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:

YCCO estimates performance that is already above 60% with current VBP arrangements but has implemented new VBPs with two hospitals for 2023, as well as a new specialty provider VBP. Actual performance projections are based upon the current CCO benefit package and will be adversely impacted by significant changes/additions to what CCOs are contractually obligated to integrate in 2023 and beyond such as the inclusion of Behavioral Health Directed Payments.

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:

YCCO expanded its Pay-for-Performance initiative to include additional PCPCH clinics. We also plan to roll out an expansion of Behavioral Health Pay-for-Performance model in 2024 to higher fee-for-service clinics.

Please describe any challenges you have encountered:

VBP projections continue to be challenging due to the significant impact of benefit and programmatic changes, such as how the Behavioral Health Directed Payments may impact the calculation.

2) **In 2024, CCOs are required to make 25% of payments to providers in arrangements classified as HCP-LAN category 3B or higher (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:

YCCO estimates performance that is already above 20% with current VBP arrangements but is implementing new increased risk and complexity of VBPs with one primary hospital, as well as expanding PCP Capitation to an additional provider. Actual performance projections are based upon the current CCO benefit package and will be adversely impacted by significant changes/additions to what CCOs are contractually obligated to integrate in 2023 and beyond such as the inclusion of Behavioral Health Directed Payments.

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:

YCCO did implement an enhanced VBP arrangement with a local hospital that included expanded upside risk equivalent to 6% of total contract value and downside risk equivalent to 3% of total contract value. Additionally, there was an expansion of PCP capitation with an additional contracted health system, as well as integration of a total cost of care quality incentive program within the PCP capitation model.

Please describe any challenges you have encountered:

VBP projections continue to be challenging due to the significant impact of benefit and programmatic changes, such as how the Behavioral Health Directed Payments may impact the calculation.

3) **Optional: 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?**

Click or tap here to enter text.

4) **Optional: 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.

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)?

The hospital VBP of focus includes a LAN category 3B structure, with upside risk equivalent to [redacted] of total contract value and downside risk equivalent to [redacted] of total contract value being tied to quality performance metrics. The VBP also includes quality metrics focused on maternal care.

Click or tap here to enter text.

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)?

The maternity focused VBP model includes a LAN category 3A VBP with participating OB/GYN providers, that includes both Pay-For-Performance incentives and case rate payments based upon and incentivizing early prenatal engagement rates.

Click or tap here to enter text.

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 behavioral health 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)?

The behavioral health focused VBP includes a LAN category 3A VBP with key network providers of mental health outpatient care. VBP payments include monthly capacity payments for direct outpatient mental health services providing access and services to all YCCO members. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks, inclusive of focusing on co-occurring disorders and meaningful language access.

YCCO also plans to roll out an expansion of Behavioral Health Pay-for-Performance model in 2024 to higher fee-for-service clinics.

Click or tap here to enter text.

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 oral health 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)?

YCCO has restructured the VBP arrangement with our primary oral health provider (LAN Category 4A), with greater shifts of funding from capitation to quality performance incentives.

YCCO is also evaluating future options for oral health integration into our PCP cap pilot program, inclusive of integration of care and managing Total Cost of Care.

Click or tap here to enter text.

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)?

The VBP of reference is a primary care capitation (LAN category 4A) VBP, with a Total Cost of Care quality component currently consisting of upside only payment potential. The VBP has been developed with a specific Children cohort of focus, inclusive of payment, risk stratification, Total Cost of Care tracking, and engagement reporting functions.

Click or tap here to enter text.

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 response:

YCCO primarily utilizes several methods and forums of developing and engaging stakeholders in the development of VBPs:

Alternative Payment Model (APM) Sub-Committee of the Board of Directors -YCCO has had a long-standing APM Sub-Committee which meets on a recurring basis to discuss and provide input on the development of new VBPs, review quality metrics programs/performance, and update/adjust current VBPs when necessary.

Quality and Clinical Advisory Panel (QCAP) – YCCO also formally engages with contracted network providers during monthly QCAP meetings to review VBP model metrics and performance as well as to gain strategic clinical insight into model VBP model development.

Regular Contracted Clinical Network Site Visits - YCCO directly engages with providers on a clinic level in the development of new VBPs, discussing concerns, goals, and implications of both parties during the process. Dedicated YCCO provider relations staff with operational and clinical expertise lead these discussions. Doing so allows for YCCO to better understand provider perspectives on what VBPs have or have not worked for the provider previously, as well as ensuring that YCCO and the provider are working towards common goals as part of a strategic partnership.

Technical Assistance (TA) Forums – YCCO hosts TA forums for contracted providers to provide education and ensure understanding of VBP models in place. General model and specific clinic level questions are addressed during these events covering topics such as the member assignment process for VBP arrangements.

2022 additions:

Primary changes include pre-scheduled and recurring work sessions with key provider hospitals, to develop and implement higher level LAN VBPs. Additional changes include quarterly check-ins with clinical quality and data reporting representatives from a key provider system, inclusive of primary care, specialty care, and hospital services.

2023 response:

The following activities are occurring at regular intervals with external partners:

Joint Operations Committee (JOC) meetings with hospital system(s) designed to reduce disconnects between the two organizations; eliminate unnecessary delays in patient care and associated costs; and maintain patient outcomes and satisfaction.

Patient and Population Centered Primary Care (PC3) Learning Collaborative to facilitate clinic to clinic sharing of best practices with the goal of achieving improved clinic and member outcomes.

Incentive Metrics Subcommittee held monthly with contracted providers including OHA-designated Patient Centered Primary Care Homes (PCPCHs) to discuss quality incentive data and strategies.

Immunization Workgroup meets regularly with the goal of improving access to and administration of vaccines with the goal of meeting OHA child and adolescent immunization benchmarks.

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

YCCO has instituted a new Total Cost of Care (TCOC) web-based and extract-based reporting tool for its primary care capitation clinics.

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]:

The biggest challenge has been getting providers and health systems to take downside risk and finding quality metrics that are relevant to specialty care.

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

☐ Yes
☒ No

If yes, please describe:

Click or tap here to enter text.

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 response:

YCCO continues to monitor VBPs for any unintended consequences that adversely impact any specific population's access to care. YCCO is exploring and leveraging risk adjustment models that also evaluates utilization by demographics to identify if specific populations have different access to care. Through the use of a population health platform, Metrics Manager, YCCO routinely looks at quality measure performance across the system, disaggregated by provider. Performance can be measured through a variety of filters including age, gender, diagnosis, geographic distribution, race, ethnicity, and language. On an annual basis, YCCO evaluates year-end performance as it applies to the CCO's unique improvement targets and through an equity lens determines where disparities exist. In partnership with providers, YCCO then develops actions to address gaps in care. By doing this detailed disaggregation, the CCO is able to identify vulnerable populations and identify and avoid any adverse or unintended outcomes related to VBP agreements. YCCO provides incentives for Member engagement and outcomes for assigned Members.

YCCO will continue to provide Continuing Education for providers to better manage and interact with diverse Members within YCCO. YCCO has a policy that providers must follow in order to reassign or "fire" a Member. In the event that this occurs, a YCCO Community Health Worker (CHW) will reach out to the Member.

2022 additions:

Integration and tracking of language access measure into multiple VPBs.

2023 response:

YCCO staff meet with PCP APM clinics on a bi-annual basis to review clinic performance under VBC arrangements. As part of these visits, provider education and discussions took place in 2022 regarding clinics ability to provide appropriate language access and understand barriers clinics were facing providing language access. Discussions took place with clinics regarding how APM payments can help support clinic staff in facilitating appropriate access to language services. Technical assistance was offered to clinics to understand language access tracking and interpreter services supported by YCCO.

YCCO continues to hold regular APM subcommittee meetings but have expanded its scope to explore options for evolving incentive metric-related payments to clinics, and is developing workplans to incentivize utilizing and reporting language service provision for YCCO members, ensuring that the VBPs are structured in a way that not only limits restricting access (e.g. turning a patient away when language services cannot be provided) but incentivizing clinics to offer appropriate services to patients of any language.

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

No additional updates

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.]

Ideal state would be to integrate social factor risk adjustment into certain capitated agreements, likely starting with primary care once viable and reliable models are available.

Section 6: Health Information Technology and VBP

Questions in this section were previously included in the CCO Health Information Technology (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 submission.

Note: Your CCO will not be asked to report this information elsewhere. This section has been removed from the CCO HIT Roadmap questionnaire/requirement.

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 response:

Throughout 2019 and 2020, YCCO has collaborated with its strategic partner, [redacted], to model some existing VBP arrangements and administer related payments in [redacted] while relying upon its use of NetSuite to administer some other VBP arrangements. During 2020, YCCO also collaborated with [redacted] and [redacted] to implement [redacted], a web-based provider performance measurement and population

health management tool. Updated weekly based on recently adjudicated claims, this tool supplanted CCO Metrics Manager in July 2020. 100% of the contracted providers with whom VBP arrangements have been established have had access to [redacted] since January 2019 and, all but two, have had access to [redacted] since September 2020. The remaining two contracted providers are expected to have access to [redacted] by March 2021.

YCCO shares information regarding providers' performance across measures pertinent to VBP arrangements in one of two ways:

1. When the measures of relevance are tracked within [redacted], providers for whom these measures pertain are invited and encouraged to monitor their performance through this application.
2. For measures that aren't tracked within [redacted], YCCO uses Jupyter Notebook, SQL queries, Tableau, and Excel to produce and distribute reports on a recurring schedule (e.g. quarterly for most; monthly for some) to pertinent providers.

Over time, the set of measures tracked within [redacted] is expected to align with all measures pertinent to VBP arrangements established with providers thereby eliminating the need for YCCO to produce and distribute separate reports.

Patient attribution is based on PCP assignments administered by YCCO. PCPs to whom YCCO members are assigned, including those with VBP arrangements, learn of assignments by virtue of viewing and, if desired, downloading an up-to-date PCP roster report available within the [redacted]. In addition, an up-to-date provider roster is available to PCPs engaged in [redacted].

2022 additions:

Since hiring an Information Systems Director in the fall of 2021, IS efforts have been largely focused on building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. That said, in reference to the above section of the March 15, 2021 HIT Roadmap, we have:

- Integrated most but not all VPB metrics into [redacted], reducing the need for a separate methodology for communicating status of VBP metrics to providers.
- Successfully established [redacted] access to the two remaining providers, resulting in 100% of contracted VBP providers having access to [redacted] and [redacted] for ongoing monitoring of metrics. YCCO has performed multiple site visits with each VBP provider confirming their ability to access [redacted] and [redacted].

2023 additions:

We continue to focus on improvements and year-to-year updates of the [redacted] reporting and analytics tool available to providers via the [redacted].

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

No significant changes to previously stated efforts, Providers have real time access to analytics via the [redacted] tool housed in the [redacted]. The metrics are adjusted as needed on an annual basis. In addition, YCCO has engaged

with [redacted] to deliver cost and utilization reporting and data to key provider partners.

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

2021 response:

Member-specific gaps in care are summarized within [redacted] which providers are encouraged to monitor and address proactively or in the context of scheduled encounters. Contracted providers can view members' demographic data including "flags" indicative of certain known characteristics within [redacted]. For those privileged, additional member-specific information is also visible within [redacted] – e.g. prior authorizations and referrals as well as historical claims and related documentation.

YCCO's Care Management team utilizes [redacted] solution seamlessly integrated with [redacted] system to assess member cost, risk and quality; identify, profile and stratify members; and determine which members are in need of specialized intervention programs and which intervention programs are likely to have an impact on the quality of individuals' health. This information informs who the team is to engage in specific care management programs as well as crafting member-specific care plans. As warranted, this information is shared with providers servicing members engaged in care management programs.

As described in the response to 5.i above, YCCO expects to further bolster population health and risk management activities by incorporating a member-specific REALD and SDH demographic data elements into [redacted], and reports that YCCO shares with contracted providers with whom VBP arrangements have been established. YCCO also intends to provide actionable data, including risk-based cohorts, to contracted providers with whom VBP arrangements have been established.

YCCO acknowledges the importance of understanding the diversity and health outcomes of the population we serve. It is of critical importance that YCCO partner with the providers in the community to best serve our patients and share timely and actionable information when warranted. YCCO also acknowledges the necessity to effectively manage financial risk associated with the administration of OHP benefits for its members.
YCCO intends to stratify its membership based on one or more risk scores (e.g. CDPS+, ACG) in order to target appropriate interventions and inform care management and care coordination efforts aimed at improving health outcomes and managing financial risk thereby enabling YCCO to achieve the triple aim objectives.

YCCO receives CDPS+ risk scores calculated for each of its members from OHA and its actuary, Wakely, on an annual basis and YCCO can calculate ACG risk scores for each of its members whenever it desires via the use of DST Health Solutions' ACG System. Although neither type of risk score is currently incorporated into YCCO's data warehouses, based on an assessment of value and relevance, YCCO expects one or both to be incorporated into its data warehouses during the 1st

half of 2021 at which point YCCO will be able to identify, analyze and report upon a broader set of member characteristics of interest.

YCCO expects the risk score(s) deemed valuable and relevant to be incorporated and possibly presented within [redacted] and [redacted] in the 2nd half of 2021, thereby enabling an additional means by which YCCO can identify and report upon member characteristics of interest and share risk-based cohorts with pertinent contracted providers.

Lastly, beginning in 2020, YCCO began embracing the Prometheus (MEPP[44])-derived data shared by OHA with YCCO to analyze potentially avoidable costs. This analysis has and is expected to continue spawning ideas for new/revised VBP models, particularly related to contracted specialty providers.

2022 additions:

Since hiring an Information Systems Director in the fall of 2021, IS efforts have been largely focused on building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. That said, in reference to the above section of the March 15, 2021 HIT Roadmap, we have:

- Incorporated the CDPS+ risk score into our database providing for enhanced care management, reporting, and analytics.
- Initiated an effort to enhance our Tableau deployment in order to provide more readily available data and analytics.

2023 additions:

YCCO is making significant enhancements to our Tableau analytics capabilities, implementing a Tableau Server on the MS Azure cloud. This will allow for deeper, more visible, and meaningful analysis of our VBP program. This is in addition to the reporting available to providers via [redacted] on the [redacted].

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

YCCO continues to build out our Tableau server capabilities as well as our data management and analytics infrastructure with the implementation of MS SQL Server on the Azure cloud. This provides YCCO with the infrastructure to cultivate data for use by analytical tools like Tableau. This is in addition to the reporting available to providers via [redacted] on the [redacted].

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 response:

YCCO and our partners, [redacted], dedicate various resources to VBP initiatives and Population Management Analytics. By monitoring and reporting provider performance across process and quality outcome measures applicable to VBP arrangements established with contracted providers and informing providers of member-specific gaps in care, we aim to ensure that our members receive appropriate whole-person care regardless of the PCP to whom they're assigned while simultaneously reducing health disparities or inequities when observed. We administer assessments that strive to identify health risks and health-related social needs (i.e. social determinants of health). Through our population health and risk management analytics, we continually identify and assess member risks and needs and, when appropriate, engage high-need members in comprehensive care management programs aimed at addressing needs and minimizing risks. These care management programs often require effective care coordination across providers of medical and social services, delivery systems, or settings to effectively manage member safety and outcomes during transitions.

With regards to YCCO's staffing model for VBP and population management analytics, the following staff, board members, and strategic partners play integral roles:

APM Sub-committee (CEO, CFO, CMO, 4 BOD members) – YCCO's board of directors (BOD) has established and designated the APM Sub-Committee as the group to initially review and help develop new APMs/VBPs for the CCO. The APM Sub-Committee recommends new proposals and contract changes to the BOD for ultimate approval when needed.

Executive Team (CEO, CFO, CMO) – YCCO's Executive team acts as advisors to the APM Sub-committee and ensures that the design and development of APMs align with related intentions and expectations.

[redacted] define APMs, collaborate with partners to implement payments based on the APMs, and craft and share reports regarding the APMs with relevant stakeholders.

[redacted] bears responsibility for the successful implementation and use of [redacted] among providers with whom APM-based contracts are established.

[redacted] responsible for provider relations communication and collaborate with providers with whom APM-based contracts are established to ensure they understand the APM and related implications and expectations. They also ensure that leverage tools (e.g. [redacted]) and reports appropriately as they service members and manage population health risk.

[redacted], ensures that [redacted] Provider Payments (FFS, Capitated) are made in accordance with APM contracts, produces APM Reports, processes monthly 820 files and conveys related capitated payment information to applicable providers ([redacted]), and processes daily and monthly 834 files and conveys related membership assignments to capitated partners ([redacted]).

[redacted] implements and maintains [redacted], and administers Utilization Management and Care Management activities in accordance with APM contracts.

2022 additions:

[redacted] responsible for providing stable, accurate, and readily available data and analytics tools, intended to enhance YCCO internal analysis supporting operational and strategic initiatives.

2023 additions:

No changes/additions to the previous response, other than acknowledging that staffing changes have occurred.

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

YCCO has added technical staff to the IS team to further enhance our ability to manage our organizational data, including that data now available due to our transition from an external vendor ([redacted]) for Case Management, Utilization Management, and Appeals/Grievances to an in-house solution. We expect this to greatly improve our insights into those activities.

20) 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. **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 response:

YCCO's five-year Value-Based Payment (VBP) roadmap includes all the necessary focus areas for CCO 2.0, inclusive of PCPCH foundational payments, hospital, maternity, child, behavioral, and oral health care. During the five-year term of our CCO 2.0 contract, we are committed to transitioning provider payments from 20% VBP-based to 70% in accordance with OHA's COVID-19 revised timeline. By 2024, VBP arrangements will be predicated on Health Care Payment Learning & Action Network (LAN) category 2C or higher as summarized below. The primary partners in focus for upscaling include primary care, hospital, specialty care, and oral health care providers. Within primary care, YCCO's foundational payments for PCPCH tier levels will continue to be leveraged and expanded, with the goal of increasing tier levels and certified providers. The projected roadmap is subject to change as well, pending further development and discussions with providers.

Year one VBP advances focus on primary care, behavioral health, and hospital care. For hospital and maternity care, LAN Category 2C pay-for-performance VBP are to be implemented with one hospital, as well as developed for future expansion to at least one additional hospital in year two. Behavioral health payment models were revamped from a

LAN Category 4N to a LAN Category 4A VBP with one provider. Primary care efforts focused on development of a LAN Category 4A VBP pilot with two provider groups, with implementation in 2021.

Year two VBP advances include implementation of the primary care LAN Category 4A pilot VBP, as well as development and adjustments to the pilot model for expansion in year three to include as many as thirteen primary care and children's care providers. The hospital care LAN Category 2C VBP will expand to a second hospital, and development for LAN Category 3B or higher VBPs are targeted. Solely within maternity care, YCCO's Maternal Medical Home model will be adjusted from a LAN Category 3N to a LAN Category 3B VBP, as well as expanded from one to two providers.

Year three VBP advances include implementation of primary care LAN Category 4A VBP for up to thirteen more providers, inclusive of three children's care specific clinics. Additional advances target implementation of up to two more hospitals on LAN 2C VBPs, and implementation of one hospital advancing from LAN Category 2C to LAN Category 3B VBP. Within behavioral health, LAN Category 2C VBPs are targeted for development and possible implementation for possibly five more providers.

Year four and five VBP advances currently target focuses on primary care with behavioral and oral health integration, as well as possible total cost of care risk to up to twenty-two providers. Additional advances may include maternity care expansion to one or more providers, behavioral health expansion, oral care revamping and risk advancement, and hospital expansion to two or more hospitals.

2022 additions:

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

Increase staffing support/infrastructure for both HIT and VBP analysis.

b. spread VBP to different care settings, and

Ensure systems are scalable to new benefits, metrics, and populations.

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

YCCO has recently implemented technology improvements to initiate a more reliable cloud-based infrastructure, moving our primary business server to Microsoft Azure. This gives us the ability to quickly and reliably add IS resources as they become necessary. That, along with our previous responses to 13.a and 13.b positions us to scale as needed.

2023 additions:

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

Response unchanged - increase staffing support/infrastructure for both HIT and VBP analysis. Although please note that staffing increases in the YCCO IS department have recently been realized and will have an impact in 2023 and forward.

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

Response unchanged - Ensure systems are scalable to new benefits, metrics, and populations.

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:

YCCO is currently deploying cloud-based MS Azure Tableau Server and SQL Server infrastructures. In addition to the previous move of our primary business server to Microsoft Azure, these deployments further our ability to quickly and reliably add IS resources as they become necessary.

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

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

YCCO has added technical staff and is assessing needs for additional staff and expertise. The planning and strategy sessions to inform those needs will occur in Q2/Q3 2024. In addition, MS Azure infrastructure allows YCCO to quickly adjust our storage and compute capabilities for organizational storage, SQL Server, and Tableau Server needs as they arise.

e. How you will spread VBP to different care settings.

No significant changes to previous response(s).

f. 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:

YCCO is continuing to build out our Tableau server capabilities, improving our Tableau dashboard development expertise, and implementing collaborative Teams sites with key provider partners. This will allow for more meaningful data exchanges and analysis of our VBP program. In addition, we will continue to maintain and improve the analytics available to providers via [redacted] on the [redacted].

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 response:

YCCO is in the process of updating their HIT Plan of which the previous response was an excerpt. The follow updates (in black font) will reflect the current status of those activities and milestones along with any cosmetic edits and corrections.

The following goals and related strategies, and tactics summarize our complementary HIT plans to enable and support YCCO's VBP Roadmap.

Goal 11: Ensure that existing and future VBP arrangements can be modeled and related payments can be administered in [redacted]

YCCO desires to model all VBP arrangements and administer related payment exclusively in [redacted] and intends to collaborate with [redacted] to achieve this goal.

Strategy 20: Confirm PH TECH's ability to model VBP arrangements

Tactic 20.a.: Before establishing a VBP arrangement with contracted providers, collaborate with [redacted] to ensure that the VBP arrangement can be accurately modeled and related payment can be appropriately administered in [redacted].
Tactic 20.b.: If an enhancement to [redacted] is required before a new VBP arrangement can be accurately modeled and/or a related payment can be appropriately administered in [redacted], ensure that the effective date of any provider contract(s) predicated on the new VBP arrangement follows the date at which [redacted] confirms intent to release the necessary enhancement.

Timeline for Strategy 20

	2020				2021				2022				2023				2024			
Strategy	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tactic 20.a	O			X																
Tactic 20.b	O			X																

O Estimated Start
X Estimated Complete
Ongoing Effort

Evaluation of Strategy 20
YCCO will evaluate the success of this strategy by monitoring the instances in which [redacted] is unable to administer payment related to VBP arrangements established with contracted providers within [redacted] thereby necessitating a less desirable alternative payment mechanism.

Goal 11, Strategy 20 and Tactics 20.a and 20.b are in place and in "Ongoing Effort" status as shown in the Timeline above.

Goal 12: Enable stakeholders to actively monitor provider performance pertaining to VBP Arrangements predicated on provider performance and/or health outcome measures

YCCO staff and contracted providers with whom VBP arrangement exists must be able to actively monitor provider performance and/or health outcome measures upon which VBP arrangements are predicated.

Strategy 21: Ensure that YCCO and contracted providers with whom VBP arrangements are established can measure, report, and actively monitor provider performance across related performance measures

Tactic 21.a.: For performance measures that YCCO is capable of measuring, ensure that requisite data is obtained and stored within appropriate YCCO's data warehouses and that performance is calculated, reported, and monitored in the context of [redacted] or dashboards and reports shared with pertinent YCCO staff and contracted providers with whom related VBP arrangements exist.

Tactic 21.b.: For performance measures that YCCO is incapable of measuring, ensure that contracted providers with whom VBP arrangements are established can calculate and report performance across these measures in a mutually acceptable manner and cadence prior to establishing VBP arrangements predicated on these performance measures.

Timeline for Strategy 21

	2020				2021				2022				2023				2024			
Strategy	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tactic 21.a			X																	
Tactic 21.b			X																	

O Estimated Start
X Estimated Complete
Ongoing Effort

Evaluation of Strategy 21

YCCO will evaluate the successful execution of this strategy by assessing the number of VBP arrangements for which related provider performance measures can't be accurately calculated, reported, and monitored.

Goal 12, Strategy 21 and Tactics 21.a and 21.b are in place and in "Ongoing Effort" status as shown in the Timeline above.

Strategy 22: Ensure that YCCO and contracted providers with whom VBP arrangements are established can measure, report, and monitor related health outcome measures

Tactic 22.a.: For health outcome measures that YCCO is capable of measuring, ensure that requisite data is obtained and stored within appropriate YCCO's data warehouses and that achievement of these measures is calculated, reported, and monitored in the context of [redacted] or dashboards and reports shared with pertinent YCCO staff and contracted providers with whom related VBP arrangements exist.

Tactic 22.b.: For health outcome measures that YCCO is incapable of measuring, ensure that contracted providers with whom VBP arrangements are established can

calculate and report achievement of these measures in a mutually acceptable manner and cadence prior to establishing VBP arrangements predicated on these health outcome measures.

Timeline for Strategy 22

	2020				2021				2022				2023				2024			
Strategy	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Tactic 22.a	O					X														
Tactic 22.b	O				X															

O Estimated Start
X Estimated Complete
Ongoing Effort

Evaluation of Strategy 22

YCCO will evaluate the successful execution of this strategy by assessing the number of VBP arrangements for which related health outcome measures can't be accurately calculated, reported, and monitored in a timely and effective manner.

Goal 12, Strategy 22 and Tactics 22.a and 22.b are in place and in "Ongoing Effort" status as shown in the Timeline above.

2022 additions:

YCCO has initiated processes to work closely with [redacted] to ensure that VBP contract arrangements can be administered effectively from a payment/processing perspective as well as a provider VBP metric reporting and collaboration perspective.

2023 additions:

There have been no changes to the previous status/efforts as defined…all of these VBP efforts are in maintenance mode, with key YCCO staff working with providers and [redacted] to continuously incorporate necessary updates and improve our ability to communicate status to providers.

Briefly summarize updates to the section above:

YCCO is continuing to build out our infrastructure, analytics toolset, and collaborative capabilities with providers in support of our VBP program.

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

2021 response:

See Question 11

2022 additions:

Since hiring an Information Systems Director in the fall of 2021, IS efforts have been largely focused on building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. That said, in reference to the above section of the March 15, 2021 HIT Roadmap, we have:

- Incorporated the CDPS+ risk score into our database providing for enhanced care management, reporting, and analytics.
- Initiated an effort to enhance our Tableau deployment in order to provide more readily available data and analytics.

2023 additions:

As mentioned in an earlier response, YCCO is making significant enhancements to our Tableau analytics capabilities, implementing a Tableau Server on the MS Azure cloud. This will allow for deeper, more visible, and meaningful analysis of our VBP program. This is in addition to the reporting available to providers via [redacted] on the [redacted]

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

In addition to the items mentioned previously, we have implemented collaborative Teams sites with key providers. This will allow for a variety of data sharing and collaboration opportunities with key provider groups.

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

We've not yet encountered any challenges as the HIT we utilize to administer VBP arrangements has satisfied our needs and expectations to date.

2023: No changes/updates to our previous response.

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

No significant changes/updates to previous responses, but it bears worth mentioning that during 2023 and early 2024, we have implemented a care management/utilization management platform and programs that will give us deeper insight into those activities.

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 response:

As described in the response to 6.a.i. above, YCCO shares information regarding providers' performance across measures pertinent to VBP arrangements in one of two ways:

1. When the measures of relevance are tracked within [redacted], providers for whom these measures pertain are invited and encouraged to monitor their performance through this application.
2. For measures that aren't tracked within [redacted], YCCO uses Jupyter Notebook, SQL queries, Tableau, and Excel to produce and distribute reports on a recurring schedule (e.g. quarterly for most; monthly for some) to pertinent providers.

Over time, the set of measures tracked within [redacted] is expected to align with all measures pertinent to VBP arrangements established with providers thereby eliminating the need for YCCO to produce and distribute separate reports.

As described in the response to Question 11 above, Patient attribution is based on PCP assignments administered by YCCO. PCPs to whom YCCO members are assigned, including those with VBP arrangements, learn of assignments by virtue of viewing and, if desired, downloading an up-to-date PCP roster report available within the [redacted] In addition, an up-to-date provider roster is available to PCPs engaged in [redacted].

2022 additions:

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

We are maintaining our strategy of providing all important metrics to providers via [redacted] and [redacted]. YCCO will continue to initiate site visits with providers and encourage/confirm their ability to access [redacted] and [redacted].

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

No change in our previously stated strategy at this time.

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

No changes in tools intended for delivery of metrics analysis to providers. Although we are enhancing our own internal Tableau environment to better serve/inform internal YCCO staff.

2023 additions: No changes to the previous stated strategy.

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.

No changes from previously described strategy.

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

No changes from previously described strategy.

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

No changes from previously described strategy.

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

Selecting multiple responses to cover multiple ways in which information is delivered.

☒ 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 <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.

2021 response:

See response to Question 11

2022 addition:

The most impactful change has been our incorporation of the CDPS+ risk score providing for enhanced care management, reporting, and analytics.

2023 addition:

No changes to the previous response.

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

In 2024, YCCO will integrate ADT notifications from [redacted] directly into our core care management system (Helios) to facilitate intervention at crucial junctures of care. In

addition, Johns Hopkins ACG risk stratification scores will have a similar integration (directly into Helios).

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.

As noted in the response to Question 11 above, member specific data intended to inform and enable population health management activities is shared with providers within whom VBP contracts have been established in the context of [redacted]. In addition, YCCO's Care Management team pro-actively communicates with and shared information about members engaged in care / case management via phone, fax, and the [redacted].

2023: No changes to the previous response.

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

No significant changes from previously described strategy.

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

Estimated percentage	Reporting method
15	Excel or other static reports
85	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)?

We do not track this metric, but it is safe to say that our primary care providers are more likely to utilize the [redacted] platform more consistently and frequently than other providers.

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

2021 response:

See Question [14]

2022 addition:

No major changes or updates. Although, we continue to work closely with [redacted], [redacted], and internal YCCO experts to enhance reporting and analytics; and make them available to our providers.

2023: No changes/updates to our previous response

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

No changes from previous response.

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

2021 response:

We've not yet encountered any challenges as the HIT we utilize to administer VBP arrangements has satisfied our needs and expectations to date.

2022 additions:

It probably does not need to be said, but as is true for numerous of our strategies, the COVID-19 pandemic led us to slow some strategies and efforts across our contracted network. We have also been in the process of building our IS capabilities, including adding IS staff and implementing infrastructure enhancements to better support YCCO in performing on our mission. To some degree, the focus and timing on these initiatives have impacted progress as well.

2023 additions:

Our challenges are likely similar to any other organization – resources to get the work done, and slow/resistance to adopt change.

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

No significant challenges other than the typical – time and resources.

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?

Development and roll out of additional quality measures within specialty care areas to both CCOs and providers, inclusive of basic reporting requirements, improvement targets, and scalability for varying sample sizes.

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

1) Development and expansion of the complete list of aligned quality metrics as part of the VBP roadmap, with a specific focus on expanding/adding common metrics within specialty care areas.
2) Clarification and refined definitions on what is included or excluded from evaluating VBP performance. More specifically, consideration for excluding certain costs such as pharmacy and directed payment spending. Pharmacy spending in particular will have little to no potential for VBP contracting with the proposed CCO contract language changes (removal of P4P for PBMs). Directed Payment spending in particular is designed and built primarily on a fee-for-service basis, with regimented payment requirements.

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.