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:

Karolyn Campbell, Ph.D. (she/her)
Transformation Technical Analyst, OHA Transformation Center
karolyn.campbell@oha.oregon.gov

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:

   Trillium maintained all existing VBP arrangements and focused on enhancing our provider engagement operating model to support providers and assess performance for opportunities and barriers. We are negotiating a VBP arrangement with a network of rural physician assistants and nurse practitioners to expand our PCP VBP partnerships. We continue to seek hospital providers to engage in VBP arrangements.

   Describe any challenges you have encountered:

   It is challenging to find hospital providers willing to engage in VBP arrangements. Due to financial pressures the hospital systems have been reluctant to transition current reimbursement models to outcome-based models. Providers are hesitant to take on risk in the current economic environment.

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:

Trillium maintained all current agreements and focused on moving PCP upside shared savings agreements to include downside risk. Trillium offers a glidepath for VBP arrangements to advance with downside risk sharing.

Describe any challenges you have encountered:

Providers remain hesitant to take on risk with financial pressures.

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

We find our Total Cost of Care PCP agreements to be successful due to the flexibility offered within the agreements. Reimbursement includes a per member per month payments to support consistent cash flow and implementation of integrated care teams. Quality metrics are included in the agreements to ensure members are receiving high quality care and focusing on incremental improvement. The agreements offer upside and downside risk to share accountability with providers for financial stewardship of the global budget. Gates to surplus are included to ensure access to care and reinforcing quality of care.

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

Trillium continues to listen to providers and offer innovative VBP arrangements with glidepaths to advance across the LAN tiers.

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: Trillium is seeking a willing hospital provider to participate in a VBP model

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)?

Trillium's agreement is focused on inpatient psychiatric services, with downside risk tied to quality metrics. The goal is to improve access and quality of care while advancing towards outcome-based reimbursement.

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.

Trillium continues to discuss advancing partnerships with hospital providers to VBP models. Providers are not willing to transition current reimbursement models to outcome based and taking on risk is not a viable option.

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: Trillium offers contracted providers a pay for performance incentive for the maternity CCO Quality Incentive metrics.

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)?

Trillium is assessing opportunities to expand partnerships with OB/GYN providers to develop an alternate payment model for maternity services.

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.

Trillium is anticipating identifying partners in 2025, developing payment models and implementing contracts in 2026.

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)?

Trillium's behavioral health VBP arrangements are focused on outpatient MAT programs, Integrated primary and behavioral health services, along with CCO quality incentives. Reimbursement is a case rate with an incentive tied to quality metrics.

Care coordination fee for complex members, quality metrics and shared savings with upside/downside risk.

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.

NA

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)?

Percent of premium with quality performance and downside risk

Oral Health VBP model is consistent with prior years and under contract. We are having discussions for future advancement with quality metrics and provider types.

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.

NA

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)?

Phase 1: Quality metrics, care coordination fees; Phase 2: Shared savings

Trillium implemented Total Cost of Care contracts with several FQHCs and PCP Providers. This is inclusive of children's health care. We also offer quality incentive metrics for pediatric providers. The agreements include per member per month payments, upside and downside risk.

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.

NA

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?**

Most challenging is identifying willing provider partners to participate in downside risk and transition current reimbursement to outcome-based payments.

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.**

    Trillium's leadership develops VBP models based on regulatory requirements, provider feedback and performance results. Trillium implemented a provider engagement operating model to monitor VBP performance and identify barriers to improving quality of care. Trillium meets with VBP partners at least quarterly to review results and discuss opportunities. Leadership routinely monitors KPIs and progress of initiatives to improve performance.

    Trillium evolves VBP arrangements to accommodate provider concerns.

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]:

Providers are hesitant to transition current reimbursement models to outcome-based and are unwilling to take on downside risk.

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)?**

Trillium includes member engagement and quality of care metrics in VBP arrangements to mitigate adverse effects for health equity. Examples of metrics include percent of

membership seen and accepting new members. PCP membership assignment is monitored to avoid adverse selection of 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.

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 <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.)

Trillium's rate development for VBP models is calculated using the provider's population served inclusive of risk and the provider's care model.

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?**

Trillium uses a combination of downloadable reports from our provider portal and email distribution to share data with our providers. Our provider portal includes member eligibility information and provider analytics. In addition, Trillium supplies providers with a population health tool, "Hotspotter" report. The Excel report includes member level data to assist providers with care coordination activities. The report includes but it is not limited to: SDOH, risk score, demographic and expense details.

Trillium is focused on expanding health equity data analysis.

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

Trillium supports multiple strategies to support HIT activities. Trillium is implementing EPIC payer platform to connect with providers and facilitate data sharing. We are exploring a partnership with OCHIN and prioritizing bi-directional data feed options to integrate with EHR systems. We offer monthly meetings with providers to review data and customize analysis. We are soliciting feedback from providers to learn what data/analysis is helpful and opportunities for advancement.

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?

Trillium's provider portal includes real time membership assignment and VBP reports are distributed monthly. Trillium meets with providers monthly to discuss membership rosters and any barriers. Trillium's VBP analyst is available for providers to analyze data and address questions.

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

Trillium holds quarterly joint operating committee meetings with providers to review VBP metrics and reports are sent monthly. Trillium's network team includes a VBP program manager and VBP analyst to support our VBP arrangements.

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

Trillium utilizes our provider portal and email distribution to share information with providers.

Provider Portal: Is a web-based tool providers can access their membership roster and provider analytics for VBP reporting. Reports are downloadable and drill down capabilities are available for quality metrics.

Email distribution: Trillium's analytic team generates VBP Excel files for providers distributed via email. Reports include financial reconciliation, utilization data and membership details.

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.

Trillium supplies providers with a population health tool, “Hotspotter” report. The Excel report includes member level data to assist providers with care coordination activities. The report includes but it not limited to: SDOH, risk score, demographic and expense details.

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, utilization, claims data is shared with providers, data is blinded for SUD services to comply with regulatory requirements. Reporting is automatically included with all VBP arrangements.

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?

NA

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

Trillium developed reporting packages for providers to support their VBP arrangements and prioritizes provider engagement to assist providers with education of how to use reports/data, best practices, review of trends and insights.

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

Regulatory requirements to blind SUD data, integration to multiple EHR systems.

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?**

    NA

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

    Actuarial models for the CCO rate setting process that are not dependent on encounter data, requiring encounter data limits VBP innovation. Collaboration between providers and CCOs to meet VBP requirements in compliance with global budget requirements.

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?**

    None

Health Policy and Analytics
Transformation Center
421 SW Oak, Suite 775
Portland, OR 97204
503-753-9688