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@dhsoha.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.

YCCO primarily utilizes several methods of developing and engaging stakeholders in the development of VBPs:

- YCCO has had a long-standing Alternative Payment Model Sub-Committee of the Board of Directors, which meets on a recurring basis to discuss and provide input on the development of new VBPs, review quality metrics programs/performance, and update/adjust current VBPs when necessary.

- YCCO also formally engages with contracted network providers during monthly QCAP(Quality and Clinical Advisory Panel) meetings to review VBP model metrics and performance as well as to gain strategic insight into model VBP model development.

- YCCO also directly engages with providers on a clinic level in the development of new VBPs, discussing concerns, goals, and implications of both parties during the process. Doing so allows for YCCO to better understand provider perspectives on what VBPs have or have not worked for the provider previously, as well as ensuring that YCCO and the provider are working towards common goals as part of a strategic partnership.

2) Has your CCO taken steps in 2020 to <u>modify existing VBP contracts in response to the COVID-19 outbreak</u>? *[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) <u>If you indicated in Question 2</u> 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.

N/A

   b) Describe the process you used for modifying VBP contracts, including your key activities, stakeholder engagement and timeline.

N/A

   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) <u>If you indicated in Question 2</u> 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?

YCCO's Primary Care VBP program has required at least some modification due to COVID-19, and that program historically serves about 93% of all of YCCO's assigned membership receiving physical health benefits (i.e. CCO-A & CCO-B enrollees).

   e) **Describe your rationale for modifying this existing VBP model in 2020.**

Similar to what OHA has had to do for CCOs and quality metrics, YCCO is reviewing and revising quality metrics performance expectations of PCPs in light of COVID-19. Key drivers include: 1) the lack of updated/adjusted targets for quality metrics in light of significant disruptions in how care is delivered (eg. mandated clinic closures and shift to telehealth), 2) implications of statewide restrictions on providing services and office operations, 3) volumes of submitted encounters, 4) significant membership shifts due to OHP eligibility policy changes, 5) and provider administrative resource constraints from office closures.

   f) Describe the process you used for modifying this VBP model, including your key activities, timeline/s and stakeholder engagement.

It is worth noting that this work for YCCO is ongoing, as we continue to adjust and remain flexible as the COVID-19 pandemic and its impacts evolve. YCCO's current process for modifications include continued efforts and discussions via the YCCO APM Committee. Processes and activities include obtaining/receiving provider input, bringing forth management recommendations, ensuring the maintenance of pay for performance

(2C or higher) level VBP arrangements, deferral of quarterly performance measures during the first and second quarter of 2020 due to the immediate impacts of COVID (to include a Q4 2019 lookback), and remaining fluid and flexible as pandemic evolves.

g) Describe how you modified this VBP model, including changes in LAN category, payment model characteristics, or implementation dates.

YCCO has modified the PCP VBP model in two distinct ways:

1. For the current program, develop a viable process for adjusting provider metrics target, maintain the pay for performance aspect of the provider contract, and establish a viable sustainability plan for 2021 provider quality incentive program in light of significant shifts in CCO funding. To the latter point, YCCO prioritized the principal goal of ensuring providers had at least some sense of predictable and sustainable funding levels for the long term, inclusive of those still linked to quality. These modifications maintain the LAN category 2C arrangements with the relevant providers.

2. YCCO has also expedited a pilot VBP with our two largest PCP providers (based upon assignment), with the goal of moving to a LAN category 4A or higher capitated VBP model for 2021. The pilot was fast tracked as quickly as possible, without moving so quickly that adverse impacts to either providers or members would be realized. The pilot VBP was also altered to address the increased utilization and potentially long term shift to the use of telehealth services.

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).

YCCO is working to monitor VBPs for any unintended consequences that adversely impact any specific population's access to care. YCCO is exploring and leveraging risk adjustment models that also evaluates utilization by demographics to identify if specific populations have different access to care. Through the use of a population health platform, Metrics Manager, YCCO routinely looks at quality measure performance across the system, disaggregated by provider. Performance can be measured through a variety of filters including age, gender, diagnosis, geographic distribution, race, ethnicity, and language. On an annual basis, YCCO evaluates year-end performance as it applies to the CCO's unique improvement targets and through an equity lens determines where

disparities exist. In partnership with providers, YCCO then develops actions to address gaps in care. By doing this detailed disaggregation, the CCO is able to identify vulnerable populations and identify and avoid any adverse or unintended outcomes related to VBP agreements. YCCO provides incentives for Member engagement and outcomes for assigned Members. YCCO will continue to provide Continuing Education for providers to better manage and interact with diverse Members within YCCO. YCCO has a policy that providers must follow in order to reassign or "fire" a Member. In the event that this occurs, a YCCO Community Health Worker (CHW) will reach out to the Member.

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

YCCO has identified two key ways in which prior plans were altered from original plans:

- YCCO had to revisit its overall strategy and tactics in the maintenance, development, and implementation of hospital based VBPs since originally planned. One primary example is within DRG VBP arrangements, wherein the shift to 80% of Medicare reimbursement and removal of HRS funding has injected greater uncertainty and new expectations of DRG hospitals. As such, one prior VBP arrangement has actually been unwound due to the unwillingness of a DRG hospital willing to take on any additional risk that they deemed unnecessary, and unaccepting reimbursement levels that is less than what they felt was guaranteed from the CCOs.

- A second change is a revisit of which risk adjustment methods make the most sense for which VBP. To that point, capitation VBPs in development are incorporating CDPS risk adjustment factors rather than the ACG model that was initially considered.

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?

As previously noted, YCCO has been exploring the use of ACG risk adjustment tools for VBP development for at least primary care for some time. Since then, YCCO is also now moving to and incorporating CDPS risk adjustment factors into capitation VBP arrangements for primary care. The ACG platform is still being explored for other purposes.

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

YCCO is actively monitoring and staying informed on efforts to develop social determinant risk stratification platforms/mechanisms, such as with the utilization of Z codes within the claims system. Z codes are actively being considered as a way to

capture social risk factors for members engaging with the healthcare delivery system. Barriers to use include lack of provider knowledge and use of these codes as well as lack of established norms for how these codes should be incorporated into a population health strategy.

Community information exchange platforms (CIE) are also actively being considered by YCCO, with the goal to gain additional insight into individual member and population level factors captured outside the healthcare delivery setting to allow for social factors for adjustment methodology. Limited use or understanding of these tools by community partners outside the healthcare delivery setting presents a challenge.

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;

Currently, YCCO is only working on conceptual discussions of social risk adjustment within VBP models, primarily within capitation rate integration. That said, capitation VBPs being developed with more traditional clinical/chronic risk adjustment factors are well equipped for easy integration of social risk adjustment once available.

b) Specific social factors used in risk adjustment methodology (for example, homelessness); and

YCCO is not actively having such discussions to this level, as this requires a more formal risk adjustment model/process to be designed, evaluated, and implemented prior to doing so.

c) Data sources for social factors, including whether data is at the individual/patient or community/neighborhood level.

As noted above, YCCO is currently evaluating and staying informed around viable options via Z codes available within encounter data and CIE platforms, but again this is still in a conceptual state.

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.

YCCO already had an established mechanism and PMPM payment in place for 2019 for the enhancement and support of PCPCHs. That mechanism was updated for 2020 to meet the new requirements by January 1, 2020, inclusive of expanding the historical PMPM payments to differentiate PMPM payments across the five PCPCH tier levels. This process was developed and reviewed in conjunction with provider and YCCO's APM Sub-Committee input, as well as Board approval of the program. As required by contract, this program and the PMPM rates will be reviewed and increased accordingly in time for the CY2021 provider PCPCH payment rates.

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.

YCCO has previously described the revised PMPM payments to PCPCHs above in question 9, outlining how YCCO has utilized the historical method to support the necessary PMPM payments across all five tier levels. PMPM payments are made on a quarterly basis to the relevant providers.

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

N/A

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?

YCCO has been working on two VBP aspects around behavioral health:

- YCCO has already been actively working to fully revamp and restructure our full specialty behavioral health system. These changes include but are in no way limited long term to include 1) a direct VBP provider contract with Yamhill County Health and Human Service for the direct care they provide to YCCO members, and 2) explore new contracts with behavioral health providers that historically have been primarily operating under single case agreements. For the former, the YCHHS provider agreement was implemented in 2020 as a LAN category 4A

VBP, and will continue to be refined in 2021. For the latter, new VBPs will be explored and developed in 2021, for implementation in 2022.

- YCCO continues to incentivize primary care clinics with a PMPM payment for staffing a full-time licensed Behavioral Health Provider (BHP) (formerly known as behaviorists). To receive payment, integrated BHP's must follow YCCO guidelines including meeting minimum annual engagement benchmarks. This payment is also being factored into the new primary care capitation VBP being implemented in 2021, to continue to incentivize behavioral health integration.

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?

YCCO is currently working on VBPs inclusive of maternity care in two manners:

- YCCO is currently finalizing LAN category 2C VBPs with at least two of our largest hospital systems for 2021, within which maternity care for both inpatient and outpatient services would be included. At least one of the contracts is intended to have maternity specific metrics, such as C-section rates.

- YCCO is also reviewing and looking to expand our current Maternal Medical home VBP, to 1) ensure that it at least meets the LAN category 2C requirements and 2) to expand the model to additional providers.

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?

As mentioned above, YCCO is currently finalizing LAN category 2C VBPs with at least two of our largest hospital systems for 2021, to include both inpatient and outpatient services. These initial VBPs are intended to pave the pathway to larger and more complex VBPs in the future, to include LAN category 4A or 4B capitation agreements possibly as soon as 2022.

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.

As previously mentioned, YCCO has been actively developing and rolling out a primary care capitation VBP pilot, with concrete plans to go live in 2021 for two of our largest

PCPs (based upon assignment). Once reviewed and fine-tuned, this VBP pilot is intended to be rolled out to additional primary care providers as well as potentially expanding the service scope of the agreement.

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.

As previously noted, YCCO is moving towards a January 1, 2021 implementation at a LAN category 4A primary care capitation VBP, with potential provider expansion in 2022.

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).

YCCO has modified VBP plans in a similar nature as described above, with slight modifications and considerations to 1) which risk score platforms get utilized, 2) blending and alternation to base data periods utilized to set VBP rates, 3) targeted implementation dates, and 4) PCPCH and CPC+ payment integration.

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.

N/A

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.

N/A

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?

YCCO would like to see improved provider messaging from OHA, and not setting expectations within providers on what reimbursement from CCOs should be: specific to

what FFs reimbursement should be. This includes but not limited to both DRG and A/B hospitals, DCOs, and BH providers, as recent real world examples.

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

YCCO would like to know if OHA plans to revisit VBP targets in light of COVID-19: the required focus areas were deferred out one year, but the year-to-year total percentages were not.

Also, has OHA considered the moving denominator impacting CCOs in meeting the year-to-year and long term 70% VBP target, especially in light of significant policy changes outside the control of CCOs (eg. enrollment changes, benefit changes/additions to the CCOs, etc)?

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?

YCCO would appreciate discussions and insight related to the following items:

- Alignment of CCO VBP efforts with VBP efforts of other payers in the healthcare ecosystem, especially for large scale providers serving multiple regions.
- Impact of COVID on VBP targets, especially in light of clinic closures and OHA financial incentive metrics moving to report only for 2020.
- The need for statewide CIE with participation by all healthcare payers and providers in the state.

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

YCCO would suggest the following two items for consideration:

- Greater consideration for proprietary information being shared, as much of what is being discussed or shared here is not info that YCCO would consider to be of public domain due to trade secrets.
- Expanded timeline for submission of such requests, in light of significantly increased CCO reporting requirements under CCO 2.0. As an example: this came due along the same time as CCO's initial NAIC filings, as well as quarterly Ex L, risk corridor settlements, rate setting, budgeting, etc.

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