Advanced Health

2022 CCO 2.0 Value-Based Payment & Health Information Technology Pre-Interview Questionnaire

Introduction

Coordinated Care Organization (CCO) leadership interviews on value-based payment (VBP), per Exhibit H, will be scheduled for June 2022. Please schedule here.

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@dhsoha.state.or.us by **Saturday, May 7, 2022**.

All the information provided in Section I is subject to the redaction process prior to public posting. OHA will communicate the deadline for submitting redactions after the VPB interviews have been completed.

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 VBP Interview Questions

Your responses will help the Oregon Health Authority (OHA) better understand your CCO Value-based payment (VBP) activities this year, including detailed information about VBP arrangements and HCP-LAN categories.

> **A prior version of this questionnaire was collected from your CCO in May 2021. Unless a question specifically instructs otherwise, <u>please focus your responses on new information not previously reported.</u>**

1) **In May 2021, you reported the following information about how your CCO engages partners (including providers) in developing, monitoring or evaluating VBP models.**

   From 2020 response:
   Advanced Health's process for developing and evaluating value-based payments (VBP) begins informally with conversations between CCO staff and Providers we wish to establish VBP contracts with. A review of the Health Care Payment Learning & Action Network (HCPLAN) APM Framework and the Oregon Health Authority's (OHA) guidance documents usually leaves CCO staff with an understanding of the Provider's initial wishes and tolerance for risk.

   The information is then discussed among an internal team consisting of CCO leadership, finance, and quality staff. Through selection of a payment mechanism and quality component(s), the internal team designs a VBP concept it believes will control costs, increase quality, and mitigate any unintended consequences or perverse incentives that may negatively impact Members, Providers, or other stakeholders.

   A proposal is produced and presented to Advanced Health's Clinical Advisory Panel. The Clinical Advisory Panel was chosen as a forum for developing and evaluating VBP contracts to obtain perspectives more attuned to patient care and provider practices. The panel considers whether the proposed VBP contract is in the best interest of Members and Providers. The panel can recommend approval, changes, or dismissal of a VBP concept.

   Advanced Health and Providers holding VBP contracts monitor VBP contracts using a suite of Tableau dashboards. In 2020, Advanced Health built an external-facing Tableau server through which Providers can monitor performance against any per-member-per-month (PMPM) spending or quality targets. The dashboards also show Providers any estimated bonus/penalty for quality or spending performance and member risk stratification and member attribution, where applicable.

   Advanced Health benefits from a long history of alternative payment model adoption. Prior to CCO 2.0, approximately half of Advanced Health's member services expenses were paid via HCPLAN category 4N contracts. The process of transitioning these contracts to

HCPLAN 4A contracts can be as simple as tying payment to quality measure performance. Although the payment mechanisms for contracts like these were largely developed prior to CCO 2.0, they undergo the same evaluation and monitoring process.

New in 2021:
As Advanced Health continues expanding VBP arrangements in the behavioral health and other care delivery areas, it is critical stakeholders with close ties to each care delivery area have a say in early VBP design. When additional input is needed, Advanced Health enlists a care delivery area expert to assist in transitioning each care delivery area to VBP. Advanced Health's 2021 VBPs include its two largest behavioral health providers. Advanced Health enlisted its Behavioral Health Director to work directly with the behavioral health providers to design the capitated structure and quality component.
Please note any changes to this information, including any new or modified activities or formal organizational structures such as committees or advisory groups.

There are no major developments in these areas to report. There has been some internal discussion around the appropriate forum for final approval of VBP concepts. Providers are reticent to approve VBP concepts that introduce new quality measures that increase the administrative burden on Providers and their staff. In the interest of reducing Provider burnout, this is an area that deserves sensitivity.

2) **Has your CCO taken any new or additional steps since May 2021 to modify <u>existing VBP contracts</u> in response to the COVID-19 public health emergency (PHE)? *[Select one]***

☐ CCO modified VBP contracts <u>after May 2021</u> due to the COVID-19 PHE. *[Proceed to question 3]*

☒ CCO did not modify VBP contracts <u>after May 2021</u> due to the COVID-19 PHE. *[Skip to question 4].*

3) **<u>If you indicated in Question 2</u> that you modified VBP contracts after May 2021 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 FFS to capitation)
☐ Modified the payment level or amount (e.g. increasing 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 reporting requirements
☐ Modified the payment mode (e.g. from FFS to capitation)
☐ Modified the payment level or amount (e.g. increasing a PMPM)

> **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 CCOs last reported this information.**

4) **In May 2021 your CCO reported the following information about 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; LGBTQ 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).**

Advanced Health's processes for mitigating potential adverse effects of VBPs is similar to the process used in 2020 with a focus on countering any perverse incentives created by VBPs using countering incentives.

However, as part of Advanced Health's Health Equity Plan, we will begin collecting and coalescing data from disparate data sources to enhance our ability to identify health inequities. Although Advanced Health's existing suite of analytical tools enables staff to identify apparent inequities in quality measure performance, the primary source of demographics data used is eligibility data found in 834 files. These files lack information on Member sexual orientation and the demographic data that does exist is sometimes incomplete (e.g., undisclosed race, undisclosed ethnicity). This, along with Advanced Health's small population, makes credibly identifying inequities difficult. Through collecting this information from Reliance eHealth Collaborative (health information exchange), health risk assessments, care coordination intake screenings, and other sources we hope to expand our ability obtain credible results. Credible results will enable Advanced Health to tie Provider payments to health equity through the incorporation of disparity measures into VBP contracts.

Please note any changes to this information since May 2021, including any new or modified activities.

The previous response continues to reflect Advanced Health's processes for mitigating adverse effects of VBPs. Additionally, Advanced Health has begun incorporating disparity

measures into VBPs, including tying capitated behavioral health payments to performance on ED Utilization for Members with Behavioral Health Diagnoses.

5) **Is your CCO planning to incorporate risk adjustment for social factors in the design of new VBP models, or in the refinement of existing VBP models? [Note: OHA does not require CCOs to do so.]**

In Advanced Health's 2020 response, we stated:

"Advanced has considered incorporating social factors in our risk adjustment methodology. This is a topic for which we would appreciate technical assistance. We understand factors outside of medical complexity are likely to influence outcomes and quality metric performance. We are interested in building these into our VBP contracts, but we have concerns about data quality and availability. A 2017 trial1 by National Quality Forum (NQF) found limited data quality and availability that roughly agreed with our experience. The outcome of the study was a recommendation for the use of a limited set of social factors on a limited set of quality measures. The 17 recommended measures have small denominators. For a small CCO like Advanced Health, credibly tracking performance over time may not be feasible.

We would be interested to learn about VBP models that have successfully incorporate social factors."

We would still appreciate any technical assistance that could be provided to CCO contracting staff.

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements that will take effect in 2023 or later. This includes oral health and children's health care areas. CCOs are required to implement a new or enhanced VBP in <u>one</u> of these areas by 2023. CCOs must implement a new or enhanced VBP model in the remaining area by 2024.

6) **Describe your CCO's plans for developing VBP arrangements specifically for <u>oral health care</u> payments.**
   a. **What steps have you taken to develop VBP models for this care delivery area?**

   Advanced Health has already developed VBP models for oral health care payments. Advanced Health's largest oral health provider, Advantage Dental,

has been paid on a percent-of-premium basis for many years. Advanced Health incorporated a quality withhold into this agreement for 2021 that is paid to Provider contingent on strong performance on quality measures. The quality measures include Members Receiving Preventive Dental Services and Oral Evaluations for Adults with Diabetes. Over the years, Advanced Health has incentivized Advantage Dental to perform well on incentivized quality measures through per-service payments for incentive services. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. So, although oral health value-based arrangements are not new for Advanced Health, existing agreements are being modified to meet the OHA's VBP program's specific requirements.

b. **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).**

See description in response to Question 6(a).

c. **When do you intend to implement this VBP model?**

This model was implemented in 2021.

7) **Describe your CCO's plans for developing VBP arrangements specifically for <u>children's health care</u> payments.**
   a. **What steps have you taken to develop VBP models for this care delivery area?**

   Over the years, Advanced Health has incentivized pediatric clinics and Providers for performance on children's health care-related quality measures. This has been accomplished through per-service payments to Providers who perform services meeting numerator specifications for pediatric incentive measures. However, this methodology does not meet the requirement that the quality component of Provider agreements must include an improvement target structure. Advanced Health will adapt its existing agreements to include improvement targets.

   b. **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).**

   Advanced Health will continue to focus its efforts regarding children's health care VBPs on pediatric Providers. Advanced Health pays most pediatric primary care

providers on a capitated basis. Through the incorporation of quality components with improvement targets, these agreements will transition from LAN tier 4N to 4A. These agreements will include quality targets for a selection from the adolescent-related incentive and quality measures applicable to pediatric primary care Providers.

c. When do you intend to implement this VBP model?

These enhanced VBP models will be implemented in 2022 or 2023.

8) **CCOs will be required in 2023 to make 20% of payments to providers in arrangements classified as HCP-LAN category <u>3B or higher</u> (i.e. downside risk arrangements). Describe the steps your CCO is taking in 2022 to prepare to meet this requirement.**

Advanced Health has a long history of capitated Provider payments. Advanced Health already exceeds this target. We will continue to expand payments in HCP-LAN category 3B or higher via the transition of remaining HCP-LAN category 4N arrangements to 4A and 4B.

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

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

Advanced Health is on track to achieve all CCO 2.0 VBP targets and requirements. We would be interested in further learning collaboratives focusing on social measures, specialty care, pharmaceutical spending, and balancing transformation aims with Provider capacity.

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

N/A

Health Information Technology (HIT) for VBP and Population Health Management

> **Questions in this section were previously included in the CCO HIT Roadmap questionnaire and relate to your CCO's HIT capabilities for the purposes of supporting VBP and population management. Please <u>focus responses on new information</u> since your last HIT Roadmap submission on March 15, 2021.**
>
> Note: Your CCO will not be asked to report this information elsewhere. This section has been removed from the CCO HIT Roadmap questionnaire / requirement.

11) **You previously provided the following information about the HIT tools your CCO uses for VBP and population management including:**
    a. **HIT tool(s) to manage data and assess performance**

    Advanced Health employs HIT and analytical tools to support VBP and population health management. Data for VBP and population health-related analytics and reporting are managed in a report server (SQL Server). Performance is assessed using Tableau dashboards and Crystal Reports connected to the report server by custom queries. A Tableau dashboard is built for each VBP contractor or population health management tool. Each VBP dashboard includes all relevant data related to the contract, including performance against financial targets, performance against quality targets, member-level data, and patient attribution data. Population health management dashboards and reports are customized for each population health application.

    Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

    Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

    Some VBP-related HIT tools are being rebuilt following a claims and information system transition. This affects only internally-produced analytics— Milliman/Medinsight tools were not interrupted. We expect VBP-related analytics to be live very soon.

    Advanced Health is significantly expanding its analytics team to support the growing number of Providers operating under VBP agreements.

    b. **Analytics tool(s) and types of reports you generate routinely**

Internally produced HIT and analytical tools to support VBP arrangements are updated on an on-demand or weekly basis, depending on the complexity of the data required for individual dashboards. Dashboards for which it is not feasible to build a live data connection are built an extract with a defined refresh cycle (daily or weekly). Each VBP Provider is given credentials to access their dashboard on Advanced Health's outward-facing Tableau portal. Providers access their dashboards through this portal on-demand.

Milliman/Medinsight's population health management tools are refreshed using a monthly cycle due to the added overhead of transmitting data to Milliman for processing and inclusion.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

No changes.

12) **You previously provided the following information about your staffing model for VBP and population management analytics, including use of in-house staff, contractors or a combination of these positions who can write and run reports and help others understand the data.**

Advanced Health employs an analytics department comprised of a data analytics manager and two analysts. The analytics department generates all reporting/analytics related to value-based payments and most reporting/analytics related to population health. Additionally, Advanced Health contracts with Milliman/Medinsight for their suite of population health management tools.

Reports are written by Advanced Health's analytics staff. Reports are run by Providers and internal data consumers.

Milliman/Medinsight control the content of their population health management tools. Their tools are accessed by internal data consumers.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

There are no changes regarding the general structure of Advanced Health's staffing model. However, Advanced Health is significantly expanding its analytics team to support the growing number of Providers operating under VBP agreements.

> **Questions in this section relate to your CCO's plans for using HIT to administer VBP arrangements (for example, to calculate metrics and make payments consistent with its VBP models).**

13) **You previously provided the following information about your <u>strategies</u> for using HIT to administer VBP arrangements. This question included:**
   a. **how you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract,**
   b. **spread VBP to different care settings, and**
   c. **include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract.**

   Advanced Health's existing HIT infrastructure and analytics team are sufficient to support current VBP providers with HIT tools. Our strategy for Provider transition to VBP includes focusing on our largest Providers first in order to shift spending quickly to VBP models while slowly ramping up the reporting load. We expect as we enter the second half of the contract period the VBP reporting load will require an additional analytics staff member. Additionally, we expect to upgrade server hardware in 2021 for improved performance for the outward-facing Tableau portal. The slow reporting ramp-up allows us to track server performance as we add contracts incrementally.

   Advanced Health's milestones for supporting VBP administration with HIT are similar to those submitted in Advanced Health's 2020 HIT Roadmap, with updates related to Covid-19-related changes in OHA guidance (care delivery areas). Milestones continue to include meeting the yearly VBP spending targets and supporting all VBP Providers with the reporting and HIT support needed to track and improve their performance.

   Please note any changes or updates for each section since your HIT Roadmap was previously submitted March 15, 2021.

   a. **how you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract,**

   No changes. However, planned server upgrades were delayed by Covid-19 pandemic and associated supply chain interruptions.

b. **spread VBP to different care settings, and**

Advanced Health has already provided HIT tools to Providers working under VBP arrangements in numerous care settings, including hospitals, primary care, behavioral health, and oral health care.

c. **include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract.**

Advanced Health has found that—in order to support VBP arrangements and all areas of CCO work requiring analytics support—our analytics team must expand. Advanced Health will fill two or three analytics positions in the coming months.

14) **You reported the following information about your <u>specific activities and milestones</u> related to using HIT to administer VBP arrangements.**

For this question, please modify your previous response, using black font to easily identify updates from your previous HIT Roadmap submission on March 15, 2021. If the field below is blank, please provide specific milestones from your previous HIT Roadmap submission.

Developed the internal processes and personnel capabilities needed to support VBP Providers with HIT. This included developing staff capable of developing custom queries and Tableau dashboards tailored to each VBP contract. Staff had significant prior experience in query and Tableau development. Additional personnel development was required to prepare analytics staff to translate and interpret a VBP contract—under the oversight of contracting team—such that a useful, appropriate tool could be produced. Additionally, most care delivery areas have a unique set of applicable quality measures, which are developed by analytics staff ahead of contract execution. This work is ongoing. Advanced Health's existing staff is skilled in analytics development, but it must expand to meet growing reporting demands.

Developed scalable IT infrastructure to support VBP Providers with HIT. Advanced Health's pre-existing HIT tools included a Tableau Sever implementation to support internal data consumers with quality and other population health dashboards. However, to implement the permissions and data security required to offer similar dashboards to Providers a new Tableau Server was implemented. The outward-facing data portal ensures that Providers may only view data relevant to their VBP contract.

Continuing Milestone/Strategy: Develop Provider data consumption skills. Each VBP Provider is trained to use and interpret their custom dashboard. At the time of each

dashboard's roll-out Advanced Health's analytics staff will present the tool to the relevant parties representing the Provider. This includes a review of all dashboard elements, the mechanics of manipulating the dashboard to explore data, and the intended use cases for the tool.

Continuing Milestone/Strategy: Establish feedback loop between VBP Provider and Advanced Health analytics staff. Each VBP Provider is encouraged to provide feedback on the usefulness of the HIT tools provided. Recommended improvements are to be incorporated into the development life cycle of the tools. This work is ongoing. Provider feedback on VBP-related HIT tools has been useful but has not reflected the expected volume. Advanced Health staff will be more proactive in communicating with the end users of VBP tools.

Continuing Milestone/Strategy: Establish and monitor alerts of extract failures and performance issues.

Continuing Milestone/Strategy: Ensure each VBP arrangement is supported by timely data.

Continuing Milestone/Strategy: Ensure all dashboards contain all necessary elements to support Provider monitoring of performance. This includes data supporting the review of performance against financial and quality metrics, Member attribution information, and risk adjustment/stratification.

Continuing Milestone/Strategy: Monitor Provider utilization of HIT tools. Utilize Tableau Server's performance and utilization monitoring system to ensure Providers are engaging with HIT tools. Failure to utilize HIT tools will trigger a request for information regarding data usefulness.

Additionally, Advanced Health adds these milestones related to HIT capacity:

2022-2024: Hire additional analytics team member when/if needed to support expanding group of VBP Providers. This work is ongoing. We expect several analytics hires in the coming months.

2021-2022: Upgrade server hardware to improved performance of Provider-facing Tableau portal.

Briefly summarize updates to the section above.

The milestones above continue to reflect the work of Advanced Health in meeting the HIT needs of the Advanced Health and Provider VBP staff. Many of these milestones and strategies have been accomplished. Several are ongoing.

15) You provided the following information about <u>successes or accomplishments</u> related to using HIT to administer VBP arrangements.

Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

Please note any changes or updates to these successes and accomplishments since your HIT Roadmap was previously submitted March 15, 2021.

N/A

16) You also provided the following information about <u>challenges</u> related to using HIT to administer VBP arrangements.

We believe a server hardware upgrade is necessary to ensure each Provider's VBP dashboard loads and filters with minimal delay. Current delays are reasonable. However, we would like to improve upon this. This is addressed in our HIT-VBP milestones above.

Please note any changes or updates to these challenges since your HIT Roadmap was previously submitted March 15, 2021.

In addition to server hardware, a claims payment and information system transition has temporarily interrupted some HIT. A new data warehouse/repository is being constructed that will improve performance of all Advanced Health HIT/VBP tools.

> **Questions in this section relate to your CCO's plans for using HIT to support providers.**

17) You previously reported the following information about your <u>strategies, activities and milestones</u> for using HIT to effectively support provider participation in VBP arrangements. This included how your CCO ensures:
  a. Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.

b. **Providers receive accurate and consistent information on patient attribution.**

c. **If applicable, include specific HIT tools used to deliver information to providers.**

Providers with VBP contracts are supplied with credentials for accessing Advanced Health's Provider-facing Tableau portal. Each VBP Provider is built a dashboard tailored to the financial and quality metrics found in their contract. The data used in the dashboards are sourced primarily from claims data. The data are transformed using custom queries and stored in extracts on the Tableau server. They are refreshed frequently to ensure Providers are supplied timely information.

Advanced Health understands patient attribution information to mean different things in different contexts. A patient is truly attributed to a VBP Provider when an assignment relationship exists between Member and Provider. If a VBP contract exists with a primary care provider, for example, their patient attribution information could include all members assigned to them or the subset of their assigned members in the denominator of their relevant quality measure(s). Advanced Health's 2020 VBP contracts focused on hospitals with quality components including readmission rate and emergency department utilization. Without a well-defined assignment relationship, we provide Providers with patient lists related to their quality measures. For example, Coquille Valley Hospital holds a Category 3B contract and is provided patient-level information related to their contract's quality component: emergency department utilization.

Patient attribution is sourced from Advanced Health's claims payment/payer platform databases. The attribution information is collected from claims data or Member assignment data as dictated by the type of Provider, contract, and quality component. This information is incorporated into each Provider's Tableau dashboard and data is kept updated using the same process described above.

Please note any changes or updates to your strategies since your HIT Roadmap was previously submitted March 15, 2021.

a. **Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.**

No changes. However, a claims payment and information system transition has temporarily interrupted some HIT. A new data warehouse/repository is being constructed that will improve performance of all Advanced Health HIT/VBP tools.

b. **Providers receive accurate and consistent information on patient attribution.**

No changes.

    c. If applicable, include specific HIT tools used to deliver information to providers.

No changes.

18) You previously reported the following information about how your CCO <u>uses</u> 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.

Advanced Health employs several methods for risk stratifying Members and identifying those in need of intervention. Advanced Health calculates and monitors Member risk scores using the CDPS+Rx risk adjustment tool. Advanced Health also contracts with Milliman/MedInsight and Collective Medical for the use of their population health management tools, which include risk scores for adverse outcomes, including readmission risk. Advanced Health's care coordination software allows Advanced Health's ICC team to track members characteristics and intervention strategies. These risk stratification tools assist Advanced Health and Advanced Health's Providers in targeting interventions, including targeted ICC support and action on the part of primary care providers to assess the conditions for high-risk patients.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

No changes.

19) You previously reported the following information about how your CCO <u>shares</u> 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.

Advanced Health's VBP Providers are supplied with Tableau dashboards tailored to their individual VBP contracts. The dashboards include patient-specific population management data tailored to each contract and quality component. The population management/risk stratification data has different forms for those VBP Providers with and without well-defined Provider-Member attribution relationships. Providers with well-defined patient attribution relationships are supplied CDPS risk scores and other relevant risk scores and

characteristics for attributed patients. Those without well- defined patient attribution relationships are supplied risk stratification based on patient claim history. For example, hospitals with emergency department or readmission rate quality components are supplied member-level data on utilization or readmission, stratified by frequency or severity.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

No changes.

20) **You previously reported the following information about your <u>accomplishments and successes</u> related to using HIT to support providers.**

Advanced Health successfully deployed a Provider-facing Tableau portal, allowing Providers with VBP contracts to view dashboards tailored to their contract and associated quality improvement activities. Providers were trained on the use of the tool and financial/quality metrics associated with their contracts.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

No changes.

21) **You previously reported the following information about your <u>challenges</u> related to using HIT to support providers.**

We would like Providers to engage more frequently with our Provider-facing Tableau portal. Our experience deploying population health management tools to Providers is mixed in success. In the past, these tools have been poorly utilized due to workload and the inconvenience of a disjointed set of quality improvement tools used in the Provider office. Providers are expected to engage with population management tools built into EHRs, additional tools supplied by clinic administration, and tools from various payers. During this contract period, we will be experimenting with different mediums, hoping to maximize engagement and performance through providing convenient, useful, and timely data.

Please note any changes or updates to this information since your HIT Roadmap was previously submitted March 15, 2021.

We are exploring requiring Providers to self-report quality performance using population health tools built into existing EHRs. This would minimize the management of and time spent each manipulating various tools.

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

Click or tap here to enter text.

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

Click or tap here to enter text.

Part II. Oral Interview

This information will help your CCO prepare for your VBP interview.
Written responses are <u>not</u> required.

Purpose
The purpose of the CCO 2.0 VBP interviews is to expand on the information CCOs report and have provided in the written questionnaire; provide CCOs an opportunity to share challenges and successes; and discuss 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:

1) Provider engagement and CCO 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 questions about your perception of provider readiness for or receptivity to VBP arrangements, factors affecting your progress toward VBP targets for future years (including overall VBP participation as well as downside risk arrangements), and how to make OHA technical assistance most relevant to your needs.

2) Implementation of VBP models required in 2022. These questions will address how your CCO is making decisions about and designing required VBP models. We may ask about factors influencing the design and scale of your PCPCH infrastructure payment model and models to meet the Care Delivery Area requirements. These questions may address your experience designing quality strategies in hospital, maternity and behavioral health VBP arrangements; and your progress developing HIT capabilities with providers to implement these VBP arrangements. We are particularly interested in understanding CCOs' experiences promoting VBP arrangements with a) various hospital reporting groups (DRG, A/B, etc.), b) behavioral health providers operating independently

as well as in integrated primary care settings, and c) maternity care providers reimbursed in standalone as well as bundled payment arrangements.

3) Planning and design of VBP models required in 2023 or later. These questions will follow-up on information you provide about your progress developing VBP arrangements in children's health and oral health. We may ask about factors influencing your planning in these areas, perceived provider readiness, and assistance needed from OHA.

4) Promoting health equity through VBP models. These questions will explore how your CCO's work on health equity relates to your VBP efforts. We may ask about your CCO's progress with collecting social needs data; how health equity informs your VBP planning in specific areas such as maternity care; and whether you have identified opportunities to use VBPs to address other CCO 2.0 priorities or requirements.