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.

   Cascade Health Alliance (CHA) created an Alternative Payment Model (APM) Committee in November of 2015. Its members are made up of primary care providers, specialty providers, behavioral health providers, and community at-large members. The Committee met monthly until various alternative payment methods were decided upon and now functions as an ad hoc committee, meeting as needed.

   Annually, CHA meets with its providers that have a value-based payment component as part of their contract to discuss any changes needed for the following year. Changes would include updating the quality measures included in the contract and/or the targets or measurements of success.

   CHA monitors all VBP's throughout the year, creating both dashboards and gap lists. These are shared with providers frequently throughout the year.

   In the fourth quarter of the year, CHA staff reviews the current VBP's in place and recommends any changes. These changes would be proposed to the providers through a contract amendment.

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) 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.

   Not applicable.

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.

   Not applicable.

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).

   CHA will use historical cost and quality performance information to set VBP targets. We plan to set the performance targets that trigger an incentive payment at either the CHA target or improvement from the contracted provider's prior year performance using the Minnesota method. This will decrease the likelihood that the VBP will adversely affect any of the specific populations listed above.

   CHA has implemented risk adjustment VBP models that will calculate and report documented medical complexity for members assigned to PCPs and members treated by specialists. Providers that care for members with higher documented

medical complexity have the potential to receive an increased share of VBPs. Medical complexity is a VBP balancing measure and will decrease the likelihood of VBP adversely affecting members with high medical complexity.

In the future, CHA plans to develop the capacity to measure and track social complexity for members and incorporate social complexity in our VBP methodology.

CHA also monitors the number of members that are "fired" from Providers by tracking all PCP and Oral Health member assignment changes which includes changes initiated by both the provider and the member. Member-initiated requests are valuable to look for more subtle methods which providers may use to deselect members. CHA also tracks all patient grievances related to providers. Assignment changes and complaints are tracked and in the case of primary care and oral health providers, rates are calculated. Data feedback is reported to providers. If CHA identifies a provider in an outlier status for assignment changes or grievances, CHA will pursue the following interventions as appropriate:

- Provider notification of outlier status
- Ongoing monitoring
- Request for Provider assessment of the root cause
- Request for Provider development of a Corrective Action Plan
- Eventual consideration of financial penalties, exclusion from VBP participation or possibly network participation

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

   No, CHA's processes have not changed from what was previously planned.

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?

   CHA has incorporated risk adjustment into its VBP models for both primary care providers and specialists. Risk scores are calculated for every member monthly using the same risk score method as used by OHA which is the Chronic Illness and Disability Payment System (CDPS).

   Primary care providers who participate in a Risk Sharing contract are paid capitation monthly based on their panel size. Annually, the capitation paid is risk adjusted using the CDPS method.

   Specialists who participate in a Risk Sharing contract will receive risk adjusted payments annually using the CDPS method. These payments will be based on the fee for service payments paid to the specialist for the contract year.

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

   CHA has considered social factors in addition to medical complexity in our risk adjustment methodology. Currently, we are working on how best to collect and incorporate this data.

   CHA has provided funding to implement Aunt Bertha in Klamath County. CHA will receive data related to social determinants of health from Aunt Bertha that will assist in the collection of social factors for our members.

   CHA also contracts with Reliance eHealth Collaborative who has implemented an initiative to collect social determinants of health data.

   Once we are able to ensure we have a sufficient amount of accurate data, we plan to add social factors into our risk adjustment methodology.

   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; Not at this time.
   b) Specific social factors used in risk adjustment methodology (for example, homelessness); Not at this time.
   c) Data sources for social factors, including whether data is at the individual/patient or community/neighborhood level. See above.

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.

   CHA began paying per member per month payments to our contracted PCPCH clinics in January of 2020. These payments are increased with each PCPCH Tier level. All the PCPCH clinics in our network are at a Level 3 or higher. CHA explained the payment and proposed the per member per month rates in 2019 to all applicable providers and included the rates as part of a contract amendment for 2020. These payments are intended to support the ongoing operations of the clinic and encourage clinics to seek higher level tiers in the future. CHA plans to implement a 10% year over year increase to the PCPCH tier level payments as budget allows.

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.

As described above in #9, CHA has implemented a per member per month payment to PCPCH clinics in January of 2020. It is based on the tier level of the PCPCH and is paid monthly.

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?

Improved integration between physical health and behavioral providers continues to be a priority for CHA. CHA seeks to increase the use of Collective Medical to facilitate the sharing of PHI including care plans and potentially the development of shared care plans. The VBPs would reward meaningful use of Collective Medical for information exchange.

CHA has begun conversation with its two largest BH providers regarding the feasibility including potential barriers to increasing the use of collective Medical.

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?

CHA plans to implement a VBP arrangement with our local contracted hospital specifically for maternity care. The measure used will be a Health Plan Quality Metrics Committee (HPQMC) measure, more specifically related to C-section rates for singleton nulliparous vertex deliveries. CHA plans to use performance from 2020 and 2021 to establish the targets for 2022.

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?

CHA believes the VBP described in #12 above, would meet the requirements for both hospital care and maternity care delivery areas.

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 2020, CHA implemented new VBP models for the following care delivery or provider types:

- Public Health Department
- Dental provider

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.

Public Health: The payment model implemented in 2020 would fall under LAN Category 4B. CHA pays a global capitation payment for all members seen by the Public Health Department. There is a quality incentive component tied to meeting metrics related to childhood immunizations and effective contraceptive use.

Dental provider: The payment model implemented in 2020 would fall under LAN Category 4B. CHA pays a global capitation payment for all members seen by this provider. There is a quality incentive component tied to meeting metrics related to preventative services and conducting community outreach activities during the year.

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).

The approach in developing these payment models was similar to what we had originally planned for 2020.

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?

CHA would be interested in learning more about where social factor data may be collected and stored and how CHA can gain access to the data. In order to incorporate social data into a payment, it is imperative that all CCOs are able to access and obtain accurate data for their members. This will be important in gaining provider buy in to this type of payment structure.

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

CHA has determined that it will meet the CCO 2.0 VBP requirements. CHA had VBP contracts in place prior to CCO 2.0 and believes it will meet the requirements each year.

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?

18) 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, 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