

2021 CCO 2.0 VBP Interview Questionnaire and Guide

Introduction

Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, will be scheduled in June 2022. Please [schedule here](#) if your team hasn't already done so.

Staff from the OHSU Center for Health Systems Effectiveness (CHSE) will be conducting the CCO VBP interviews again this year. Similarly, they will be using information collected as part of the larger evaluation effort of the CCO 2.0 VBP Roadmap.

Please complete **Section I** of this document and return it as a Microsoft Word document to OHA.VBP@dhsosha.state.or.us by **Friday, May 28, 2021**. Submissions should be approximately 10–15 pages and should not exceed 15 pages.

All the information provided in Section I will be shared publicly.

Section II of this document describes the oral interview topic areas and suggestions for CCO preparation. CCO responses to oral interview questions will be de-identified in publicly reported evaluation results.

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

[Lisa Krois, MPH \(she/her/hers\)](#)

Transformation Analyst, OHA Transformation Center

Section I. Written Interview Questions

Your responses will help OHA better understand your VBP activities this year, including detailed information about VBP arrangements and HCP-LAN categories.

- 1) Describe how your CCO engages stakeholders, including providers, in developing, monitoring or evaluating VBP models. If your approach has involved formal organizational structures such as committees or advisory groups, please describe them here.

Consistent with our previous questionnaire reporting, Trillium engages in stakeholder/provider participation through our regional boards consisting of both Trillium and Provider representatives from various categories; primary care, specialists, behavioral health, and dental (DCO). Meetings with this group are held monthly or quarterly depending on agenda item priorities. The objective of both State and Trillium (Centene) goals for Value Based Payment (VBP) arrangements, was reviewed with this stakeholder group, to outline the State's expectations on VBP levels over the 2020-2024 timeframe. Using the HC-LAN categories as the basis for measurement, plans were discussed to move contracted providers towards the higher HC-LAN categories (2C or higher) over the coming years.

In addition, Trillium has individual discussions with contracted providers regarding Reimbursement models available that would allow Trillium to reach the State's target level of VBP penetration. Various risk arrangement options with quality components have been discussed including our Total Cost of Care contract model (MLR target with upside and downside risk and Quality metrics included), and our Model One contract model (a MLR target with various risk pools identified, inclusive of upside and downside risk sharing, and a quality risk pool tied to quality performance).

Trillium has been rewarding clinical sites achieving Primary Care Patient Center Homes (PCPCH) status, with additional PMPM payments for membership assigned to them for Several years. Payment levels to those PCPCH sites increase as the clinics attain higher PCPCH status (level 1 to 5) over the course of time.

- 2) Has your CCO taken steps to modify existing VBP contracts in response to the COVID-19 public health emergency (PHE)? *[Select one]*

- CCO modified VBP contracts due to the COVID-19 PHE. *[Proceed to question 3]*
- CCO did not modify any existing VBP contracts in response to the COVID-19 PHE. *[Skip to question 4].*

While Trillium did not modify VBP contracts due to COVID-19 PHE, we did modify our expectations under our Quality Incentive programs within our existing VPBs and

outside our contracts to align with the State in regards to whether metrics were required to hit a target vs. metrics just needing to be reported.

3) If you indicated in Question 2 that you modified VBP contracts in response to the COVID-19 PHE, please respond to a–f:

a) If the CCO modified *primary care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

- Waived performance targets (YES, changed to 'reporting only' consistent with OHA)
- Modified performance targets
- Waived cost targets
- Modified cost targets
- Waived reporting requirements
- Modified reporting requirements
- Modified the payment mode (e.g. from fee-for-service [FFS] to capitation)
- Modified the payment level or amount (e.g. increasing per member per month [PMPM])

b) If the CCO modified *behavioral health care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

- Waived performance targets
- Modified performance targets
- Waived cost targets
- Modified cost targets
- Waived reporting requirements
- Modified reporting requirements
- Modified the payment mode (e.g. from FFS to capitation)
- Modified the payment level or amount (e.g. increasing a PMPM)

c) If the CCO modified *hospital* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

- Waived performance targets

- Modified performance targets
- Waived cost targets
- Modified cost targets
- Waived reporting requirements
- Modified reporting requirements
- Modified the payment mode (e.g. from FFS to capitation)
- Modified the payment level or amount (e.g. increasing a PMPM)

d) If the CCO modified *maternity care* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

- Waived performance targets
- Modified performance targets
- Waived cost targets
- Modified cost targets
- Waived reporting requirements
- Modified reporting requirements
- Modified the payment mode (e.g. from FFS to capitation)
- Modified the payment level or amount (e.g. increasing a PMPM)

e) If the CCO modified *oral health* VBP arrangements due to the COVID-19 PHE, which if any changes were made? (select all that apply)

- Waived performance targets
- Modified performance targets
- Waived cost targets
- Modified cost targets
- Waived reporting requirements
- Modified the payment mode (e.g. from FFS to capitation)
- Modified the payment level or amount (e.g. increasing a PMPM)

- 4) Did your CCO expand the availability or the provision of telehealth to members as a result of COVID-19? If so, describe how telehealth has or has not been incorporated into VBPs in 2021.

Trillium aligned their telehealth policies with CMS and State guidelines during the pandemic

- 5) Has your CCO's strategy to measure quality changed at all as a result of COVID-19? Please explain.

Yes, Trillium aligned their strategy for measuring quality with OHA's strategy and implemented the same metric reporting process to measure performance.

The following questions are to better understand your CCO's plan for mitigating adverse effects of VBPs and any modifications to your previously reported strategies. We are interested in plans developed or steps taken since September 2020, when CCOs last reported this information.

- 6) Describe in detail any processes for mitigating adverse effects VBPs may have on health inequities or any adverse health-related outcomes for any specific population (including racial, ethnic and culturally based communities; lesbian, gay, bisexual, transgender and queer [LGBTQ] people; persons with disabilities; people with limited English proficiency; immigrants or refugees; members with complex health care needs; and populations at the intersections of these groups). Please focus on activities that have developed or occurred since September 2020.

Our VBP contract language includes protections that call for commitment on the Provider's part to achieve membership engagement. Not achieving those engagement commitment targets would result in a loss of reimbursement under our VBP agreements.

Health Equity is a reoccurring agenda item in our monthly network adequacy meetings.

Trillium is reaching out to providers with a survey to obtain information regarding cultural and linguistic appropriate services.

- 7) Have your CCO's processes changed from what you previously reported? If so, how?

The addition of Health Equity in the monthly network meetings and the provider CLAS survey.

- 8) Is your CCO planning to incorporate risk adjustment in the design of new VBP models, or in the refinement of existing VBP models?

Not beyond what we already do through our 'Total Cost of Care' and 'Model 1' VBP programs. Both of those programs factor in Premiums for each member under those agreement. Those premiums are already risk adjusted by the State in the way the premiums are set for each Risk Group. (Look back at last year)

The following questions are to better understand your CCO's plan to achieve the CCO 2.0 VBP Patient-Centered Primary Care Home (PCPCH) requirement.

- 9) Describe the process your CCO has used to address the requirement to implement PMPM payments to practices recognized as PCPCHs (for example, region or risk scores), including any key activities, timelines and stakeholder engagement. Please focus on new developments, changes or activities that have occurred since September 2020. **Expanded to include more than just level 4 & 5 for 2021**

- 10) Please describe your CCO's model for providing tiered infrastructure payments to PCPCHs that reward clinics for higher levels of PCPCH recognition and that increase over time. If your CCO has made changes in your model to address this requirement since September 2020, please describe any changes or new activities.

No changes from before. Trillium reimburses recognized PCPCH providers with a prospective monthly PMPM payment. The payment is administered through our Provider Capitation system, based on the provider's total assigned membership and includes a look back period for retro eligibility changes. PCPCH status is verified quarterly using the State's published PCPCH eligibility list on the OHA website.

The following questions are to better understand your CCO's VBP planning and implementation efforts. Initial questions focus on the three care delivery areas in which VBPs will be required beginning in 2022 which are behavioral health, maternity and hospital care.

11) Describe your CCO's plans for developing VBP arrangements specifically for behavioral health care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

BH integration PMPM payments, targeting BH integrated systems.

12) Describe your CCO's plans for developing VBP arrangements specifically for maternity care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

Exploring Maternity Case rates with OB providers, currently offering case rates for Delivery episodes of care to multiple Doula organizations.

13) Describe your CCO's plans for developing VBP arrangements specifically for hospital care payments. What steps have you taken to develop VBP models for this care delivery area by 2022? What attributes 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).

None. No focus on Hospital VBPs

Focusing on CAP and network building (tri-co)

Trillium's current VBP focus has been with primary care and our network priority has been establishing a robust network for our Tri-County membership.

14) Have you taken steps since September 2020 to develop any new VBP models in areas other than behavioral health, maternity care or hospital care? If so, please describe.

Entered into agreement with Pediatric group to capitate PCP services for TANF population.

15) Beyond those that touch on models described in questions 11-13, describe the care delivery area(s) or provider type(s) that your new value-based payment models are designed to address.

- a) Describe the LAN category, payment model characteristics and anticipated implementation year of new payment models you have developed (or are developing) this year. If you have developed multiple new value-based payment models this year, please provide details for each one.
- b) If you previously described these plans in September 2020, describe whether your approach to developing these payment models is similar to, or different from, what you reported in September 2020; if different, please describe how and why your approach has shifted (for example, please note if elements of your approach changed due to COVID-19 and how you have adapted your approach).

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

16) What TA can OHA provide that would support your CCO's achievement of CCO 2.0 VBP requirements?

It would be helpful if OHA would provide clear examples and definitions of VBP programs and HC-LAN category achievement, including best practice program templates.

17) Aside from TA, what else could support your achievement of CCO 2.0 VBP requirements?

Optional

These optional questions will help OHA prioritize our interview time.

18) Are there specific topics related to your CCO's VBP efforts that you would like to cover during the interview? If so, what topics?

Results of past questionnaires for all CCOs are shared publicly, but no comments or feedback from OHA as to what they liked, didn't like, what was best practice, what was lacking from each of the CCO's responses.

It would also be helpful if OHA would provide additional emphasis from the State to providers that they need to move towards these VBP arrangements.

With COVID efforts taking a significant portion of time for CCOs and providers, trying to engage providers on 'new' alternative methods of payment has been difficult. Additional change is hard for them to incorporate at this time. If there is an opportunity to postpone some of the VBP targets and timeline until after the pandemic has run its course, that would help

19) Do you have any suggestions for improving the collection of this information in subsequent years? If so, what changes would you recommend?

What actions did OHA take from the information gathered in the first round of questionnaires and what specific steps did OHA take to assist CCOs towards their requirement to increase VBP market penetration? What was learned from the questionnaire process that can be summarized and shared back to the CCOs to assist them?

Part II. Oral Interview

This information will help your CCO prepare for your VBP interview.

Written responses are not required.

Purpose

The purposes of the CCO 2.0 VBP interviews are to expand on the quantitative information CCOs report and have provided in the written section; provide CCOs an opportunity to share challenges and successes; and to identify technical assistance needs. OHSU staff will ask these questions of all CCOs, tailoring the questions to each CCO based on written interview responses.

Format

Oral interviews will be conducted via a video conference platform (such as Zoom) and will be recorded, transcribed and de-identified for further analysis. Analysis may include overarching themes and similarities or differences in how CCOs are engaging in VBP-related work. OHA may publicly report de-identified and aggregated results next year.

Before we begin, participants will have an opportunity to ask about the interview format. CCOs are encouraged to send questions to OHA *prior to* the interview, as discussion time will be limited.

Interview topics

Questions topics will include your CCO's VBP activities and milestones in 2021, any early successes or challenges encountered in this work so far, and how your CCO's plans for future years are taking shape. Questions will cover four primary areas:

Accountability and progress toward VBP targets. These questions will explore what has been easy and difficult about your CCO's VBP efforts so far, recognizing that each CCO operates within a unique context that must be considered when designing new payment arrangements. We may ask follow-up questions about your written interview responses, including your approach to developing new payment models and any technical assistance you may need. We may ask about how COVID-19 has impacted your CCO's plans.

Design of VBP models and CCO capacity for VBP. These questions will relate to how your CCO is designing new VBP models and payment arrangements. We are interested in better understanding your approach and process as you work toward your CCO's VBP goals. We may ask about the types of information you are drawing on to inform the design of your VBP models. We may ask follow-up questions regarding the characteristics of your new VBP models described in your written interview responses, particularly in the areas of behavioral health, maternity and hospital care.

Promoting health equity and VBP models. These questions will explore how your CCO's work on health equity is informing your VBP efforts. We may ask about how your VBP models are being designed to promote health equity and to mitigate health inequities. We may also ask about your future plans to promote health equity through VBPs.

Provider engagement and readiness for VBP. These questions will explore how your CCO is supporting providers in VBP arrangements, and how COVID-19 may be affecting these arrangements. We may ask about any data or support tools your CCO is using with providers in VBP arrangements, and any successes or challenges you have had.