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:

   Health Share of Oregon is unique among CCOs for its collaborative model. Health Share contracts with four Integrated Delivery Systems (IDS) and one Integrated Care Network (ICN). Health Share provides a global budget to each of the Integrated Delivery Systems and Integrated Care Networks, delegating authority to determine the most effective payment model to finance safe, effective, timely, evidence-based and equitable care across Health Share's three-county footprint. Health Share conducts oversight and monitoring to assess outcomes of the value-based arrangements and fee-for-service contracts that the IDS and ICN partners hold with their respective delivery systems including the adequacy of their networks, patient access metrics, quality metrics, and the provision of culturally- and linguistically-specific care.

   The four Health Share Integrated Delivery Systems are comprised of delivery systems partnered with a health plan to execute claims processing, utilization management, and provider contracting functions: OHSU and Moda, Legacy and PacificSource, Providence and Providence Health Plan, and Kaiser Permanente and Kaiser. Each of these IDSs meet the characteristics of an *Integrated Finance & Delivery System* (4C) according to the HCP-LAN Framework.

   The fifth and final Health Share plan partner is CareOregon. CareOregon has contracted with independent provider organizations through a variety of contracting models to create an Integrated Care Network. The CareOregon ICN negotiates and holds contracts with a wide variety of delivery system partners across primary, specialty, and tertiary care settings. These contracts range from fee-for-service to downside risk arrangements, as will be detailed in this questionnaire.

   Describe any challenges you have encountered:

The Provider Contracting and Provider Relations teams of our CareOegon Integrated Care Network have been successful in building long-term relationships with the providers in the ICN's value-based payment models, as well as prioritizing payment models which offer tangible benefits to participating providers upon achieving key quality and cost control metrics, which has avoided the challenges that sometimes arise in more antagonistic provider contracting negotiations.

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:

   The CareOregon Provider Contracting team is currently negotiating renewals of their existing 2024 agreements in the 3B LAN category, and their projections show that the ICN is on track to meet the 2025 requirement, if all renewals are executed.

   Describe any challenges you have encountered:

   The CareOregon ICN had one provider leave the Shared Accountability Model Program (LAN 3B) in 2025. All other participating providers, eight Federally Qualified Health Centers, remain actively engaged.

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 CareOregon ICN's Primary Care Payment Model Program (PCPM; 2C in the HCP-LAN Framework) is the CCO's largest Pay-for-Performance Program that has enabled the CCO to provide consistent financial support for quality performance, across many primary care providers (both health systems and individual clinics). CareOregon continues to find ways to adapt the PCPM 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?**

The CareOregon ICN reviews their portfolio of VBP programs on a regular basis and consistently finds ways to ensure they are standardized, minimizing administrative burden, utilizing industry best practice standards, and focusing on promoting clinical quality quality and health 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 <u>hospital</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 CareOregon hospital value-based payment contracts incorporate quality measures focused on incidence of sepsis and transitions of care to best support the needs of Health Share members and their healthcare needs upon transitioning from one care setting to another.

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)?

The CareOregon ICN's maternity value-based contracts include quality measures that support Health Share's achievement on CCO incentive measures, such as timely postpartum care, and also 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 CareOregon Quality Improvement Incentive Program (QIIP) includes quality measures that support engagement and retention in behavioral health and substance use disorder treatment (SUD) and was intentionally co-designed with provider partners to build a strong partnership with the CareOregon ICN 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)?

The CareOregon ICN incorporates pediatric and adult oral health quality measures within the Primary Care Payment Model Program, Health Share's largest primary care VBP program. CareOregon includes 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)?

The CareOregon ICN incorporates a number of pediatric focused quality measures within the Primary Care Payment Model Program, Health Share's largest primary care value-based payment 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. **<u>Optional</u>: In designing new or enhanced VBP models in additional care delivery areas, what have you found to be most challenging? What is working well?**

CareOregon's Provider Contracting and Provider Relations teams' focus on building relationships with providers has allowed them to expand their focus on the five care delivery areas and successfully met this requirement.

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.

In the Integrated Community Network (ICN), provider stakeholders are directly engaged in the design, implementation, and evaluation of VBP models through the ICN Advisory Committee, the Clinical Workgroup, and the Behavioral Health Outcomes Based Care Advisory Committee. A focus is placed on the development of payment models that support shared goals of improving member access, experience, and outcomes with reducing unnecessary administrative burden by providers. Particular attention has been paid to aligning payment models and reporting structures with other external reporting requirements (e.g., PCPCH, FQHC reporting).

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]:

As compared to the years of the COVID-19 pandemic, 2024 and 2025 have had higher utilization, and therefore costs. This has prolonged the atmosphere of risk aversion on the part of providers, who feel less confident in being able to manage utilization and population health in light of less-predictable utilization trends. In spite of this, due to strong relationships with provider partners, the CareOregon Provider Contracting and Provider Relations teams have successfully maintained their Alternative Payment Models.

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

☒ Yes
☐ No

If yes, describe:

One participating provider withdrew from CareOregon's Shared Accountability Model Program, but all other providers remain fully engaged.

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 CareOregon ICN enhanced their standardized reporting on metric performance via interactive dashboards hosted on the provider information-sharing platform FIDO to include member stratification by race/ethnicity and language.

CareOregon provider 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 the ICN can use 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.

CareOregon utilizes 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 OHP rate development and risk sharing arrangements with CareOregon providers. This approach currently meets both CCO and provider needs in measuring risk-adjusted total cost of care.

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.)

    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?**

    The CareOregon ICN uses industry standard tools, processes, and practices for managing data and for assessing provider performance. That toolset includes comprehensive Enterprise Data Warehouse (EDW) and Data Marts as data repositories. These data repositories are primarily SQL Server Enterprise running on robust infrastructure. CareOregon uses SSIS as their tool of choice for moving data between systems and databases. CareOregon uses third party software platforms, such as Cotiviti, 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.**

    The following is a summary of the strategies and activities employed by the CareOregon ICN for using health information technology to administer VBP arrangements:

    In 2024 CareOregon implemented Epic Payer Platform with the goal of establishing bi-directional data exchange with key health systems and Federally Qualified Health Centers

(FQHCs) in VBPs to streamline data sharing processes and quality improvement measure development, monitoring, and reporting.

There are multiple features within Payer Platform that allows CareOregon to receive, send, or exchange data for various purposes. There are currently four exchange features up and running:

Clinical Data Exchange
- Automated electronic release of appropriate information to insurers
- Outcome: Reduces administrative burden for clinics and the health plan associated with manual records requests, denials, and time spent processing claims

Scheduling Notifications
- Automated notifications to insurers when members schedule/reschedule/cancel appointments
- Outcome: Increased compliance with follow-up care and support care coordination

Health Plan Clinical Summary
- Set of discrete information shared by CCO to clinics. These include encounters and visit diagnoses, problems, procedures and immunizations.
- Outcome: Better provider insight into members' 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 the CCO
- Outcome: Supports provider use of in-Epic tools to see value-based contract performance; enables them to complete an independent calculation of financial and utilization performance to identify trends

In an effort to be continually improving health IT supports for providers in value-based payment models, the CareOregon ICN is currently piloting and validating EPIC Payer Platform Value Based Performance Module with OCHIN and key FQHC partners and expanding access to performance data via Tableau to Behavioral Health providers engaged in VBP arrangements.

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 value-based 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.
FIDO Web Portal
Providers have access to comprehensive reports through the FIDO web portal.

In 2025 CCO will be implementing the following additional Epic Payer Platform feature:

CCO Assigned Membership

Automated membership data feed inclusive of total assigned/attributed populations. Creates Epic 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
The CareOregon ICN uses a web-based portal, FIDO, which hosts Tableau and a Tableau 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
CareOregon ICN staff work to quickly reconcile and reassign members as needed, coordinating with providers.

Auto-Assignment and Reassignment
New CareOregon 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 Epic Payer Platform features:

Clinical Analytics Document
This modeule pulls targeted supplemental clinical data from a broader set of visits to improve quality measure accuracy.

Care Gaps Exchange
This module 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)?

FIDO Web Portal
An interactive tableau dashboard that displays CCO incentive metric performance, including downloadable member rosters. CareOregon includes nclude a view to disaggregate metrics by race/ethnicity and sex.

EPIC Payer Platform
This platform comprises a set of exchange features that facilitate bi-directional data exchange with Epic EHR users in network by leveraging technology specifically developed for payer-provider partnerships. Epic is the most common EHR used by physical health providers in CCO network. The CareOregon ICN will be expanding its participation on Payer Platform to non-OCHIN Epic 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.

The CareOregon ICN share CCO incentive metric performance, including downloadable member rosters that indicate gaps in metric performance, with any provider that requests access to their online interactive dashboard hosted on the FIDO web portal. The CareOregon ICN encourages all providers in value-based payment contract models to utilize FIDO and even offer access to provider partners not yet in a VBP contract for them to become familiar with the insights contained within and gain confidence to perform well in a VBP model.

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, the CareOregon ICN routinely provides cost and utilization data with providers in 3A arrangements and above. The ICN requires that they sign a Non-Disclosure Agreement

(NDA) that was created specifically for this data exchange. The CareOregon ICN automatically shares robust raw data files on a monthly cadence with any provider engaged in a risk-based arrangement though a secure portal.

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.

The CareOregon ICN leverages interactive dashboards to reflect performance, gap lists, and member eligibility files through an online platform, engages in claims exchange through EHR platforms hosted by OCHIN, and is piloting value-based payment modules through Epic Payer Platform to share performance real time.

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

While the CareOregon ICN has made significant progress in using health IT to administer VBP arrangements and support providers, they are still building towards more robust, real-time clinical data exchange with providers that are not on an instance of the EPIC EHR. The CareOregon ICN also deploys a number of different types of reports through various platforms depending on the benefit. The CareOregon ICN is committed to continuously advancing towards sharing data in a more consistent way across all value-based arrangements for physical health, behavioral health, and oral health.

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?

HealthShare has been appreciative of the Office Hours made available to convene with the OHA and HealthShare plan partners, and to ask questions related to updates in the template and reporting requirements for Exhibit H.

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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