move out of COVID into a time of increased utilization and cost. This has created an atmosphere where providers are generally risk-averse, but we have successfully maintained our VBP arrangements through our strong partnerships with providers.

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)?**

We enhanced our standardized reporting on metric performance via interactive dashboards hosted on FIDO to include stratification by race/ethnicity and language.

Our partners are continuing to explore ways to bring non-claims data into VBP work, such as EHR, Care Steps or patient-reported outcomes data (i.e., Feedback Informed Treatment), specifically in less integrated settings. This work is more in process and will include discussion on data ethics at numerous levels of the CCO's network, and how we should or should not be using different types of data for risk adjustment models or quality measurement associated with VBPs.

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.

We use the CDPS+Rx risk score model to adjust total cost of care financial performance in trend-based and MLR-based shared savings models.

Describe what is working well and/or what is challenging about this approach.
Applying the CDPS+Rx model for risk adjustment ensures alignment in risk capture efforts across OHA rate development and risk sharing arrangements with our providers. This approach currently meets both CCO and provider needs in measuring risk-adjusted total cost of care.

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.)

There are no concrete plans to incorporate new risk adjustments designs in VBP models currently.

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?

We use industry standard tools, processes, and practices for managing data and for assessing performance. Our tool set includes comprehensive EDW and Data Marts as data repositories. Our data repositories are primarily [redacted] running on robust infrastructure. We use [redacted] as our tool of choice for moving data between systems and databases. We use third party software platforms, such as [redacted], as well as internally programmed applications to assist with clinical quality measure calculation.

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

Here's a summary of our strategies and activities for using health IT to administer VBP arrangements:

In 2023 CareOregon implemented [redacted] with the goal of establishing bi-directional data exchange with key health systems and FQHCs to streamline data sharing processes and quality improvement measure development, monitoring, and reporting. Currently no clinic systems in the CPCCO region are participating in this initiative but we intend to recruit new providers in the future.

This past year CareOregon has also been working with [redacted] to build a data exchange with their EHR, [redacted]. Eventually, this partnership will allow us to share:

- **Clinical Data Exchange**
  - Automated electronic release of appropriate information to insurers
  - Reduces manual records requests, denials, and time spent processing claims
- **Health Plan Clinical Summary**
  - Set of discrete information shared by CCO to clinics. These include encounters and visit diagnoses, problems, procedures and immunizations.
  - Supports better provider insight into medical history, improves opportunities for diagnosis capture and revalidation
- **Claims Exchange**

- CareOregon-provided adjudicated Medical claims for attributed populations – this is currently only available to primary care providers in a total cost of care arrangement with CCO
- Supports provider use of in-[redacted] tools to see value-based contract performance; enables them to complete an independent calculation of financial and utilization performance to identify trends

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?

- **Data Sharing:** The CCO shares data quarterly with providers, expanding capabilities to ensure data is specific to VBP arrangements.
- **Analytics Infrastructure:** Existing tools deliver Oregon's CCO incentive metrics and HEDIS–NCQA measures regularly. Enhancements will allow for additional measures based on VBP participation.
- **Scorecards**: Providers can view a broad menu of measures, including those specific to their payment arrangements, with both aggregate and member-level information.
- **Collaborative Risk Arrangements:** The CCO collaborates with hospitals, primary care, and community mental health partners, sharing performance data related to total cost of care and quality metrics.
- [redacted] **Web Portal:** Providers have access to comprehensive reports through the [redacted] web portal.

In 2025 CCO will be implementing the following additional [redacted] feature:

- **CCO Assigned Membership**: Automated membership data feed inclusive of total assigned/attributed populations. Creates [redacted] record for members assigned but not yet seen and enables clinics to manage population health needs, gaps, and outreach for the entire population in the-EHR.

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

- **Interactive Reporting Platform:** We use a web-based portal, [redacted], which hosts [redacted] and a [redacted] server to maintain an externally available quality dashboard for network clinics. The dashboard includes information on member attribution, member characteristics, aggregate performance on measures included in VBPs, and member-level gaps in care. This dashboard is available to any provider involved in a primary care VBP with CareOregon.
- **Monthly Data Sharing**: Providers participating in risk-share agreements also receive detailed cost, utilization, and risk files compiled by a third-party and CareOregon staff.
- **Reconciliation and Reassignment:** Staff work to quickly reconcile and reassign members as needed, coordinating with providers.

- **Auto-Assignment and Reassignment:** New members are assigned to a PCP based on various factors, and current members are reassigned based on utilization patterns.
- **Transparency:** Information on patient assignment is available through the data reporting platform and provider portal, supporting productive conversations around population health management.

In 2025 CCO will be implementing the following additional [redacted] features:

- **Clinical Analytics Document:** Pulls targeted supplemental clinical data from a broader set of visits to improve quality measure accuracy.
- **Care Gaps Exchange:** Sends CCO-calculated care gap statuses for attributed populations.

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

[redacted] **Web Portal:** An interactive tableau dashboard that displays CCO incentive metric performance, including downloadable member rosters. We include a view to disaggregate metrics by race/ethnicity and sex.

[redacted] **Payer Platform:** is a set of exchange features that facilitate bi-directional data exchange with [redacted] EHR users in network by leveraging technology specifically developed for payer-provider partnerships. [redacted] is the most common EHR used by physical health providers in CCO network. We will be expanding participation on Payer Platform to non-[redacted] users in 2025.

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.

We share CCO incentive metric performance, including downloadable member rosters that indicate gaps in metric performance, with any provider that requests access to our online interactive dashboard hosted on web portal ([redacted]). We encourage all providers in a VBP contract to utilize [redacted] and offer access to provider partners not yet in a VBP contract.

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?

Yes, we routinely provide cost and utilization data with providers in 3A arrangements and above. We automatically share robust raw data files on a monthly cadence with any provider engaged in a risk-based arrangement.

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	☒ 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	☒ 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	☐ 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?**

N/A

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

We leverage interactive dashboards to reflect performance, gap lists, and member eligibility files through an online platform, engage in claims exchange through EHR platforms hosted by [redacted].

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

While we've made significant progress, we are still building towards more robust, real time clinical data exchange with providers. We also deploy a number of different types of reports through different platforms depending on the benefit. We would like to share data in a more consistent way across all VBP arrangements for behavioral health, dental, Medicaid, and Medicare.

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?**

We understand the goals of the LAN and CDA requirements, but would appreciate more flexibility, especially for rural CCOs. We are very focused on ensuring there is true value in our VBP programs, rather than ticking boxes, and the strict/specific requirements aren't always in line with that goal.

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

No additional information to add.

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?**

No additional information to add.

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