2024 CCO 2.0 Value-Based Payment (VBP) Questionnaire

Introduction

As described in Exhibit H, Section 6, Paragraph b of the 2024 contract, each Coordinated Care Organization (CCO) is required to complete this VBP Questionnaire (previously VBP Pre-Interview Questionnaire).

Beginning in 2024, OHA will no longer be conducting VBP Interviews with CCOs. This document will be submitted as a standalone deliverable that will not precede an interview.

Your responses will help OHA better understand your CCO's value-based payment (VBP) activities for 2023-2024, including detailed information about VBP arrangements and HCP-LAN categories.

Instructions

A pre-filled version of this document containing previously submitted information will be sent to your CCO's designated VBP contacts via email. Please complete and return it as a Microsoft Word document, via the Contract Deliverables portal located at https://oha-cco.powerappsportals.us/, by **May 3, 2024**. (The submitter must have an OHA account to access the portal.)

- When responses from previous years are provided, please provide an update on previously submitted information. Previous responses are provided as a reference point to ensure continuity in reporting.

- Please be thorough in completing each section of this document. Incomplete submissions will be returned for revision.

- Please provide responses for all required questions. Questions #3, #4, #10, and #32 are optional.

- All the information provided in this document is subject to redaction prior to public posting. OHA will communicate the deadline for submitting redactions after reviewing your submission.

If you have questions or need additional information, please contact:

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Section 1: Annual VBP Targets

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

1) **In 2024, CCOs are required to make 70% of payments to providers in contracts that include a HCP-LAN category 2C or higher VBP arrangement.**

   In 2022 and 2023, you were asked to describe the steps your CCO has taken to meet the annual VBP target requirement. Your response is displayed below:

   Advanced Health has continuously worked to meet or exceed this requirement. Advanced Health's performance as of 2022 is 61% of all reimbursement for providers with a HCP-LAN category 2C or higher contract exceeds the 2022 and 2023 requirements. Advanced Health has converted three additional providers to VBP agreements: Waterfall Clinic, Bay Clinic and RX. We will maintain those percentages and continue to expand and convert eligible providers.

   How confident are you in meeting the 2024 requirement?

   ☒ Very confident
   ☐ Somewhat confident
   ☐ Not at all confident
   ☐ Other: Enter description

   Describe the steps your CCO has taken to meet the 2024 requirement since May 2023:

   In 2023 Advanced Health achieved an overall increase in reimbursement to providers with contracts with a HCP-LAN category of 2C or higher. In total, 68% of provider payments related to contracts in HCP-LAN category 2C or higher. This was a 7% increase over 2022 performance of 61%. In 2023, Advanced Health modified all behavioral health contracts to include behavioral health directed payments, resulting in increased spending.

   Please describe any challenges you have encountered:

   Hospital Challenge:
   Our largest hospital found themselves in a financial crisis in the later part of 2023. They requested a renegotiation of their 4A HCP-LAN service agreement. We were able to successfully negotiate and preserve a 3B HCP-LAN agreement with the facility.

2) **In 2024, CCOs are required to make 25% of payments to providers in arrangements classified as HCP-LAN category <u>3B or higher</u> (i.e., downside risk arrangements).**

In 2022 and 2023, you were asked to describe the steps your CCO has taken to meet the shared risk requirement. Your response is displayed below:

As mentioned in our 2022 interview questionnaire, Advanced Health has a long history of capitated Provider arrangements and has now met this requirement by converting previous HCP-Lan category 4N arrangements to 4A and meeting the requirement. As of 2022, 58% of Advanced Health's provider reimbursement is paid under arrangements classified as HCP-LAC 3B or higher. We plan to continue to convert capitated 4N primary care contracts to 4A contracts that aim to improve performance on quality metrics related to children's healthcare.

How confident are you in meeting the 2024 requirement?

☒ Very confident
☐ Somewhat confident
☐ Not at all confident
☐ Other: Enter description

Describe the steps your CCO has taken to meet the 2024 requirement since May 2023:

In 2023 Advanced Health achieved an overall increase in reimbursement to providers with contracts with a HCP-LAN category of 3B or higher. In total, 68% of provider payments related to contracts in HCP-LAN category 3B or higher. This was a 10% increase over 2022 performance of 58%. In 2023, Advanced Health modified all behavioral health contracts to include behavioral health directed payments, resulting in increased spending.

Please describe any challenges you have encountered:

Hospital Challenge:
Our largest hospital found themselves in a fiscal crisis in the later part of 2023. They requested a renegotiation of their 4A HCP-LAN service agreement. We were able to successfully negotiate and preserve a 3B HCP-LAN agreement with the facility.

3) **<u>Optional</u>: Can you provide an example of a VBP arrangement that you consider successful? What about that arrangement is working well for your CCO and for providers?**

One of our critical access hospitals has generated consistent saving against their total health care spending target for the past 2 years since having a Risk/Savings arrangement with our CCO.

The facility is paid on a FFS basis. At the end of the performance year, all FFS payments are then then tallied and calculated into an average PMPM spend. If the facility does not exceed their specified "target PMPM" value when calculated at the end of the performance year, then the provider will receive a percentage back of the total savings. However, if the provider exceeds the target PMPM, then they are responsible for 40% of the over payment that is subject to a previously negotiated risk exposure cap.

The average result in savings for the past 2 years has been a decrease in spending of 34% overall, though since the PHE (Covid) period has ended, we are seeing a slight trend in increased utilization.

4) <u>**Optional**</u>**: In questions 1-2, you described challenges that you have encountered in meeting annual VBP targets. How have you responded to and addressed those challenges as a CCO?**

Click or tap here to enter text.

Section 2: Care Delivery Area VBP Requirements

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

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5) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>hospital</u> care delivery area requirement?** (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or 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 has successfully developed and implemented three hospital care CDA models via enhanced agreement with the local hospitals. Moving forward we will work to increase the quality of care delivered by working to move additional hospitals to a shared savings/risk model.

2024: Implementation of hospital CDA is in place for 3 of our 4 contracted local hospitals. The quality measures incorporated are decrease in ED utilization, and OHA's All Cause readmission measures. Two of the facilities have entered a shared savings/risk model with Advanced Health.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Click or tap here to enter text.

6) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>maternity</u> care delivery area requirement?** (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or 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 has implemented a 4A agreement in the maternity care CDA. The agreement reimburses bundled maternity services at a fixed rate and aims to increase the quality of care and the reporting of encounters outside of the Global Maternity Service. The contract incorporates Prenatal & Postpartum Care Measurement NQF1517. During 2022, the quality performance criteria were met by contracted providers, and the agreement was renewed for 2023.

2024: No changes

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Click or tap here to enter text.

7) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>behavioral health</u> care delivery area requirement?** (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or 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 has already developed VBP models for behavioral health care payments. Advanced Health's largest behavioral health providers, Coos Health & Wellness and ADAPT, have been paid on a capitated basis for many years. Advanced Health incorporated

a quality withhold into these agreements in 2021. The withhold is paid to Providers contingent on strong performance on quality measures. The quality measures include emergency department utilization for members with a behavioral health diagnosis. Over the years, Advanced Health has incentivized both providers 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 behavioral 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. This model was in place in 2021 and has remained in place since that time.

2024 Update: Advanced Health has incorporated the behavioral health Qualified Directed Payment (QDP) components required by OHA into its behavioral health contracts, including value-based behavioral health contracts. This has resulted in enhanced spending under such contracts and larger quality components.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Click or tap here to enter text.

8) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>oral health</u> care delivery area requirement?** (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or 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 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 paid to the Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 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. This model was in place in 2022 and remains in place in 2023.

2024: VBP arrangements are in place contractually.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Click or tap here to enter text.

9) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>children's health</u> care delivery area requirement?** (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or 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 has already developed VBP models for children's 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 paid to the Provider contingent on strong performance on quality measures. The quality measures include Preventive Dental or Oral Services, Ages 1-5 and 6-14 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/children's 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. This model was in place in 2022 and remains in place in 2023.

2024: No changes at this time.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Click or tap here to enter text.

10) **<u>Optional</u>: In designing new or enhanced VBP models in additional care delivery areas, what have you found to be most challenging? What is working well?**

Click or tap here to enter text.

Section 3: PCPCH Program Investments

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

11) **OHA requires that PCPCH PMPM payments made by CCOs to clinics are independent of any other payments that a clinic might receive, including VBP payments tied to quality. In September 2023, OHA provided updated guidance on this in the [VBP Technical Guide](#).**

    Are the infrastructure payments made to your PCPCH clinics separable from other payments made to those clinics?

    ☒ Yes
    ☐ No

    If no, please explain:

    Click or tap here to enter text.

Section 4: Engaging with Providers on VBP

These questions address your CCO's work engaging with providers and other partners in developing, managing, and monitoring VBP arrangements.

12) **In May 2022 and 2023, you reported the following information about how your CCO engages partners (including providers) in developing, monitoring or evaluating VBP models.**

    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.

    2022: 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.

2023: Advanced Health has formed an advisory committee that is tasked with several responsibilities including review of VBP arrangements, assisting in engaging service Providers to help manage, enhance, and monitor the program. They also perform annual reviews of related OARs/CFRs and help identify any opportunities for expanding the VBP program in our service area. The committee is comprised of internal stakeholders and care delivery experts that will design, evaluate, and maintain quality VBP models.

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

2024: No changes. Our VBP Advisory Committee that was formed in 2023 remains in place and is active.

13) **In your work responding to requirements for the VBP Roadmap, how challenging have you found it to engage providers in negotiations on new VBP arrangements, based on the categories below?**

Primary care:		
☐ Very challenging	☐ Somewhat challenging	☒ Minimally challenging

Behavioral health care:		
☐ Very challenging	☐ Somewhat challenging	☒ Minimally challenging

Oral health care:		
☐ Very challenging	☐ Somewhat challenging	☒ Minimally challenging

Hospital care:		
☐ Very challenging	☒ Somewhat challenging	☐ Minimally challenging

Specialty care		
☐ Very challenging	☐ Somewhat challenging	☒ Minimally challenging

Describe what has been challenging [optional]:

Hospital Care: Our largest 4A hospital found itself in a fiscal crisis in the later part of 2023 and asked to renegotiate its fully capitated contract with Advanced Health. We were able to preserve the relationship and contracted with the facility at a 3B LAN level.

14) **Have you had any providers withdraw from VBP arrangements since May 2023?**

☐ Yes

☒ No

If yes, please describe:

Advanced Health's largest contracted hospital transitioned from an HCP-LAN Category 4A contract to an HCP-LAN Category 3B contract.

Section 5: Health Equity & VBP

The following questions are to better understand your CCO's plan for ensuring that VBP arrangements do not have adverse effects on populations experiencing or at risk for health inequities.

15) **In May 2022 and 2023, your CCO reported the following information about how you mitigate for the possible adverse effects VBPs may have on health outcomes for specific populations (including racial, ethnic and culturally-based communities, LGBTQIA2S+ 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).**

2021: 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 demographic 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 to 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.

2022: 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.

Please note any changes to this information since May 2023, including any new or modified activities.

Early in 2023 Advanced Health contracted with Reliance HIE and Unite Us. Reliance HIE, a Health Information Exchange platform that most local provider organizations also use. Unite Us is the Connect Oregon platform for Community Information Exchange. As of February 2023, Unite Us was available to Advanced Health' provider network and local community-based organizations as a platform to coordinate closed loop referrals for social health needs. Unite Us has some built-in functionality to gather REAL/D and SOGI data from screening in community organization settings. We later took pause in the utilization of this information outside of what data OHA provides until we can identify what data came from what location. This is to ensure we have an internal source of truth data (OHA data files), and then other files can add additional information.

As of September 2023, Advanced Health began receiving SOGI data from OHA which we hope to use in creating a process to analyze the data and utilize it to further enhance member care and continue to mitigate against any possible adverse effects on health outcomes, including those for specific populations will reviewing all through the lens of the VBP process.

We continue to work to include disparity measures into VBPs. One example is through our capitated behavioral health payments, payments are based on the BH provider decreasing ED Utilization by OHP Members with behavioral health diagnoses.

16) **Is your CCO employing medical/clinical risk adjustment in your VBP payment models?** [Note: OHA does not require CCOs to do so.]

☐ Yes
☒ No

If yes, how would you describe your approach?

Click or tap here to enter text.

How would you describe what is working well and/or what is challenging about this approach?

Click or tap here to enter text.

17) **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.]

2024: Not at this time.

18) **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**

2021: 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.

2022: 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.

Please note any changes or updates to this information since May 2023:

2023: Advanced Health continues to utilize internally created dashboards and Milliman/MedInsight.

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

2021: 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.

2022: No changes

Please note any changes or updates to this information since May 2023:

No changes

19) **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.**

2021: 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.

2022: 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.

Please note any changes or updates to this information since May 2023:

2023: Advanced Health has a fully staffed, experienced analytics team consisting of a Data Analytics Manager, Data Scientist, Sr. Data Analyst, and Data Analyst.

20) **You previously provided the following information about your _strategies_ 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. **How you will spread VBP to different care settings**
c. **Plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract**

2021: 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 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.

2022:
a. No changes. However, planned server upgrades were delayed by Covid-19 pandemic and associated supply chain interruptions
b. 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. Advanced Health has found that—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.

Please note any changes or updates for each section since May 2023.

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

Advanced Health's existing HIT infrastructure for VBP is sufficient to support current VBP providers. Advanced Health has a dedicated Sr. Data Analyst to work directly with Finance to build VBP dashboards based off templates already created to assist in the timeliness of creation of dashboards.

b. **How you will spread VBP to different care settings.**

Advanced Health's HIT VBP infrastructure can be used in all different care settings.

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

Any enhancement or changing of HIT infrastructure for VBP arrangements will be addressed and planned for as needed. Advanced Health's existing HIT tools are flexible and scalable.

21) 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 underlined text to add updates and strikethrough formatting to delete content from your previous responses from May of 2022 and 2023. If the field below is blank, please provide updates on specific milestones from your 2021 HIT Roadmap submission.

2021: 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 improve performance of Provider-facing Tableau portal.

2022: 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.

Briefly summarize updates to the section above:

2023: The milestones above continue to reflect the work of Advanced Health. We have successfully staffed a full Analytics department and have two strongly built Tableau servers. A new goal of working with providers to understand how best to get them to interact with Tableau as another portal brings frustrations.

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

2021: 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 in the use of the tool and financial/quality metrics associated with their contracts.

2022: N/A

Please note any changes or updates to these successes and accomplishments since May of 2023.

Advanced Health has a dedicated Analyst to work directly with Finance to build VBP dashboards.

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

2021: 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.

2022: 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 the performance of all Advanced Health HIT/VBP tools.

2023: Another challenge we are finding is that providers are not interacting with their Tableau dashboards as often as we expected. Having another portal to access and use can be cumbersome for some providers.

Please note any changes or updates to these challenges since May of 2023.

The challenges are the same as above. More portals are offered to providers to access data and it causes frustration and unwillingness to log into yet another portal.

24) **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.**

   2021: 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.

2022:
   a. 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 the performance of all Advanced Health HIT/VBP tools.
   b. No changes
   c. No changes

2023: Once providers have a VBP contract in place, our Analytics Team builds a Tableau dashboard that pulls near real-time data. This data is in a reporting database that is replicated from production that night so there is less than a 24-hour delay between live data and the VBP Dashboard data.

All VBP Dashboards are created following the VBP contract in place for the respective provider. These dashboards are reviewed by multiple internal members of our Analytics Team to ensure accurate queries and reporting.

We continue to utilize an outward facing Tableau portal.

Please note any changes or updates to your strategies since May of 2023.

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

Strategies continue to be the same as above

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

Strategies continue to be the same as above

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

Strategies continue to be the same as above

How frequently does your CCO share population health data with providers?

☒ Real-time/continuously
☒ At least monthly
☒ At least quarterly
☐ Less than quarterly
☐ CCO does not share population health data with providers

25) You previously reported the following information about how your CCO uses 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.

2021: 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.

2022: No changes

2023: We continue to utilize the tools described in 2021. Advanced Health has also been in conversation with CollectiveMedical to review their risk stratification abilities to enhance our ability offer risk stratified reporting.

Please note any changes or updates to this information since May 2023.

Conversations continue with PointClickCare (PCC), aka. CollectiveMedical, in regard to adding their risk stratification into Advanced Health's portal with PCC. Advanced Health is currently also working on building internal risk stratification based on OHA's Care Coordination rules that can be used to support risk stratification reporting. Additionally, Advanced Health has newly restructured Risk Adjustment following CDPS guidelines.

26) 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.

2021: 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

2022: No changes

2023: Advanced Health continues to utilize Tableau dashboards that are tailored to individual VBP agreements.

Please note any changes or updates to this information since May 2023.

No changes

27) Estimate the percentage of VBP-related performance reporting to providers that is shared through each of the following methods:

Estimated percentage	Reporting method
	Excel or other static reports
100%	Online interactive dashboard that providers can configure to view performance reporting for different CCO populations, time periods, etc.
	Shared bidirectional platform (example: Arcadia) that integrates electronic health record data from providers with CCO administrative data.
	Other method(s): Click or tap here to enter text.
[Total percentages should sum to 100%]	

How does this look different for primary care vs. other types of providers (hospital care, behavioral health care, maternity care, oral health care, children's health care)?

All providers with value based contracts—in all care settings—have VBP performance dashboards.

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

2021: 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 in the use of the tool and financial/quality metrics associated with their contracts.

2022: No changes

2023: No changes

Please note any changes or updates to this information since May 2023.

An experienced, strong, fully staffed Analytics Department has been hired and trained.

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

2021: 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

2022: 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 manipulating various tools.

2023: No changes

Please note any changes or updates to this information since May 2023.

No changes

Section 7: Technical Assistance

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

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

   Can not identify anything at this time.

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

   Can not identify anything at this time.

32) <u>**Optional**</u>**: 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.