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 in 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, please focus your responses on new information not previously reported.

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

Consistent with our previous questionnaire reporting, Trillium engages in stakeholder/provider participation through our regional boards consisting of both Trillium and provider representatives from various categories; primary care, specialists, behavioral health, and dental (DCO). Meetings with this group are held monthly or quarterly depending on priority agenda item. The objectives of both the Oregon Health Authority and Trillium (Centene) regarding Value Based Payment (VBP) arrangements were reviewed with this stakeholder group to outline the State's expectations on VBP levels over the 2020-2024 timeframe. Using the HC-LAN categories as the basis for measurement, plans were discussed to move contracted providers towards the higher HC-LAN categories (2C or higher) over the coming years.

In addition, Trillium continues to have individual discussions with contracted providers regarding reimbursement models available that would allow Trillium to reach the State's target level of VBP penetration. Various risk arrangement options with quality components have been discussed including our Total Cost of Care contract model (MLR target with upside and downside risk and Quality metrics included), and our Model One contract model (a MLR target with various risk pools identified, inclusive of upside and downside risk sharing, and a quality risk pool tied to quality performance).

Trillium has been rewarding clinical sites achieving Primary Care Patient Center Homes (PCPCH) status, with additional PMPM payments for membership assigned to them for several years. Payment levels to those PCPCH sites increase as the clinics attain higher PCPCH status (level 1 to 5) over the course of time as well as the PMPM increases as required by our CCO contract.

Please note any changes to this information, including any new or modified activities or formal organizational structures such as committees or advisory groups.

Trillium continues to leverage board meetings to discuss VBP strategies as well as an internal VBP work group. The work group meets bi-weekly to identify VBP opportunities,

discuss barriers and progress on VBP implementation. Individual provider meetings are still occurring with VBP partners. Trillium will also participate in the PCPRC VBP Model Development Workgroup.

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 *<u>primary care</u>* 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 *<u>behavioral health care</u>* 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 *<u>hospital</u>* 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).

Our VBP contract language includes protections that call for commitment on the Provider's part to achieve membership engagement. Not achieving those engagement commitment targets would result in a loss of reimbursement under our VBP agreements.

Health Equity is a recurring agenda item in our monthly network adequacy meetings but is analyzed for Trillium's entire membership population (not only members who fall within a VBP).

Trillium surveys our provider partners annually to obtain information regarding cultural and linguistic appropriate services.

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

Trillium created an internal Health Equity Strategy Committee (HESC) that meets monthly to address health equity issues. We have and will continue to develop analytical reporting to identify potential health equity issues and opportunities for VBP agreements.

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.]**

We incorporate opportunities into our VBP strategy as they are identified through the HESC if appropriate.

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?**

Trillium's Dental Care Organization (DCO) contracts are VBP arrangements, with DCO reimbursement rates as full risk capitation PMPMs, including a withhold tied to specific CCO Oral Health metrics. In addition, the DCOs are eligible to earn incentives as part of Trillium's annual CCO Quality Incentive program.

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).**

As stated above, all Trillium DCOs are under a VBP arrangement with total capitation (PMPM) reimbursements including a withhold and additional incentive payments tied to specific oral health metrics (LAN tier 4b).

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

VBPs are fully implemented.

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?**

   Trillium engaged in a VBP agreement with a pediatric integrated clinic throughout 2021. Due to the downside risk exposure, the provider terminated the arrangement for 2022 and will revisit opportunities for 2023. Trillium's Providers participating in Model 1 and Total Cost of Care agreements include their total membership, which is inclusive of members 18 and younger.

   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).**

   Agreement included, capitation, upside and downside risk, quality incentive and was a LAN tier 3B

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

   Planning to resume a Total Cost of Care model for 2023

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

Trillium is continuing to identify provider partners willing to participate in downside risk and refine our VBP strategy to support the requirements.

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?**

Flexibility and definitions for downside risk would be helpful. Providers continue to be hesitant to engage in downside risk due to financial impacts related to Covid.

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

Trillium is focused on behavioral health reimbursement to support increasing access to services and capacity. It is difficult to implement downside risk with providers given the current struggles with Medicaid reimbursement levels. Would be helpful to have an extension for the VBP and CDA requirements due to the impact from Covid. Providers are struggling and we are experiencing resistance in moving towards risk arrangements.

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 focus responses on new information 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

1) Name all system used to maintain VBP contracts.

a) Palantir Foundry platform

b) Palantir Foundry platform produces via Provider Portal: Daily Inpatient Census and Discharge Report; Monthly Member Roster (current membership); Monthly Utilization Report (rolling 12 months); Monthly Financial Statements (contract year & rolling 12 months); Monthly Detail Support Files (claims, revenue & membership); Monthly Surplus Eligibility Report.

c) SQL and Python support the Foundry platform

d) Foundry pulls data from the EDW and financial systems and aggregates data for the internal teams to consume

e) The reporting is pushed to the provider via our provider in an Excel format, our Model 1 team will be supporting the providers.

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

Trillium continues to use our provider portal to store, maintain and update data/analytics for our Model 1 VBP agreements. Our Total Cost of Care reporting is distributed to providers via Excel files. Our provider portal includes member eligibility information and provider analytics. In addition, Trillium supplies providers with a population health tool, "Hotspotter" report. The report includes member level data to assist providers with care coordination activities. The report includes but it not limited to: SDOH, risk score, demographic and expense details.

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

Monthly Member Roster (current membership); Monthly Utilization Report (rolling 12 months); Monthly

Financial Statements (contract year & rolling 12 months); Monthly Detail Support Files (claims,

revenue & membership); Monthly Surplus Eligibility Report.

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

Trillium is focused on expanding health equity data analysis

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.

Our contractors work side by side with corporate staff to complete Model 1 (Centene national model) contracts. There is also a support staff of 5 individuals located in St. Louis to support all Model 1 contracts:

- Vice President, Strategic Provider Partnerships
- Director, Payment Innovation / OR Team Lead
- Manager, Provider Performance / Data Integrity Support
- Financial Analyst
- Claim Analyst

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

Our local health plan continues to partner with our corporate teams to administer and support our 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.

We created our VBP business plan around many factors including the expectations set in our CCO 2.0 contract and leverage systems and reporting in place today to support VBP models.

We will continue to leverage our existing HIT resources for our VBP agreements (Model 1) and enhance reporting features based on comments and feedback from providers. Currently the Foundry platform pulls data from the EDW with SQL and Python supporting in the background, the output and reports are available to our provider through our online portal and will be in the Excel format. We will continue to leverage all our current processes outlined in question 2 and will enhance as needed based on feedback from our providers and any OHA requirements.

Trillium implemented a new VBP program in 2021 named Model 1, which concentrates on giving physicians more control while reducing barriers to providing better patient care. Current Model 1 agreements were designed for fully integrated primary care clinics (including Behavioral Health & Dental). Reimbursement for the primary care provider is a blend of capitation and fee for service to support monthly cash flow. It provides a financial incentive for high quality outcomes while ensuring there are no barriers to necessary care. Preventative services are emphasized with a focus on the reduction of avoidable healthcare costs.

Model 1 is a risk arrangement, inclusive of downside risk and surplus opportunity based on individual targets for each fund (see descriptions below). Monthly care management meetings are scheduled with the providers to discuss opportunities to enhance care including care coordination. Model 1 is aligned with Lane Category 4 requirements with a blend of capitation and fee-for service, upside and downside risk, inclusive of quality performance.

There are 5 risk funds: Professional Services, Hospital, Hospital Surplus, Quality Bonus and Pharmacy. The risk share percentage and targets are customized for each fund according to the provider's population and historic trends. Reconciliations occur quarterly with a final full reconciliation to close out each year.

A Reporting Suite is available to the providers via Trillium's provider portal (actionable reporting designed to change behavior and drive results):

- Inpatient Census & Discharge Report (Daily Refresh) – Inpatient and discharge details by member. Providers can use this report to review members currently in an inpatient status and for transition planning for members being discharged.

- Member / Roster Current Membership (Monthly Refresh) – Roster of all members currently assigned to the provider. The data is used to confirm if membership is correct and identify members that need outreach. Providers are able to see which members have established care and are receiving routine care and members who have not established care. This report can be cross-referenced with the utilization report and determine if members who have not established care with their PCP are receiving care from other providers. If a member is seeing a different PCP we work with the member and provider to get the member reassigned if necessary. Providers are able to reach out to members who have not established care for appointments and address opportunities for quality metrics.

- Utilization Report Rolling 12 months (Monthly Refresh) – Claim data for members assigned to the providers for all services the member is receiving. The data is used to identify members with high utilization and assess what services the members are receiving and opportunities for primary care providers to address frequent ER utilization. The providers are able to monitor the referrals for their members through the data and identify members that may benefit from interventions. Providers can easily see all the specialties their members are utilizing and drill down on specific members as needed.

- Financial Statements Current Contract Year & 12 Month Rolling (Monthly Refresh) – Report provides insight to the overall performance of the risk arrangement and any surplus or deficit results. The accompanying detailed claim data and membership data is used to identify drivers for the results.

- Detail Support Files Claims, Revenue and Membership (Monthly Refresh) – Detailed claim data used to identify outliers, trends, global initiatives and interventions for specific members.

- Surplus Eligibility Report (Monthly Refresh) – Refresh of financials

Barriers:

1. Member engagement continues to be a consistent barrier. The Model 1 data and Novillus quality gap reporting enables the providers to identify members who have not established care and or need to close care gaps. The barrier is obtaining the current and correct contact information for the members. Trillium partners with providers to assist with member outreach and facilitates discussions to develop initiatives for improved member engagement.

2.The second biggest barrier is related to provider staffing resources. Providers are facing difficulties retaining sufficient staff to operate their clinics. Trillium is collaborating with providers to address the lack of health care workers on a community wide basis and

leveraging committee discussions such as the Clinical Advisory Committee to develop possible solutions.

Trillium utilizes the Novillus platform to share data with providers regarding member's quality metric progress. Providers are able to access a roster of their members and any outstanding gaps in reaching the quality metrics. The providers use a combination of the gap reports and Model 1 data to work with members on meeting quality metrics and other interventions such as over utilization of the ER. Trillium collaborates with providers on initiatives and member engagement.

Trillium recognizes the importance of HIT for successful implementation of VBP arrangements therefore dedicated analytic resources to support VBP arrangements. Trillium's VBP analytic team is part of our payment innovation team and includes a Vice President, Director, Manager and team of analysts. The VBP analytic team participates in contract negotiations and the monthly care coordination meetings. Trillium's VBP analytic approach is dynamic and enhanced based on discussions with providers during the monthly care coordination meetings. The analytic support for providers will evolve with each new VBP model based on the foundation of the model and the providers involved with the arrangements.

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,

Trillium will continue to leverage our provider analytic tools and corporate provider innovation team to support the expansion of our VBP arrangements. Trillium transitioned from Novillius to our Provider Portal.

b. spread VBP to different care settings, and

No Changes

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

No Changes

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.

Milestones:

2019 thru 2020 – Trillium implemented Total Cost of Care (TCoC) agreements during 2019 and 2020; TCoC includes capitation and or fee service reimbursement along with upside and downside risk and may include quality performance if it aligns with LAN Category 3 / 4. Monthly reports are sent to providers including, a member roster, claim data and a financial summary indicating any deficit and/or surpluses. Implementation meetings were held with providers to review the data available and how the data could be used to identify members that may benefit from interventions and care coordination. Trillium is working towards transitioning providers participating in Total Cost of Care agreements to the Model 1 program. Model 1 is an enhanced version of TCoC and includes a more robust data / analytics support team along with a specific quality performance fund. The target is to have all TCoC providers transitioned to Model 1 during 2022 and completed in 2023.

2020 - The Model 1 agreements were negotiated with providers during 2020 and effective January 2021. Existing TCoC agreements continued with provider discussions for transitioning to Model 1.

Q1 2021 - Monthly Model 1 care management meetings implemented. Member Roster data available and initiatives were discussed with providers regarding member engagement.

Q2 2021 - All Model 1 reports available to providers via Trillium's provider portal. Monthly meetings include reviewing the utilization data and financial reports. Collaboration with providers to implement initiatives to improve performance and address barriers the providers are experiencing.

Q2 2021 – Care management meetings with providers resulted in initiatives to outreach to members for Well Child Visits, completed analysis to identify members with high ER utilization to facilitate discussions for interventions and provided analytic support to the providers to assess their referral patterns and identify services that could be offered by their medical home versus other providers.

Briefly summarize updates to the section above.

No new updates

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

Trillium leveraged our existing process for quality metric incentives. HIT is used to support quality metric performance in Teradata and SAS. Performance data is available to providers on a monthly basis through our vendor Novillus's online interface. The Novillus portal has reports available in Excel, PDF, CSV and PNG options. The quality metric payout detail and performance is prepared by our analytic team and is shared with providers annually using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

Trillium contracts with providers for Total Cost of Care agreements which include the following monthly reports: Financial Settlement (enrollment, member months, net premium, financial targets, surplus or deficit), Member Roster, Member Utilization Report and Member Utilization Dashboard. The reports, which are in Excel and PDF formats, are delivered to the provider via a secure SFTP with an email notification. The data to support the reports is pulled from the EDW with SQL and translated to Excel.

Our Model 1 VBP agreements leverage data from our EDW using SQL, Python and Foundry offering the reports outlined below. The reports are available to providers through our provider portal and the output will be in an Excel format. In negotiating the VBP agreements we utilize an interactive Excel model that allows the provider to enter assumptions to assess the potential surplus and risks. The model is user friendly and displays the results for the different scenarios related to quality and financial metrics.

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

Trillium partnered with providers participating in Model 1 agreements to develop consistent quality metrics across all Model 1 providers. This was a collaborative process with provider engagement that resulted in identifying metrics and performance benchmarks for 2022.

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

We did not experience any barriers from an HIT perspective however, we did encounter challenges with providers willing to contract for VBP agreements. This was primarily due to provider concerns regarding financial impacts from COVID and market instability.

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

Providers have been hesitant to contract for downside risk due to financial impacts from Covid and low Medicaid reimbursement for behavioral health providers.

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.

HIT is used to support quality metric performance in Teradata and SAS. Performance is available to providers on a monthly basis through our vendor Novillus's online interface. The Novillus portal has reports available in Excel, PDF, CSV and PNG options. The quality metric payout detail and performance is prepared by our analytic team and is shared annually with providers using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

We provide a monthly Member Roster report to all our VBP contract provider partners. Month to month activity is available for review. Staff is on standby to answer attribution questions.

Monthly Detail Support Files (including information on claims, revenue & membership) are provided to all contracted VBP providers. Once thoroughly reviewed and gaps are identified, providers are able to focus on gap resolution, intervene as appropriate and improve outcomes.

Trillium created a report entitled the 'Population Health Tool' that provides a comprehensive overview of each member assigned to their practice. This overview includes, but not limited to; risk profiling, Social Determinants of Health factors, primary, secondary and tertiary medical drivers impacting members overall care. This report is shared with providers monthly to assist with identifying members who may need intervention to improve outcomes and complements additional VBP reporting for Model 1 and TCoC. Providers are able to review member prospective risk, behavioral health risk and current risk scores. This data can be cross-referenced with the VBP utilization reporting to identify services the members are receiving or not receiving that may improve outcomes. The Novillus quality metric gap reporting identifies gaps in care the providers may focus on to improve performance and increase the quality of care members are receiving.

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.**

   Trillium has transitioned from using Noviillus to using our provider portal. Metric performance and provider analytics are available in our provider portal.

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.**

   VBP providers utilize our provider portal to access data and analytics. Total Cost of Care reports are still distributed via secure email in Excel format.

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.**

Monthly, electronic Detail Support Files which include information on claims, revenue & membership are provided to all our contracted VBP providers. We work with each provider to establish 1) how files are distributed 2) cadence of distribution and 3) available options for education, training and inquiries. We have a dedicated team available to assist.

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

We are working to expand our health equity data and analytics.

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.

Monthly, electronic Detail Support Files (including information on claims, revenue & membership) are provided to all contracted VBP providers. Once thoroughly reviewed and gaps are identified, providers are able to focus on gap resolution, intervene as appropriate and improve outcomes.

Trillium created a report entitled the 'Population Health Tool' that provides a comprehensive overview of each member assigned to their practice. This overview includes, but not limited to; risk profiling, Social Determinants of Health factors, primary, secondary and tertiary medical drivers impacting members overall care. This report is shared with providers monthly to assist with identifying members who may need intervention to improve outcomes and complements additional VBP reporting for Model 1 and TCoC. Providers are able to review member prospective risk, behavioral health risk and current risk scores. This data can be cross-referenced with the VBP utilization reporting to identify services the members are receiving or not receiving that may improve outcomes. The Novillus quality metric gap reporting identifies gaps in care the providers may focus on to improve performance and increase the quality of care members are receiving.

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

Novillus reporting transitioned to our provider portal.

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

During 2020 Trillium developed a new VBP model (Model 1) and successfully negotiated agreements with primary care groups servicing 38.8% of Trillium's membership. The new Model 1 agreements include downside and upside risk, quality performance, with a blend of capitation and fee for service compensation. We created an interactive Excel financial model to assist in negotiations with providers. We received positive feedback from the providers on the tool that it was very helpful for the providers to understand the financial impact and easily enter assumptions to assess opportunities and risks. In addition to developing the Model 1 framework, a reporting suite was created for the providers to utilize to successfully administer the VBP agreements. The reporting suite is available via our Provider Portal in the financial reporting section. We worked with our providers to ensure they were able to access the Provider Portal and connect to the reporting suite. Our provider engagement team remains available for any technical issues or questions with accessing the portal. The reporting suite, for actionable reporting/data to change behavior and drive results, includes:

- Daily refresh of inpatient census & discharge report

- Monthly refresh of member roster using current membership
- Monthly refresh of utilization report rolling 12 months
- Monthly refresh of financial statements contract year, 12 months rolling
- Monthly refresh of detail support files, claims, revenue and membership
- Monthly refresh of surplus eligibility report

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

Trillium continues to focus on stabilizing behavioral health reimbursement and health equity data and analytics.

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

We did not face any challenges from an HIT perspective however some negotiations were challenging due to provider concerns related to Covid-19.

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

No changes

<u>Optional</u>
These optional questions will help OHA prioritize our interview time.

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?

Progress has been impacted by Covid and behavioral health reimbursement.

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

None

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.