Washington State Health Care Authority

2020 Paying for Value Provider Survey

Thank you for participating in our survey. Your feedback is important.

The Washington State Health Care Authority (HCA) is committed to paying for value and aims to drive 90% of state-financed health care and 50% of the commercial market into value-based purchasing arrangements by 2021. In order to better understand your needs and inform our delivery system transformation efforts, HCA is requesting your participation in a survey on your participation in value-based purchasing.

Similar to last year's survey, this survey includes five sections: Provider Information; Health Disparities & Health Equity; Integration, Workforce, & Technical Support; Participation in VBP; and Experience with VBP. The financial questions included in the second section refer to the 2019 calendar year (January 1 – December 31, 2019).

We designed this survey for completion by an administrative leader, with consultation where necessary from clinicians, and should take no more than 30 to 45 minutes. Please complete the survey by 5 pm PDT August 31.

Thank you for your time; we value your input on this important topic.

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section One: Provider Information

1. What is the name of your organization?

2. Which type(s) of provider organization most closely aligns with your organization? (Select all that apply)

- [ ] Not-for-profit
- [ ] For-profit
- [ ] Single-provider practice
- [ ] Multi-specialty practice
- [ ] Independent, multi-provider single-specialty practice
- [ ] Rural Health Clinic
- [ ] Federally Qualified Health Center
- [ ] Critical Access Hospital
- [ ] Hospital
- [ ] Clinically integrated network
- [ ] Hospital owned or operated clinic/facility
- [ ] Inpatient clinic/facility
- [ ] Outpatient clinic/facility
- [ ] Behavioral health provider: mental health
- [ ] Behavioral health provider: substance use disorder
- [ ] Tribal health care provider
- [ ] Other (please specify)

3. How many individual clinician full-time equivalents (FTEs) does your organization employ? (i.e., how many individual clinician FTEs are represented by this survey response?)

- ◯ 0 - 5
- ◯ 6 - 20
- ◯ 21 - 50
- ◯ 51 - 100
- ◯ 101 - 500
- ◯ 501 - 1000
- ◯ 1001+

4. What is the size of your patient panel?

- ◯ 1 - 50
- ◯ 51 - 100
- ◯ 101-250
- ◯ 251 - 500
- ◯ 501 - 1000
- ◯ 1001 - 3000
- ◯ 3000+

5. In which counties does your organization have site locations? (Select all that apply)

- [ ] Adams
- [ ] Asotin
- [ ] Benton
- [ ] Chelan
- [ ] Clallam
- [ ] Clark
- [ ] Columbia
- [ ] Cowlitz
- [ ] Douglas
- [ ] Ferry
- [ ] Franklin
- [ ] Garfield
- [ ] Grant
- [ ] Grays Harbor
- [ ] Island
- [ ] Jefferson
- [ ] King
- [ ] Kitsap
- [ ] Kittitas
- [ ] Klickitat
- [ ] Lewis
- [ ] Lincoln
- [ ] Mason
- [ ] Okanogan
- [ ] Pacific
- [ ] Pend Oreille
- [ ] Pierce
- [ ] San Juan
- [ ] Skagit
- [ ] Skamania
- [ ] Snohomish
- [ ] Spokane
- [ ] Stevens
- [ ] Thurston
- [ ] Wahkiakum
- [ ] Walla Walla
- [ ] Whatcom
- [ ] Whitman
- [ ] Yakima

6. Has your organization achieved Patient Centered Medical Home (PCMH) certification?

- ◯ Yes
- ◯ No
- ◯ No, but pursuing certifications
- ◯ No, but we follow a PCMH culture

7. With which Accountable Communities of Health (ACH) are you directly working (e.g., involved in ACH project plans, governance structure, or regular meetings)?

- [ ] Better Health Together
- [ ] Cascade Pacific Action Alliance
- [ ] Greater Columbia ACH
- [ ] HealthierHere
- [ ] North Central ACH
- [ ] North Sound ACH
- [ ] Olympic Community of Health
- [ ] Pierce County ACH
- [ ] SWACH

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section Two: Health Disparities & Health Equity

8. Addressing health disparities is critical to improving health equity. Does your organization *collect* the following patient data? Select all that apply

- [ ] Race
- [ ] Ethnicity
- [ ] Language
- [ ] Other (e.g., disability, sexual orientation, gender identity)

9. Does your organization *assess performance* (e.g., HEDIS/CAHPS) based on the following data? Select all that apply

- [ ] Race
- [ ] Ethnicity
- [ ] Language
- [ ] Other (e.g., disability, sexual orientation, gender identity)

10. Has your organization *implemented any programs* to address health disparities by race, ethnicity, and/or language? If yes, please describe the program or initiative. If not, please describe how your organization plans to address health disparities, if at all.

- ◯ Yes
- ◯ No, but we address other aspects of health disparities (e.g., income, housing status)
- ◯ No

Description of program or initiative and/or plans to implement a new program or initiative

Washington State Health Care Authority

2019 Paying for Value Provider Survey

Section Three: Integration, Workforce, & Technical Support

SAMHSA's Six Levels of Collaboration/Integration

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
▸▸ Have separate systems ▸▸ Communicate about cases only rarely and under compelling circumstances ▸▸ Communicate, driven by provider need ▸▸ May never meet in person ▸▸ Have limited understanding of each other's roles	▸▸ Have separate systems ▸▸ Communicate periodically about shared patients ▸▸ Communicate, driven by specific patient issues ▸▸ May meet as part of larger community ▸▸ Appreciate each other's roles as resources	▸▸ Have separate systems ▸▸ Communicate regularly about shared patients, by phone or e-mail ▸▸ Collaborate, driven by need for each other's services and more reliable referral ▸▸ Meet occasionally to discuss cases due to close proximity ▸▸ Feel part of a larger yet ill-defined team	▸▸ Share some systems, like scheduling or medical records ▸▸ Communicate in person as needed ▸▸ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▸▸ Have regular face-to-face interactions about some patients ▸▸ Have a basic understanding of roles and culture	▸▸ Actively seek system solutions together or develop work-a-rounds ▸▸ Communicate frequently in person ▸▸ Collaborate, driven by desire to be a member of the care team ▸▸ Have regular team meetings to discuss overall patient care and specific patient issues ▸▸ Have an in-depth understanding of roles and culture	▸▸ Have resolved most or all system issues, functioning as one integrated system ▸▸ Communicate consistently at the system, team and individual levels ▸▸ Collaborate, driven by shared concept of team care ▸▸ Have formal and informal meetings to support integrated model of care ▸▸ Have roles and cultures that blur or blend

Heath B, Wise Romero P, and Reynolds K. A Review and Proposed Standard Framework for Levels of Integrated Healthcare. Washington, D.C.SAMHSA-HRSA Center for Integrated Health Solutions. March 2013

11. Integration: within which level of SAMHSA's "Six Levels of Collaboration/Integration" would you place your organization?

- ◯ Level 1: Minimal Collaboration
- ◯ Level 2: Basic Collaboration at a Distance
- ◯ Level 3: Basic Collaboration Onsite
- ◯ Level 4: Close Collaboration Onsite with Some System Integration
- ◯ Level 5: Close Collaboration Approaching an Integrated Practice
- ◯ Level 6: Full Collaboration in a Transformed/Merged Integrated Practice

12. Integration: does your organization expect or plan to *move to a higher level* on SAMHSA's "Six Levels of Collaboration/Integration" in the next year?

- ◯ Yes
- ◯ No

13. Has your organization sought alignment with the Dr. Robert Bree Collaborative's recommendations for behavioral health integration?

- ◯ Yes
- ◯ No

14. On which elements are you closely aligning with the Bree Recommendations for specifications and operational details?

- ☐ Integrated Care Team
- ☐ Patient Access to Behavioral Health as a Routine Part of Care
- ☐ Accessibility and Sharing of Patient Information
- ☐ Practice Access to Psychiatric Services
- ☐ Operational Systems and Workflows to Support Population-Based Care
- ☐ Evidence-Based Treatments
- ☐ Patient Involvement in Care
- ☐ Data for Quality Improvement

15. Has your organization completed the MeHAF self-assessment?

- ◯ Yes
- ◯ No

16. If your organization has completed the MeHAF self-assessment, what was the score from the most recent assessment?

17. Workforce: is your organization participating in activities to prepare for integrated physical and behavioral health care, team-based care and population management?

- [ ] Yes - participate in Healthier Washington Collaboration Portal, AIMS Center programs or ACH activities
- [ ] Yes - participating in transformation and training opportunities through consulting or organizational resources
- [ ] No - not participating in formal program
- [ ] May be participating in conferences, webinars or other self-learning programs or interested in learning how to access training or support

18. Technical Support: What type of technical support has your organization *received*? Select all that apply

- [ ] Value-based reimbursement
- [ ] Behavioral/physical health integration
- [ ] Practice transformation
- [ ] HIT/HIE planning, implementation, and/or reporting

19. Technical Support: What type of technical support *would be most helpful* to your organization? Please describe other technical support needs, if applicable.

- [ ] Value-based reimbursement
- [ ] Behavioral/physical health integration
- [ ] Practice transformation
- [ ] HIT/HIE planning, implementation, and/or reporting
- [ ] Other technical support needs:

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section Four: Participation in Value-based Purchasing (VBP)

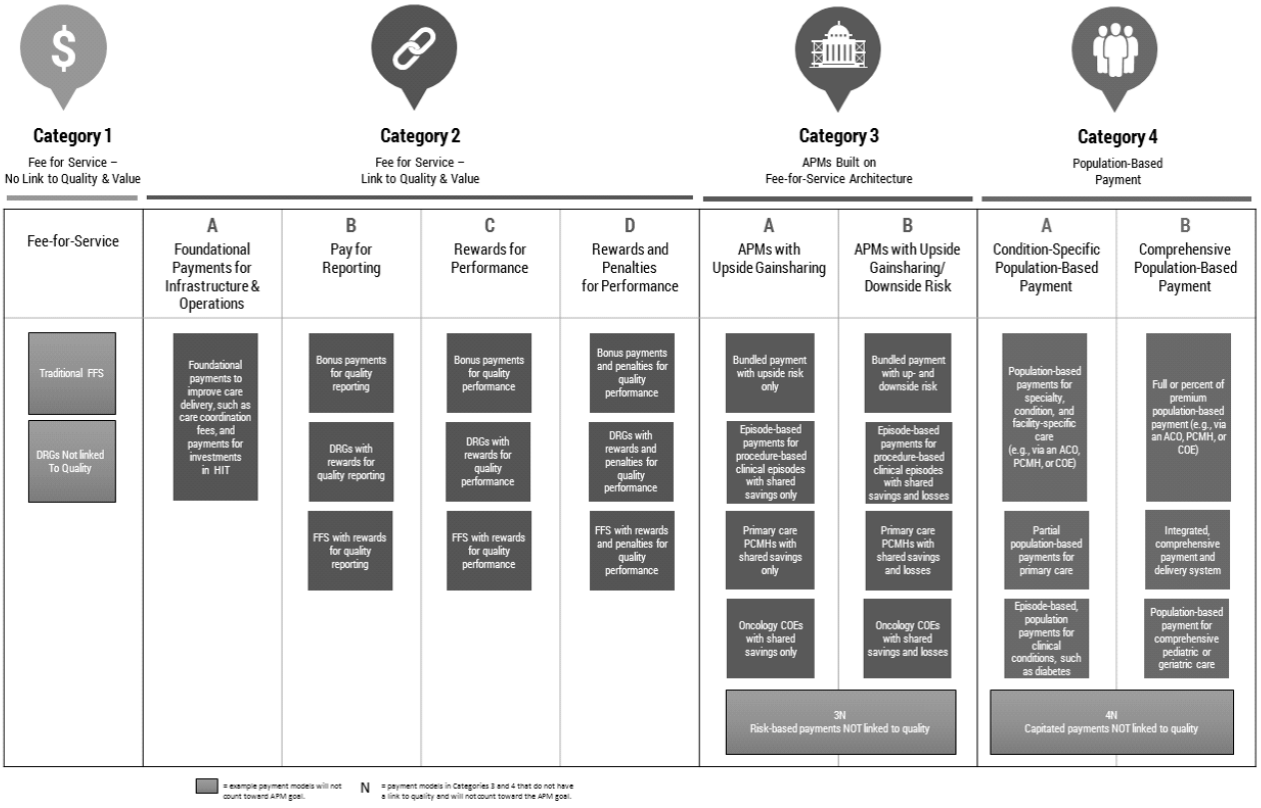
Definitions

Value-based Purchasing (VBP)	A strategic approach to purchasing healthcare services for a defined population (e.g., Apple Health, Public Employee Benefits [PEB], Medicare members), through which contractors and partners (e.g., managed care organizations [MCOs], fully insured health plan, third party administrators [TPAs]) are incentivized to meet specified quality, cost, patient experience, and outcomes-based metrics and to incorporate similar incentives in their payment arrangements with providers. Washington State defines VBP arrangements between payers and providers as those alternative payment models (APMs) in categories 2C and above in the Health Care Payment & Learning Action Network's (HCP-LAN) APM framework from the Center for Medicare and Medicaid Services (CMS).
Alternative Payment Model (APM)	A payment arrangement between a payer (e.g., Apple Health MCO) and a provider that includes added incentives through payments or risk to provide high-quality and cost-efficient care. APMs can apply to a specific clinical condition, a care episode, or a population and can be categorized according to the APM framework.
Revenue	Payments received under contracts with payers that are or are not value-based payment contracts (i.e., fee-for-service payments [FFS]), value-based payments and other types of payments received from payers for the delivery of health care and related services.
Medicaid	Washington State's Medicaid program offering health care coverage to low-income residents; includes MCOs, Medicaid FFS, and Children's Health Insurance Program (CHIP).
Medicare	The federal health insurance program for individuals 65 years of age or older, certain individuals with disabilities, and individuals with End-Stage Renal Disease; includes Medicare Part A, Medicare Part B, Medicare Advantage (Part C), Medicare Part D, and Medigap (Medicare Supplement) plans.
Commercial	Includes individual market health insurance offered by commercial insurance carriers, group health insurance offered by commercial insurance carriers, group health insurance including third-party administration by commercial insurance carriers, and any other commercial health insurance
Other Government	Other government insurance plans including Labor and Industries Workers' Comp, Veterans Affairs, and Indian Health.
Self-Pay	Payment for services directly by patient (rather than MCO, insurance carrier, State/federal agency, etc.).

20. For each payer (Medicaid, Medicare, commercial, other government, and self-pay), what was your Total Revenue for Calendar Year 2019 (CY2019)? Please use numeric values only (e.g., 200000, NOT $200,000).

Medicaid	
Medicare	
Commercial	
Other Government	
Self-pay	

HCP-LAN APM Framework



Health Care Payment Learning & Action Network (HCP LAN) Alternative Payment Model (APM) Payment Categories

1 - Fee-for-Service with No Link to Quality	1 Fee-for-Service (FFS)	These payments utilize traditional FFS payments (i.e. payments made for units of service) that are not adjusted to account for infrastructure investments, provider reporting of quality data, or provider performance on cost and quality metrics. Diagnosis-related groups (DRGs), case rates and sub-capitation arrangements that are not linked to quality are included in this category.
2 - Fee-for-Service, Linked to Quality	2A Foundational Payments for Infrastructure & Operations	These payments promote infrastructure development to improve care quality, though payment rates may not be adjusted by performance on quality metrics. Examples include care coordination fees and payment for Health Information Technology (HIT) investments.
	2B Pay for Reporting	These payments provide incentives or disincentives for reporting quality data. Participation in pay-for-reporting programs can help providers familiarize themselves with quality metrics and reporting systems.
	2C Rewards for Performance	These payments provide financial rewards for performance on quality metrics. Similar to Category 2B payments, Category 2C payments can help providers familiarize themselves with quality metrics and reporting systems.
	2D Rewards and Penalties for Performance	These payments provide financial rewards and/or penalties to providers based on performance on quality metrics, linking reimbursement and quality performance.
3 - APMs Built on FFS	3A APMs with Upside Gainsharing	These payment models allow providers to share in savings they generate based on performance on cost and quality targets.
	3B APMs with Upside Gainsharing and Downside Risk	These payment models tie positive (gainsharing) and negative (downside risk) payment adjustments to reimbursement based on performance on cost and quality targets.
4 - Population-Based Payment	4A Condition-Specific Population-Based Payment	These payment models hold providers accountable for the cost and quality of condition-specific services, such as bundled payments for cancer care or heart disease.
	4B Comprehensive Population-Based Payment	These payment models involve capitated or population-based payments covering the entirety of an individual's health care needs and can involve a broad range of financial and delivery system integration between payers and providers.

21. For *each* payer (Medicaid, Medicare, commercial, other government, and self-pay), **did you receive any of this CY2019 revenue through Value-based Purchasing (VBP) arrangements** as defined as payments made through arrangements described in Categories 2C through 4B of the HCP-LAN APM Framework? If yes, check the box next to the corresponding payer type.

- [ ] Medicaid
- [ ] Medicare
- [ ] Commercial
- [ ] Other Government
- [ ] Self-pay

22. For CY2019, what was the approximate percentage of total Medicaid revenue received in each payment category below? Please use numeric values only (e.g., 25, NOT 25%).

1 - Fee-for-Service	
2A - Foundational Payments for Infrastructure & Operations	
2B - Pay for Reporting	
2C - Rewards for Performance	
2D - Rewards and Penalties for Performance	
3A - APMs with Upside Gainsharing	
3B - APMs with Upside Gainsharing and Downside Risk	
3N - Risk-based payments – no link to quality	
4A - Condition-Specific Population-Based Payment	
4B - Comprehensive Population-Based Payment	
4N - Capitated payments – no link to quality	

23. For CY2019, what was the approximate *percentage of total* **Medicare revenue** received in each payment category below?

1 - Fee-for-Service	
2A - Foundational Payments for Infrastructure & Operations	
2B - Pay for Reporting	
2C - Rewards for Performance	
2D - Rewards and Penalties for Performance	
3A - APMs with Upside Gainsharing	
3B - APMs with Upside Gainsharing and Downside Risk	
3N - Risk-based payments – no link to quality	
4A - Condition-Specific Population-Based Payment	
4B - Comprehensive Population-Based Payment	
4N - Capitated payments – no link to quality	

24. For CY2019, what was the approximate *percentage of* **total commercial revenue** received in each payment category below?

1 - Fee-for-Service	
2A - Foundational Payments for Infrastructure & Operations	
2B - Pay for Reporting	
2C - Rewards for Performance	
2D - Rewards and Penalties for Performance	
3A - APMs with Upside Gainsharing	
3B - APMs with Upside Gainsharing and Downside Risk	
3N - Risk-based payments – no link to quality	
4A - Condition-Specific Population-Based Payment	
4B - Comprehensive Population-Based Payment	
4N - Capitated payments – no link to quality	

25. How would you describe your VBP readiness?

- ◯ Very ready and highly capable
- ◯ Mostly ready and capable
- ◯ Somewhat ready and capable
- ◯ Not very ready with limited capacity
- ◯ Not ready with inadequate capacity

26. Have any of your clinicians achieved certification as a Qualifying Advanced Alternative Payment Model Participant (QP) through the CMS Quality Payment Program (QPP) for Medicare?

- ◯ Yes
- ◯ No

27. If you have clinicians who have achieved QP status through the QPP, for which Performance Years (PY) have they achieved it?

- [ ] PY 2017
- [ ] PY 2018
- [ ] PY 2019
- [ ] PY 2020

How did this certification add value to your VBP adoption and team-based care implementation strategies to support VBP?

28. Do clinicians within your organization intend to apply for QP status for Advanced APMs through QPP in future QPP Performance Years?

- ( ) Yes
- ( ) No

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section Five: Experience with VBP

29. If you are participating in VBP through any payer, how would you describe your *organization's* experience? Please describe the positive and/or negative impacts of VBP on your organization's experience.

- ◯ Very positive
- ◯ Positive
- ◯ Neutral
- ◯ Negative
- ◯ Very negative

Comments:

30. Relative to VBP, how would you describe your *employed clinicians'* experience? Please describe the positive and/or negative impacts of VBP on your employed clinicians' experience.

- ◯ Very positive
- ◯ Positive
- ◯ Neutral
- ◯ Other (please specify):
- ◯ Negative
- ◯ Very negative

31. If you are participating in VBP, what has *enabled* your participation?

- [ ] Interoperable data systems
- [ ] Access to comprehensive data on patient populations (e.g., demographics, morbidity data)
- [ ] Availability of timely patient/population cost data to assist with financial management
- [ ] Ability to understand and analyze payment models
- [ ] Sufficient patient volume by payer to take on clinical risk
- [ ] Consumer engagement
- [ ] Development of medical home culture with engaged providers
- [ ] Common clinical protocols and/or guidelines associated with training for providers
- [ ] Regulatory changes (e.g., state legislation promoting behavioral health integration, federal regulations regarding anti-trust/safe harbors)
- [ ] Aligned incentives and/or contract requirements
- [ ] Aligned quality measurements and definitions
- [ ] Trusted partnerships and collaboration with payers
- [ ] Trusted partnerships and collaboration with providers outside your organization
- [ ] State-based initiatives (e.g., State Innovation Model grant, Healthier Washington; Medicaid Transformation Demonstration)
- [ ] Other (please specify):

32. What are the greatest *barriers* to participating in VBP?

- [ ] Lack of interoperable data systems
- [ ] Lack of access to comprehensive data on patient populations (e.g., demographics, morbidity data)
- [ ] Lack of timely cost data to assist with financial management
- [ ] Inability to adequately understand and analyze payment models
- [ ] Insufficient patient volume by payer to take on clinical risk
- [ ] Lack of consumer engagement
- [ ] Lack of or difficulty developing medical home culture with engaged providers
- [ ] Differing clinical protocols and/or guidelines associated with training for providers
- [ ] Regulation or policies (federal, state, other)
- [ ] Misaligned incentives and/or contract requirements
- [ ] Misaligned quality measurements and definitions
- [ ] Lack of trusted partnerships and collaboration with payers
- [ ] Lack of trusted partnerships and collaboration with providers outside your organization
- [ ] Implementation of state-based initiatives (e.g., State Innovation Model grant, Healthier Washington; Medicaid Transformation Demonstration)
- [ ] Other (please specify):

33. The top three barriers reported in last year's provider survey were: (1) "*lack of timely cost data to assist with financial management*," (2) "*lack of access to comprehensive data on patient populations*" and (3) "*misaligned incentives and/or contract requirements*." Relative to these three barriers and other barriers listed above, is your current situation **better, worse, or about the same**? Please describe what is needed, and from whom (e.g., HCA, health plan partner, clinical practice) to improve on these barriers.

- ◯ Better
- ◯ About the same
- ◯ Worse

34. Realistically, how do you expect your participation in VBP to change over the next 12 months (in terms of total revenue from VBP contracts)?

- ◯ Increase
- ◯ Stay the same
- ◯ Decrease

35. Has the COVID-19 pandemic affected your practice's ability or capacity in the following ways? Please describe if you have experienced other impacts not listed here.

- ☐ Reduced willingness or ability to take on additional risk and/or VBP contracts
- ☐ Challenges to the sustainability of normal business operations
- ☐ Challenges to maintain ongoing and appropriate patient follow-up
- ☐ Negative impacts on quality measure reporting and/or performance
- ☐ Other:

36. From your perspective, how should payers, purchasers, and providers adjust their VBP strategies in light of the COVID-19 pandemic?

- ☐ Reduce/limit risk-based payment models until the pandemic is over
- ☐ Continue expanding VBP models
- ☐ Focus on global budget/capitated arrangements not necessarily tied to quality
- ☐ Pause the expansion of VBP and focus on sustaining access to and improving the availability and provision of telehealth services
- ☐ Other:

37. Relative to VBP, how clear are the respective roles of the HCA, payers (including MCOs), ACHs, and provider organizations? Please describe what actions from whom (e.g., HCA, health plan partners, clinical practice) would improve role clarity.

- ◯ Extremely clear
- ◯ Very clear
- ◯ Somewhat clear
- ◯ Not so clear
- ◯ Not at all clear

Comments:

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section Six: Sharing Response Information with ACHs

38. In order to better support ACHs understand the VBP landscape and to minimize the number of times health care providers are asked these types of questions, ACHs have asked us to share providers' survey responses with the relevant ACH(s). Does your organization give HCA permission to share the information above with the ACH(s) within whose regions you serve?

If you select "Yes" the ACHs within which you participate will not share your responses outside of their organization.

If you select "No" your responses will only be disclosed in aggregate or in accordance with public disclosure request laws.

- ◯ Yes
- ◯ No

Washington State Health Care Authority

2020 Paying for Value Provider Survey

Section Seven: Survey Follow-up

39. If we have follow-up questions, may we contact you? If yes, please enter your contact information below.

Name	
Title	
Email Address	
Phone Number	

Thank you for participating in the 2020 Paying for Value Provider Survey. We greatly appreciate your time and thoughtful. If you have feedback or recommendations on the survey (e.g., content or length), please let us know in the text box below: