

2020 CCO 2.0 VBP Interview Questionnaire and Guide

August 24, 2020

Introduction

As noted in the July 7 CCO Weekly Update, the contractually required Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, were rescheduled for the week of September 14. Please see Appendix A for the interview schedule. Staff from the OHSU Center for Health Systems Effectiveness (CHSE) will be conducting the interviews and using information collected as part of a 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, September 4, 2020**. 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.

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

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Section I. Written Interview Questions

Your responses will help OHA better understand your VBP activities this year, including detailed information about VBP arrangements, HCP-LAN categories and how these compare to what had been planned.

- 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.

UHA utilizes a partnership model when developing VBP models and arrangements with our providers. UHA seeks provider input in developing and selecting impactful outcome measures or arrangements, as well as outline performance monitoring timeframes to assist providers in being successful in attaining any outcome measures attached to VBP arrangements. For UHA's primary care providers, UHA offers a provider portal with real-time information on their VBP metric.

- 2) Has your CCO taken steps in 2020 to modify existing VBP contracts in response to the COVID-19 outbreak? [Select one]

- CCO did not modify any existing VBP contracts in response to the COVID-19 outbreak. [Skip to question 5].
- CCO modified all existing VBP contracts due to the COVID-19 outbreak, and we used the same rationale and process for all modifications. [Proceed to question 3]
- CCO modified all existing VBP contracts due to the COVID-19 outbreak, but we used different rationales and processes for some modifications. [Skip to question 4]
- CCO modified some, but not all, existing VBP contracts due to the COVID-19 outbreak. [Skip to question 4]

- 3) If you indicated in Question 2 that you modified all existing VBP contracts under a single rationale and process, please respond to a–c:
 - a) Describe the rationale for modifying existing VBP contracts in 2020.
 - b) Describe the process you used for modifying VBP contracts, including your key activities, stakeholder engagement and timeline.
 - c) Describe the payment model/s you have revised (or are revising) this year, including LAN category, payment model characteristics, and implementation date/s.

N/A

- 4) If you indicated in Question 2 that you made modifications to some (but not all) existing VBP contracts, or that your rationale and process varied by VBP model, please respond to d–g:
- d) Among the existing VBP contracts that have been modified due to COVID-19, which payment models included the largest number of members?
 - e) Describe your rationale for modifying this existing VBP model in 2020.
 - f) Describe the process you used for modifying this VBP model, including your key activities, timeline/s and stakeholder engagement.
 - g) Describe how you modified this VBP model, including changes in LAN category, payment model characteristics, or implementation dates.

N/A

The following questions are to better understand your CCO’s plan for mitigating adverse effects of VBPs and any modifications to your original plans.

- 5) Describe in detail any planned 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).

UHA plans to integrate and correlate REAL-D data to review for possible adverse effects of current VBPs by the end of the year, and moving forward UHA plans to utilize REAL-D data to guide VBP arrangements around any identified disparities found through reviewing utilization and access patterns.

- 6) Have your CCO’s processes changed from what you previously planned? If so, how?

No, UHA’s planned processes have not changes.

- 7) What approaches are you taking to incorporate risk adjustment in the design of new VBP models, or in the refinement of existing VBP models?

UHA continues to plan to utilize risk adjustment in both our PCPCH payments moving into 2021 and beyond, as well as implementing risk adjustment considerations in our risk withhold return compensation with contracted providers within UHA’s network.

- 8) Have you considered social factors in addition to medical complexity in your risk adjustment methodology?

UHA is open to further social factor risk adjustments upon incorporation and review of REAL-D data for our member population. We do not currently have a social factor adjustment in our methodologies at this time.

If yes, please describe in detail your use of social risk adjustment strategies in your VBP models, including the following:

- a) Whether social risk adjustment is applied to quality metrics, overall payment (for example, capitation), or both;
- b) Specific social factors used in risk adjustment methodology (for example, homelessness); and
- c) Data sources for social factors, including whether data is at the individual/patient or community/neighborhood level.

N/A

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

- 9) Describe the process your CCO has used in 2020 to address the requirement to implement per member per month (PMPM) payments to practices recognized as PCPCHs (for example, region or risk scores), including any key activities, timelines and stakeholder engagement.

UHA has had a PCPCH PMPM payment for our primary care providers since 2015. UHA has historically made this investment to support our primary care providers in improving care outcomes and available resources by making a PMPM payment based on their assigned membership, with increased payments attributed to higher PCPCH tier recognition. UHA is considering a risk adjustment to this payment moving into 2021, but is currently reviewing for any adverse effect this may cause while our primary care providers are still managing care during COVID-19.

Due to our past investments in our primary care network, 94.25% of our members are assigned to a PCPCH recognized provider, with 89.74% of our total membership assigned to providers recognized at Tier 4 or higher.

- 10) Has your CCO implemented new, or revised existing, payments to PCPCHs during 2020?

Yes

No

If yes, describe the characteristics of new or revised PMPM payments to PCPCHs.

If no, describe how your CCO intends to address this requirement in the remainder of 2020.

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?

UHA already has VBP arrangements from 2019 with the county's primary Community Mental Health Program (CMHP) provider, as well as the two local Substance Abuse Disorder providers. These arrangements are continuing in the current year.

- 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?

UHA is in the process of reviewing options for a maternity delivery case rate with our local Sole Community Hospital and local OBGYNs for possible implementation prior to the 2022 deadline.

- 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?

UHA has a VBP arrangement with our local Sole Community Hospital, specialists and the hospitalist group. The Quality of Care Metrics attached to these VBP arrangements were chosen to increase care coordination between the hospital and our network providers, as well as improved outcomes for our members. The metrics chosen where: inpatient discharge follow-up, ED utilization for all UHA members, ED utilization for UHA members experiencing mental illness, 30-day readmissions, and the observed-to-expected mortality ratio. These measure were attached to the utilization at our Sole Community Hospital and the measures were chosen in coordination with UHA's contracted providers. The arrangement has been in place since 2019 and is continuing into the current year with increases in the improvement targets.

- 14) Have you taken steps in 2020 to develop any other new VBP models?

Yes (please respond to a–c)

No (please respond to d–e)

- a) Describe the care delivery area(s) or provider type(s) that your new value-based payment models are designed to address.

In response to COVID-19, UHA offered PMPM and prepayment arrangements to our contracted primary care providers, specialists, and our Sole Community Hospital.

- b) Describe the LAN category, payment model characteristics and anticipated implementation dates (2021, 2022, etc.) 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.

UHA offered a LAN 4A PMPM option to our contracted specialists with the option of implementing through the end of 2020 or through December 31, 2021. This was offered as one option for our COVID-19 response to provide funding and maintain access to our local specialist network for our members. The PMPM offered was based upon a two-year average monthly compensation specific to each specialist practice. UHA also offered an alternative LAN 3A prepayment model with a risk withhold component. This second option was also based on a historical average monthly compensation, with a monthly prepayment to providers. The providers would submit encounter claims which UHA will price at their previous contracted rates, with a six (6) month run-out of claims, and a settlement of actual claims experience against the prepayments to be done by July 2021. UHA is monitoring the prepayments against the priced encounter claims and updating providers on a quarterly basis.

UHA offered the LAN 3A option to our contracted Primary Care providers, as well as our Sole Community Hospital, in an effort to stabilize the cash flows to our rural provider network while allowing for an eventual settlement of their claims experience in case their caseloads increased towards the end of 2020.

- c) Describe whether your approach to developing these payment models is similar to, or different from, what you had originally intended in 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).

UHA had not planned such a drastic change for our provider compensation, but offered it as an alternative to providers as they worked to manage their practices through the COVID-19 outbreak. Some elected to change their compensation, while other providers decide to retain their current contract arrangements.

If no, please respond to d–e:

- d) Describe any decisions made to date regarding the eventual design of your payment models, including the care delivery area(s) or provider type(s) that VBPs will cover, LAN category, payment model characteristics, and implementation dates.
- e) Describe whether your approach to developing these models will be similar to, or different from, what you had originally intended in 2020, and why.

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

- 15) What TA can OHA provide that would support your CCO’s achievement of CCO 2.0 VBP requirements?

Additional information pertaining to maternity VBP models and information on best practices for behavioral health case rate arrangements would be appreciated. UHA would like to assess possible strategies for implementation of such arrangements.

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

UHA would be interested in sharing best practices and payment arrangements that have been successful for other CCOs or payers throughout the state that generated good patient outcomes while containing costs. Such discussions and information would be helpful in reaching not only the CCO 2.0 VBP requirements, but also reaching the Triple Aim throughout the state of Oregon.

Optional

These optional questions will help OHA prioritize our interview time.

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

None at this time.

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

None at this time.

Part II. Oral Interview

This information will help your CCO prepare for your VBP interview, and 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, although they will tailor the questions to each CCO after reviewing written interview responses.

Format

Oral interviews will be conducted via a video conference platform such as Zoom. These interviews will be recorded, transcribed and de-identified for further analysis. This analysis may include overarching themes and similarities or differences in how CCOs are engaging in VBP-related work. Results may be publicly reported in a de-identified and aggregated way that will be made available 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 2020, 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.

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.

Appendix A. CCO VBP Interview Schedule

Date/Time	Time (Pacific Time)	CCO
Mon 9/14/2020	9 AM - 10:30 AM	PacificSource Community Solutions
Mon 9/14/2020	1 PM - 2:30 PM	Yamhill Community Care
Mon 9/14/2020	3 PM - 4:30 PM	Columbia Pacific CCO
Tue 9/15/2020	8:30 AM - 10 AM	Trillium Community Health Plan
Tue 9/15/2020	1 PM - 2:30 PM	Jackson Care Connect
Tue 9/15/2020	3 PM - 4:30 PM	Cascade Health Alliance
Wed 9/16/2020	9 AM - 10:30 AM	Advanced Health
Wed 9/16/2020	3 PM - 4:30 PM	Eastern Oregon CCO
Fri 9/18/2020	9 AM - 10:30 AM	InterCommunity Health Network CCO
Fri 9/18/2020	11 AM - 12:30 PM	AllCare CCO
Fri 9/18/2020	1 PM - 2:30 PM	Health Share of Oregon
Fri 9/18/2020	3 PM - 4:30 PM	Umpqua Health Alliance