

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:

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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 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.

Currently IHN utilizes a cross functional team including Finance, Quality, and Contracting to strategize and develop VBPs. IHN is in quarterly meeting with key VBP Providers, where VBP performance and feedback is discussed to improve future VBP contracts.

- 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].*

- 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

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.

Telehealth was always an option for our Providers. Covid-19 created the need and demand to expand services. IHN was strongly behind our VBP providers to expand telehealth coverage. The Capitation model worked well for this situation; in that it gave the Provider much flexibility in how services were delivered. For example, a MH telehealth visit may be shorter than an in-person visit. The capitation VBPs allowed the MH providers to rapidly adjust to this new model without the strain of diminished payments during a time of crisis.

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

Yes, we followed state and federal guidance and shifted our strategy to focus on access. It is well known that the Pandemic has further exacerbated health disparities. With 2020 a reporting year for CCO Metrics, we focused farther upstream, engaged providers, clinic staff and community-based organizations and through Connect Oregon (Unite Us) and worked to connect members with care and deployed resources to address social factors and reduce health inequities.

We provided technical assistance to providers around telehealth and supported member access to telehealth services by addressing technology barriers.

We also launched education campaigns to support members in getting recommended care and vaccinations.

For 2021 we continue to build on the foundations created during the Pandemic. We are identifying members by risk-level and providing technical assistance to providers on best approaches to address social factors and health disparities to improve overall care.

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.

In our Health Equity plan we have focused efforts on education and awareness of bias and specifically institutional bias, creating a new lens to identify and reduce health disparities. We are working implement those evidence-based interventions that reduce health disparities by improving access to care and services. We are collecting social risk factor data to gain deeper insights into our member population. We are also engaging providers in project work to develop new approaches to address members with cooccurring mental health and substance use disorders, who may also be unhoused and or have complex health needs. Additionally, we are providing Trauma Informed Care training broadly across the provider network. We understand much more work is needed in this arena and believe our continued efforts to better understand our member population and share those insights with our provider network will continue to guide our efforts toward health equity.

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

Processes did not change materially in 2020 from 2019, primarily due the focus on meeting the Pandemic goals. In 2020 IHN was primarily focused on sustaining our provider network while working to implement the Arcadia metric and risk platform.

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

Yes, IHN is implementing Arcadia risk adjustment capabilities in 2021. This will allow IHN to automatically risk adjust cost performance of Providers. The reporting capabilities allow IHN to compare the risk of the populations assigned to PCPs against each other, to identify if complexity has been distributed appropriately. IHN will also begin to incorporate the risk scoring into risk stratified. capitation payments.

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.

IHN set up PCPCH PMPM payments with PCPCHs willing to contract. The higher the PCPCH tier, the higher the PMPM amount. The IHN Quality is developing educational plans to assist PCPs in improving or gaining PCPCH status. IHN prioritizes new enrollees to higher tier PCPCHs when assigned PCPs. This both gets members into the best PCPs available, and also rewards high performing PCPs.

- 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.

Please refer to the VBP PCPCH Data and CDA VBP template submitted by IHN.

IHN pays PCPCHs a PMPM based on a tier based payment schedule. PMPMs increase with each tier of PCPCH. This fee schedule increases each year to account for inflation and cost trends. The program has not changed in 2021.

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).

IHN is in regular conversation with our primary MH VBP partners. We are working to increase flexibility into the capitation models, to allow for growth or shrinkage without shocking their financial sustainability of the Provider.

In 2021 entered into a new VBP with Pathfinder. This is a MH clubhouse model that provides IHN members with a place to improve social skills, engage with THWs and peers, while receiving care oversight. This program will be monitored to evaluate if the clubhouse program truly adds Value to the MH network through reduced overall member costs and improved metric performance.

- 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).

IHN is still in progress to develop a sound and operational Maternity payment. We have been in discussions with SHS Hospitals to pay a capitation amount, and they are very willing to proceed with the arrangement. To ensure adequate risk is shared, IHN is implementing the NetworX module in Facets in 2021. This will add contract calculation functionality for these types of case rates.

- 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).

IHN has contracted with its largest Hospital network, SHS, to implement a risk corridor tied to rate of growth targets. The model pays SHS if its rate of growth is less than the 3.4% target, or receives from SHS if cost increase more than that amount. The risk corridor is 1% up and down, limiting exposure while still giving visibility to risk.

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.

IHN work with Pathfinder and Chance to redevelop MH THW VBPs. This was a good example of examining what worked and didn't work in prior contracts, and evolving them to meet future requirements. IHN will also revisit MH capitation contracts to allow for greater flexibility in services provided. The intent is to incentive increased access while not penalizing them financially with capped reimbursements.

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).

IHN is working with SHS clinics to address pain management. The new VBPs are targeted at IHN members receiving physical therapy as an alternative to pain medications. The treatment plans have been very successful through integrating a Physical Therapist in the PCP setting. The VBP design is intended to fully reimburse for the PT services, that might otherwise be reimbursed for less if FFS.

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?

Conceptually IHN, and most payors and providers, are aligned with VBP goals. The difficulty comes in implementing VBPs at the detailed contractual level. Providing

detailed models or templates of successful Medicaid VBPs would assist in getting new VBP contracts off the ground.

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?

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

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.