

# 2024 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 set a goal of driving 90% of state-financed health care and 50% of the commercial market into value-based purchasing arrangements. In order to better understand your needs and inform our delivery system transformation efforts, HCA requests your participation in our annual survey. Responses will remain confidential and will only be disclosed in aggregate or in accordance with legal requirements for disclosure.

This survey asks for information on your involvement and experience with value-based purchasing in 2023. This survey includes three sections: Provider Information; Participation in VBP; and Experience with VBP and Support Needs. The financial questions included in the second section refer to the 2023 calendar year (January 1 – December 31, 2023).

We designed this survey for completion by an administrative leader, with consultation where necessary from clinicians. It should take about 30 minutes. **Please complete the survey by 11:59 p.m. PDT August 31.**

**The survey platform does not allow users to save their progress and return later.** If left open, the survey page will time out after 2 hours. This document is intended to allow you to gather information first, and then copy your responses into the survey portal when you are ready.

[When you are ready, start the live survey.](#)

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

## 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)
  - Behavioral Health Administrative Service Organization (BHASO)
  - Certified Community Behavioral Health Clinic (CCBHC)
  - Critical Access Hospital
  - Federally Qualified Health Center
  - Hospital
  - Hospital-owned or operated clinic/facility
  - Independent behavioral health practice
  - Independent medical practice
  - Inpatient clinic/facility
  - Multi-specialty practice
  - Oral health provider/dentist
  - Outpatient clinic/facility
  - Rural Health Clinic
  - Single-specialty practice
  - Tribal or Indian health care provider
  - Other (please specify)
3. Which type(s) of care are offered at your organization? (Select all that apply)
  - Behavioral health (mental health)
  - Behavioral health (substance or opioid use disorder)

- Primary care
  - Specialty medical care
  - Specialty surgical care
  - Oral/dental care
  - Other (please specify)
4. How many clinical full-time equivalents (FTEs) does your organization employ? (Select one)
- 0-5
  - 6-20
  - 21-50
  - 51-100
  - 101-500
  - 501-1000
  - 1001+
5. What is the size of your organization's patient panel? (Select one)
- 1-50
  - 51-100
  - 101-250
  - 251-500
  - 501-1000
  - 1001-3000
  - 3000+
6. In which Washington counties does your organization have physical 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

## Section Two: Participation in Value-based Purchasing (VBP) in 2023

This section refers to the [HCP-LAN APM Framework](#):

			
<p><b>CATEGORY 1</b> FEE FOR SERVICE - NO LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 2</b> FEE FOR SERVICE - LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p>	<p><b>CATEGORY 4</b> POPULATION - BASED PAYMENT</p>
	<p><b>A</b></p>	<p><b>A</b></p>	<p><b>A</b></p>
	<p><b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)</p>	<p><b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)</p>	<p><b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments, payments for specialty services, such as oncology or mental health)</p>
	<p><b>B</b></p>	<p><b>B</b></p>	<p><b>B</b></p>
	<p><b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)</p>	<p><b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p><b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)</p>
	<p><b>C</b></p>		<p><b>C</b></p>
	<p><b>Pay-for-Performance</b> (e.g., bonuses for quality performance)</p>		<p><b>Integrated Finance &amp; Delivery System</b> (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p><b>3N</b> Risk Based Payments NOT Linked to Quality</p>	<p><b>4N</b> Capitated Payments NOT Linked to Quality</p>

7. Please indicate which alternative payment model (APM) types you participate in with **Medicaid**: (Select all that apply)
  - Quality bonuses/Pay for Performance (2C)
  - Shared savings (upside only) (3A)
  - Shared savings and shared financial risk (upside and downside) (3B)
  - Population-based payment (4A-C)
  - None of the above (fee for service or other payment not tied to quality, Categories 1,2A-B, 3N, 4N)
  
8. Please indicate which alternative payment model (APM) types you participate in with **Medicare** (including Medicare Advantage): (Select all that apply)
  - Quality bonuses/Pay for Performance (2C)
  - Shared savings (upside only) (3A)
  - Shared savings and shared financial risk (upside and downside) (3B)
  - Population-based payment (4A-C)
  - None of the above (fee for service or other payment not tied to quality, Categories 1,2A-B, 3N, 4N)
  
9. Please indicate which alternative payment model (APM) types you participate in with **Commercial insurance**: (Select all that apply)
  - Quality bonuses/Pay for Performance (2C)
  - Shared savings (upside only) (3A)
  - Shared savings and shared financial risk (upside and downside) (3B)
  - Population-based payment (4A-C)
  - None of the above (fee for service or other payment not tied to quality, Categories 1,2A-B, 3N, 4N)
  
10. Roughly how much of your practice revenue is tied to APMs (2C-4C) from any payer? (Select one)
  - 0-5%
  - 6-20%
  - 21-40%
  - 41-60%
  - 61-80%
  - 81-100%
  - Unknown
  
11. Please select the **top 3** payers and payment models that provide the most revenue for your practice.
  - Medicaid - Quality bonuses/Pay for Performance (2C)
  - Medicaid - Shared savings (upside only) (3A)
  - Medicaid - Shared savings and shared financial risk (upside and downside) (3B)
  - Medicaid - Population-based payment (4A-C)
  - Medicaid - fee for service or other payment not tied to quality (Categories 1,2A-B, 3N, 4N)
  - Medicare - Quality bonuses/Pay for Performance (2C)
  - Medicare - Shared savings (upside only) (3A)
  - Medicare - Shared savings and shared financial risk (upside and downside) (3B)
  - Medicare - Population-based payment (4A-C)
  - Medicare - fee for service or other payment not tied to quality (Categories 1,2A-B, 3N, 4N)
  - Commercial - Quality bonuses/Pay for Performance (2C)
  - Commercial - Shared savings (upside only) (3A)
  - Commercial - Shared savings and shared financial risk (upside and downside) (3B)

- Commercial - Population-based payment (4A-C)
  - Commercial - fee for service or other payment not tied to quality (Categories 1,2A-B, 3N, 4N)
12. How are the majority of your providers paid? (Select one)
- Salaried
  - Share of practice revenue
  - Quality bonuses
  - Volume-based payment only
  - Other (please specify)
13. Does enrollment in a VBP arrangement change how providers are paid? Please elaborate.

## Section Three: Experience with VBP and support needs

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14. In your opinion, what are the most significant changes your organization or clinicians have made in response to VBP? (For example: increased attention to quality in incentivized areas; increased coordination; administrative changes; IT upgrades; etc.)
15. Overall, how has VBP impacted care quality in your organization? (Select one)
- Reduced quality
  - No impact on quality
  - Improved quality
  - Unknown
16. Please elaborate on your response to the previous question. Please share if quality impacts vary by payer type (Medicaid, Medicare, commercial, etc.).
17. Overall, how has VBP impacted team-based care in your organization? (Select one)
- Reduced team-based care
  - No impact on team-based care
  - Increased team-based care
  - Unknown
18. Please elaborate on your response to the previous question. Please share if team-based care impacts vary by payer type (Medicaid, Medicare, commercial, etc.).
19. How would you describe your organization's interest in implementing new or expanding current APMs? (Select one)
- Very interested
  - Somewhat interested
  - Not interested
  - Unknown
20. Please elaborate on your response to the previous question. Please share if your interest varies by payer type (Medicaid, Medicare, commercial, etc.).
21. Technical Support: What type of technical support would be most helpful to your organization? Please describe other technical support needs, if applicable. (Select all that apply)
- Value-based reimbursement support
  - Behavioral/physical health integration

- Practice transformation
- HIT/HIE planning, implementation, and/or reporting
- Addressing social determinants of health or health-related social needs
- Addressing health inequities
- Other (please specify)

22. Is there anything else you want to share with HCA about your experience with value-based payment?

23. If HCA has follow-up questions about your responses, would you be willing to speak with us? If so, please provide contact information below.

- Name:
- Email: