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EPT VBP Office Hours

March 11, 2026

Agenda

1. Welcome
2. Refresh on VBP terms
3. Review the EPT VBP Milestone and VaPCAT
4. Hear EPT Practice Experiences with the VaPCAT
5. Review Deliverable Template
6. Questions about the Milestone and Deliverable Template
7. Next Steps

Welcome

Please:

Rename yourself

1

Click the Participants icon

2

Hover over your name & click Rename

3

Add your name, pronouns and organization

4

Click OK

If you connected to the audio using your phone

- Find your participant ID; it should be in the top left of your Zoom window
- Once you find your participant ID, press: #number# (e.g., #24321#) to connect your audio and video
- The following message should briefly appear: “You are now using your audio for your meeting”

VBP Terms

Definitions: VBP vs VBC

VALUE-BASED PAYMENT (VBP)

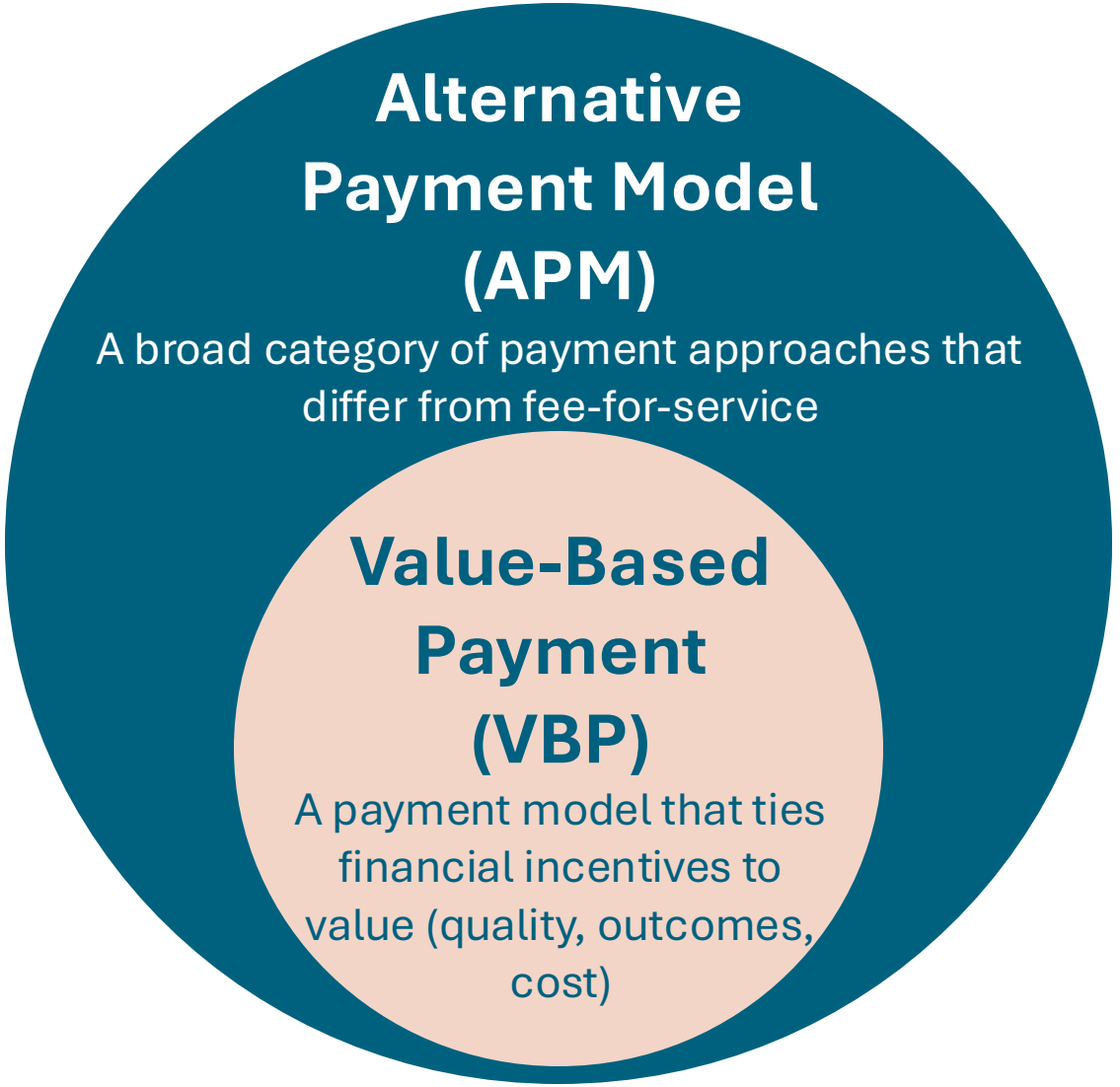
- How care is **financed**
- Financially rewards providers for:
  - Cost efficiency
  - Quality outcomes
  - Patient experience
- Key features:
  - Financial model
  - Payment tied to performance
  - May involve shared savings or risk
  - Patient attribution to a practice

VALUE-BASED CARE (VBC)

- How care is **delivered**
- Focuses on process/practice improvements that result in:
  - Patient health outcomes
  - Delivering high quality, coordinated care
  - Patient experience
  - Cost effective care
- Key features:
  - Care model
  - Team-based, coordinated
  - Emphasis on prevention, population health

Definition: APM vs VBP

All VBP models are an APM, but not all APM = VBP



VBP Milestone & VaPCAT

EPT Value-Based Payment (VBP) Milestone

The milestone can be submitted in May 2026 or November 2026

Milestone Description

Conduct assessment of VBP capabilities, identify gaps, and develop an action plan to improve readiness for VBP contracting

Milestone Components

1. Complete a 36-item assessment to understand VBP core capabilities: leadership, operations, data, financial, & partnerships
2. Use the results to identify gaps
3. Based on gap analysis, identify a plan for improvement

The milestone **does not require** EPT practices to enter into a new VBP contract

VaPCAT Overview

- 36 questions covering 5 competency domains needed for success with value-based payment
- To be completed by a senior leader at the organization with visibility into financial, operational and data assets of the organization
- Intended to supplement clinical capabilities needed for value-based care as assessed by the Population Health Management Capabilities Assessment Tool (PhmCAT)
- Takes less than 30 minutes to complete with limited need to access other data.

How was the VaPCAT developed?

Formed a 30-member Medi-Cal VBP Implementation Work Group

- Multi-stakeholder participants meet monthly and include representatives from the Learning Center, California Department of Health Care Services, California Primary Care Association, California Medical Association, California Quality Collaborative, health plans and practices

Reviewed existing value-based pay tools & frameworks from literature and other groups

- Questions were adapted primarily from Milbank Memorial Fund report “Building Bridges to Value” by H. Glassberg

Vetted concepts/questions with the workgroup and formally tested tool with diverse practices

- A diverse set of 8 practices (4 independent practices, 3 FQHCs, 1 tribal practice) completed the VaPCAT and answered questions about their experience
- Adaptations to language and content were made

VaPCAT Purpose and Structure

What is the purpose of using the VaPCAT?

Five-domain assessment that is used to:

- Outline what value-based pay capabilities and experience are needed at the practice or accessible to the practice through a partner for success in value-based payment (VBP)
- Identify practice strengths and opportunities for development that can help practices target appropriate, revenue-generating opportunities
- More detail on the capabilities within each domain are included in the Appendix

How is it structured?

- Practices affirm if a given capability is in place at their practice or available through a partner or neither
- Questions marked with (*) are most appropriate for large practices or accountable care entities interested in more advanced VBP approaches

Five VaPCAT Domains

- Leadership, governance & legal
- Operations
- Data, analytics & technology
- Financial
- Payer & partner relationships

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What are the VaPCAT questions like?

Leadership, Governance, Legal					
Capability	**An area of strength at our organization**	**In place at our organization with room for improvement**	**Starting to be in place at our organization**	**Not in place at our organization, but available to us through IPA, ACO, or MCP or other accountable care entities**	**Not in place at our organization or available to us through other accountable care entities**
Senior clinical and operations leaders who support /champion VBP work	●	○	○	○	○
Owner or board members who support/ champion VBP implementation & investment	○	●	○	○	○
Committee or governance body specific to overseeing the VBP arrangement*	○	○	○	○	○
Determination of whether an organizational entity can bear risk or whether it should join or create a risk-bearing entity*	○	○	○	●	○

"I have a better understanding of what needs to happen prior to the organization being ready. I may use the results to encourage some operational changes that will improve our readiness in the next year or two."

"We rely on our ACO for a lot of VBP assessment!"

"We need more specific education on how a VBP model could work"

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Hearing from an EPT Survey Tester

Robert Randolph

Operations Manager Population Health & Primary Care

Barton Community Health Center

South Lake Tahoe, CA

- What would you add to the advice that was shared today?
- What is something you or your team learned from the VaPCAT?
- How are you planning to use the information or results from the VaPCAT in your practice?

Completing the VaPCAT

Tips to Complete the VaPCAT

- Who completes: It is best completed by someone with visibility into financial, operational and data assets. If no one holds all these perspectives, solicit input from several leaders.
- Timing: More than half of beta testers completed it in 15 minutes. We suggest setting aside 30 minutes in case you need more time.
- Additional TA: If there are terms you don't understand, do your best. There will be more TA available in practice tracks, learning communities and on PopHealth+ modules coming soon.
- Internal v. external capabilities: These capabilities you may have at your site or have access to through a relationship with an independent practice association or accountable care organization.
- Variation in types of VBP arrangements: The capabilities with an asterisk (*) are most relevant to large practices or Accountable Care Entities (ACEs) participating in advanced VBP payment arrangements. Start by looking at your capabilities on the items without an (*) as they are applicable to all practices interested in any level VBP arrangement.

Accessing the VaPCAT

- VaPCAT on the Learning Center website: https://pophealthlearningcenter.org/wp-content/uploads/2026/02/Value-Based-Pay-Capacity-Assessment.pdf
- Available in the EPT Deliverable Portal today (March 11)

Questions

Review VBP Deliverable Template

EPT Value-Based Payment (VBP) Milestone

Milestone Description

Conduct assessment of VBP capabilities, identify gaps, and develop an action plan to improve readiness for VBP contracting

Milestone Components

1. Complete a 32-item assessment to understand VBP core capabilities: leadership, operations, data, financial, & partnerships
2. Use the results to identify gaps
3. Based on gap analysis, identify a plan for improvement

VBP Deliverable – Gap Analysis

The gap analysis enables EPT practices to use the results from the VaPCAT to identify areas where capabilities may not be fully built out. Identifying and prioritizing these areas can improve readiness to participate in VBP arrangements.

VBP Deliverable - Gap Analysis

VBP Gap Analysis					
Domains	**Current State** (brief description of existing capabilities)	**VBP Domain Maturity** (scale of 0 – 5)	**Specific Capability Gaps**	**Priority for Action** (high, medium, low)	**Rationale**
Leadership, Governance, and Legal (e.g., organizational alignment & VBP implementation, governance & oversight, and risk assessment)					
Operations (e.g., educate staff on VBP, dedicated staff responsible for and skilled in negotiating VBP contracts, care management approach, contracting/credentialing/ grievance/utilization review functions)					
Data, Analytics, and Technology (e.g., performance measurement, track quality & cost, data-driven decision making, QHIO connection, tracking rising risk)					
Financial (e.g., model risk & potential payments, possess sufficient billing and coding expertise, dashboards, reserves)					
Payer and Partner Relations (e.g., productive relationships with clinical and community partners; functional data exchange; shared accountability for quality/cost)					

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VBP Deliverable - Gap Analysis cont.

- Based on the gap analysis, describe how your practice will address the **three capabilities** you identified in the Action Plan section. In your description, include:
  1. The specific capability you want to develop or improve
  2. Why this is a priority for your practice
  3. If the capability is best developed/improved internally or provided by a partner (e.g., IPA, MCP, ACO). (Note: These three areas of improvement will become the basis of your VBP action plan.)

Note

- Different VBP models require different organizational capabilities.
- Numerous VaPCAT items are marked with an asterisk (*). These items are most relevant to large practices or Accountable Care Entities participating in advanced VBP models.
- While practices will respond to all questions in the VaPCAT, smaller practices and clinics are more likely to have gaps in items with an asterisk; they may not prioritize these items for capability-building work reflected in the action plan.

VBP Deliverable - Action Plan

The action plan describes what will be involved in improving the three capabilities practices identified in the gap analysis. This section also describes activities practices engaged in to develop the plan.

Describe Your Action Planning Process:

- Summarize the process your practice used to develop the action plan, including:
  1. A brief overview of your activities and approach
  2. The leadership and staff involved in the discussions
  3. How this aligns with other priorities you have

VBP Deliverable – Action Plan

Practices identified these 3 capabilities in the Gap Analysis

VBP Action Plan							
Area of Improvement	**Goals**	**Major Activities & Timeline**	**Key Decisions**	**Structural Changes**	**Staffing**	**Leadership Engagement**	**Measuring Progress**
[list the first improvement opportunity]							
[list the second improvement opportunity]							
[list the third improvement opportunity]							

VBP Deliverable – Action Plan (Risks & Mitigation Strategies)

Risks & Mitigation Strategies

1. Identify the two most likely implementation risks your practice will face
   - Describe why you think you are likely to encounter them
2. For each risk, provide at least one mitigation strategy

Questions + Next Steps

Preparing for the VaPCAT

Next Steps to Complete the VaPCAT

1. Listen to the VBP Learning Community slides and recording, if you missed the session:
   - Slides: https://pophealthlearningcenter.org/wp-content/uploads/2026/02/2026-February-Learning-Communities-Part-1-and-2.pdf
   - Recording: https://zoom.us/rec/share/agVmUojRONn5ra5mHyecY9hanxBnULGGObsaH3bRTwpqo8Y7RUuqDsO8xsPCJFDw.JXTDy-Y3oP-vpAJK
2. Review the Value-Based Pay Capability Assessment Tool & Rubric
   - VaPCAT on EPT website: https://pophealthlearningcenter.org/wp-content/uploads/2026/02/Value-Based-Pay-Capacity-Assessment.pdf
   - Available to complete and download in the deliverable portal today (March 11).
3. Review the tips on Slide 17. Consider who in your practice is the best person to respond, set aside 30 minutes to complete it, and consider meeting as a team to review responses.

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Preparing to Complete the VBP Deliverable

Submitting the VBP Deliverable

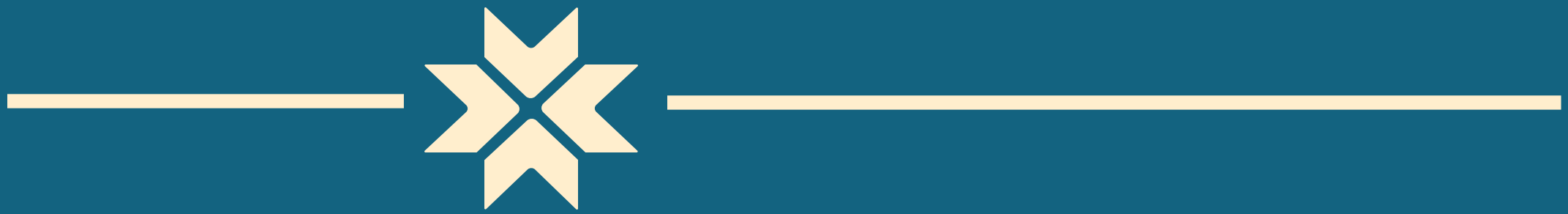
1. Review the VBP deliverable template and rubric on the EPT website:
   - VBP deliverable template: https://pophealthlearningcenter.org/wp-content/uploads/2026/02/Value-Based-Pay-Capacity-Assessment.pdf
   - Rubric: https://pophealthlearningcenter.org/wp-content/uploads/2026/03/2026-0305-EPT-VBP-Rubric.pdf
2. Meet with your team to discuss your VaPCAT findings:
   - Align on gaps
   - Discuss the capabilities you will focus on in your action plan
3. Submit the VBP milestone via the EPT deliverables portal in May 2026 or November 2026

Coming Soon!

- Stay tuned for a foundational VBP module coming in April 2026 (Note: you don't need to review the module to complete the VaPCAT or the deliverable template)

Questions

Appendix



VaPCAT Domain 1. **Leadership, Governance, Legal**

This domain supports:

- ✓ Organizational alignment
- ✓ VBP implementation
- ✓ Governance & oversight
- ✓ Risk assessment

Sample Capabilities

- Senior clinical and operations leaders who support / champion VBP work
- Owner or board members who support / champion VBP implementation & investment
- Committee or governance body specific to overseeing the VBP arrangement*
- Determination of whether the organization can bear risk or whether it should join or create a risk-bearing entity*

* Capabilities appropriate for Category 3 and 4 VBP

VaPCAT Domain 2. **Operations**

This domain supports:

- ✓ VBP expertise on staff
- ✓ Care management
- ✓ Contracting/credentialing/ grievances/utilization review functions

Sample Capabilities

- Person responsible for (educating staff about VBP and its impact on patient care
- Person responsible for and skilled in negotiating VBP contracts / terms with payers
- Care management approach to identify and manage the care of individuals with complex care needs
- Ability to contract with clinicians outside the organization to take on risk-based contracts*

* Capabilities appropriate for Category 3 and 4 VBP

VaPCAT Domain 3. **Data, Analytics, and Technology**

This domain supports:

- ✓ Performance measurement
- ✓ Ability to track quality and cost
- ✓ Using data to support decision making

Sample Capabilities

- Ability to review (and correct, if needed), patient attribution or assignment
- Connections to QHIOs and/or other data exchanges to obtain patient data
- Dashboard reports to monitor quality performance
- Ability to obtain and analyze claims data*
- Database of contact information enabling outreach to attributed patients*

* Capabilities appropriate for Category 3 and 4 VBP

VaPCAT Domain 4. **Financial**

This domain supports:

- ✓ Ability to model risk and understand payments earned
- ✓ Sufficient billing and coding expertise

Sample Capabilities

- Methodology to allocate and apportion any gains or losses among participating clinicians or other partners
- Billing and coding expertise to capture all care delivered
- Dashboard reports to track spending performance against contract goals over the year to inform management and meet benchmarks*
- Funding of capital reserves*

* Capabilities appropriate for Category 3 and 4 VBP

VaPCAT Domain 5. **Payer and Partner Relations**

This domain supports:

✓ Productive relationships and data exchange with partners (e.g., hospitals, specialists, CBOs, MCPs, IPAs, and more)

Sample Capabilities

- Productive working relationships with hospitals, specialists, behavioral health providers, and community organizations within the service area to support care coordination and care transitions to and from emergency room, in-patient settings, etc.
- Functional data sharing capabilities with IPAs, ACOs or MCPs including data exchange