

**Washington State Health Care Authority Provider Survey on Value-Based Payment (VBP) - CY 2016**

**I. Provider Information**

**A) Organization Name** (Include provider name if independent practice)

Enter text here

**B) Which type(s) of provider organization most closely aligns with your organization?** (Select "X" for each applicable)

Not-for-profit
For-profit
Single-provider practice
Independent, multi-provider single-specialty practice
Multi-specialty practice
Rural Health Clinic
Federally Qualified Health Center
Hospital
Critical Access Hospital
Inpatient clinic/facility, including evaluation and treatment centers
Outpatient clinic/facility
Behavioral health provider (e.g., mental health provider, substance use disorder provider)
Tribal health care provider
Other   If other, please describe: Enter text here

**C) 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?)** (Select "X" next to one option)

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

**D) What counties does your organization primarily serve?** (Select "X" for each applicable)

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

<b>II.</b>	<b>Participation in Value-Based Payment (VBP)</b>					
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A)	For each payer (Medicaid, Medicare, commercial), please provide the following:	Medicaid	Medicare	Other Government	Commercial	Self Pay
	<b>(i) Total Revenue for CY 2016</b> (Enter revenue, as defined in Definitions tab, in space to the right)	\$ -	\$ -	\$ -	\$ -	\$ -
	<b>(ii) Did you receive any of this CY 2016 revenue through VBP, defined as payments made through arrangements described in Categories 2C through 4B, below?</b> (Categories are listed below and defined in Definitions tab; select "Yes" or "No" to right)					
	<b>(iii) For each payer, what is the approximate percentage of revenue for each payment category listed below?</b> (Enter approximate percentage to the right of each payment category, as defined in Definitions tab)	<b>Medicaid</b>	<b>Medicare</b>	<b>Other Government</b>	<b>Commercial</b>	<b>Self Pay</b>
1 - FFS, No Link to Quality	<b>1 Fee-for-Service</b>	0%	0%	0%	0%	0%
2 - FFS, Link to Quality	<b>2A Foundational Payments for Infrastructure &amp; Operations</b>	0%	0%	0%	0%	0%
	<b>2B Pay for Reporting</b>	0%	0%	0%	0%	0%
	<b>2C Rewards for Performance</b>	0%	0%	0%	0%	0%
	<b>2D Rewards and Penalties for Performance</b>	0%	0%	0%	0%	0%
3 - APMs Built on FFS	<b>3A APMs with Upside Gainsharing</b>	0%	0%	0%	0%	0%
	<b>3B APMs with Upside Gainsharing and Downside Risk</b>	0%	0%	0%	0%	0%
4 - Population-Based Payment	<b>4A Condition-Specific Population-Based Payment</b>	0%	0%	0%	0%	0%
	<b>4B Comprehensive Population-Based Payment</b>	0%	0%	0%	0%	0%
<b>Total (should equal to 100% for each payer)</b>		<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

B)	If you are receiving VBP from any payer, how has your overall experience with VBP been? (Select "X" next to one option)
	Very positive
	Somewhat positive
	Neutral
	Somewhat negative
	Very negative
	N/A
	Comments: <i>Please provide a few sentences describing the above selection</i>

C)	If you are receiving VBP from any payer, what has enabled your participation in VBP? (Select "X" for each applicable)
	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 anit-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   If other, please describe: <i>Enter text here</i>
	N/A

<b>D)</b>	<b>FOR ALL PROVIDERS: What are the greatest barriers for engaging in value-based purchasing? (Select "X" for each applicable)</b>
	Lack of interoperable data systems
	Lack of access to comprehensive data on patient populations (e.g., demographics, morbidity data)
	Lack of availability of timely patient/population 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   If other, please describe: <i>Enter text here</i>

<b>E)</b>	<b>FOR ALL PROVIDERS: Realistically, how do you expect your participation in VBP to change over the next 12 months? (Select "X" next to one option)</b>
	Increase by more than 50%
	Increase by 25-50%
	Increase by 10-24%
	Increase by up to 10%
	Stay the same
	Decrease by up to 10%
	Decrease by 10-24%
	Decrease by 25-50%
	Decrease by >50%

<b>III.</b>	<b>Sharing Response Information with Accountable Communities of Health (ACH)</b>
<b>A)</b>	In order to minimize the number of times health care providers are asked these types of questions, the Accountable Communities of Health (ACH) 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?  <i>If you select "No" your responses will only be disclosed in aggregate or in accordance with public disclosure request laws.</i>
	Yes
	No

<b>IV.</b>	<b>Survey Follow-up</b>
<b>A)</b>	<b>If we have follow-up questions, may we contact you? If yes, please enter your contact information below.</b>

**Name**

**Title**

**Email Address**

[\*\*SUBMIT SURVEY\*\*](#) *(Don't forget to attach your survey!)*

**Thank you!**