The McSilver Institute for Poverty Policy and Research at New York University, along with Mercer and OMHSAS have developed the Value Based Organization Self-Assessment (OSA). The purpose of the Value Based OSA is to assess organizational readiness in a value-based environment across a number of critical domains. Completion of the assessment tool will help each provider understand where their strengths lie and where they need to concentrate their readiness efforts. Below are some helpful tips to consider when filling out your agency’s OSA.

**OSA Distribution Logistics**
1. The OSA should be completed online by clicking [HERE](#).
2. Questions are multiple choice with a combination of: yes/no, check all that apply, and 1-5 ability rating responses.
3. Each agency should only submit ONE online assessment.
4. The deadline for submitting your agency’s OSA is by **Wednesday, July 22nd, 2020**
5. If you have any questions, please email us at: c-nngatta@pa.gov

**Tips for Completing Your Agency’s OSA:**
1. Since this OSA is designed to assess your agency’s readiness in a Value-Based Environment, all responses should be answered at the **Agency/Organization level**.
2. Set aside time to discuss the OSA with your team. Use the PDF provided to **draft your agency’s answers** first.
3. Once all answers are finalized, designate one person to submit/transfer the data from the PDF into the online survey.
4. To make sure your OSA responses are accurately linked to your agency, thoroughly fill out the demographic questions and avoid using abbreviations/acronyms.
5. There is no save option on the assessment. **Make sure you allocate enough time to enter all of the responses in one sitting**
6. **Double check your answers before submitting.** Once you submit your assessment you cannot go back and edit without re-doing the whole thing

**Helpful Definitions:**

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**VBP Payment Models/Arrangement:**

- **S1: Performance-based Contracting** — Contracts in which payment is linked to provider performance and require providers to undertake specific activities or meet certain benchmarks for services. These contracts may include incentives and penalties, caseloads and Pay for Performance.

- **M2: Bundled & Episodic** — A single bulk payment for all services rendered to treat an individual for an identified condition during a specific time period. These payments also include case rates.

- **M3: Shared Savings** — Supplemental payments to providers if they are able to reduce health care spending for a defined patient population relative to a benchmark. The payment is a percentage of the net savings generated by the provider.

- **M4: Shared Risk** — An arrangement of shared financial responsibility between payer and provider that allows for cost control, efficiency of service use and quality. In this arrangement, both financial savings and losses are shared.

- **L5: Capitation** - A payment arrangement for health care service providers that pays a set amount for each enrolled person assigned to them, per period of time, regardless of whether the person receives services during the period covered by the payment.

- **L6: Capitation + Performance-based Contracting** - This payment arrangement adds performance based contracting as a supplemental incentive to a capitation contract.

**Social Determinants of Health (SdoH):** Services that address conditions associated with places where people live, learn, work, and play that impact a wide range of health risks and outcomes. Some examples of SdoH include but are not limited to; housing, employment, food insecurities, education, etc.

**Revenue Cycle Management (RCM):** Describes the life cycle of a client account from creation to payment collection and resolution. Revenue cycle management is supported by a number of additional activities necessary to assure that all encounters are billable, meet regulatory requirements and revenue collection is maximized

**Unit Cost:** Unit cost is the amount of money it takes to provide one service, regardless of reimbursement. To calculate unit cost you need total costs of providing services divided by total number of services for the time period.

**Standardized Reports:** Data standardization is this process of making sure that your data elements are defined and measured in a similar and systematic way across your data set and across various services and programs so that data can be compared across organizations. The goal of standardization is to ensure uniformity. Standardized reporting is a type of reporting process that seeks to produce consistent, reliable, actionable information across the organization. A reporting process is standardized if it can be applied across different services and programs across an organization.

- **Fully standardized:** All reports and data across my organization are standardized.

- **Mostly standardized:** Almost all reports and data across my organization are standardized, but a few reports and data elements are still created and captured on an as needed basis.
● **Somewhat standardized:** Our organization uses a mix of standardized reports and ad-hoc reports and collects some data in a standardized format, but other data in a non-standard format.

● ** Mostly not standardized:** Almost all reports and data across my organization are **not** standardized, but a few reports and data elements are standardized.

● ** Not at all standardized:** We do not use standardized data or reports at my organization--we collect data and create reports in many different ways as needed.