OHA VBP PCPCH Data and CDA VBP Data Template - General Instructions

1. **Required:** Complete all yellow highlighted cells on the following worksheets:
"PCPCH"
"Model Descriptions"
"Hospital CDA VBP Data"
"Maternity CDA VBP Data"
"Behavioral Health CDA VBP Data"

Required: Complete all yellow highlighted cells on one of the following worksheets. The other worksheet is optional:
"Children's Health CDA VBP Data"
"Oral Health CDA VBP Data"

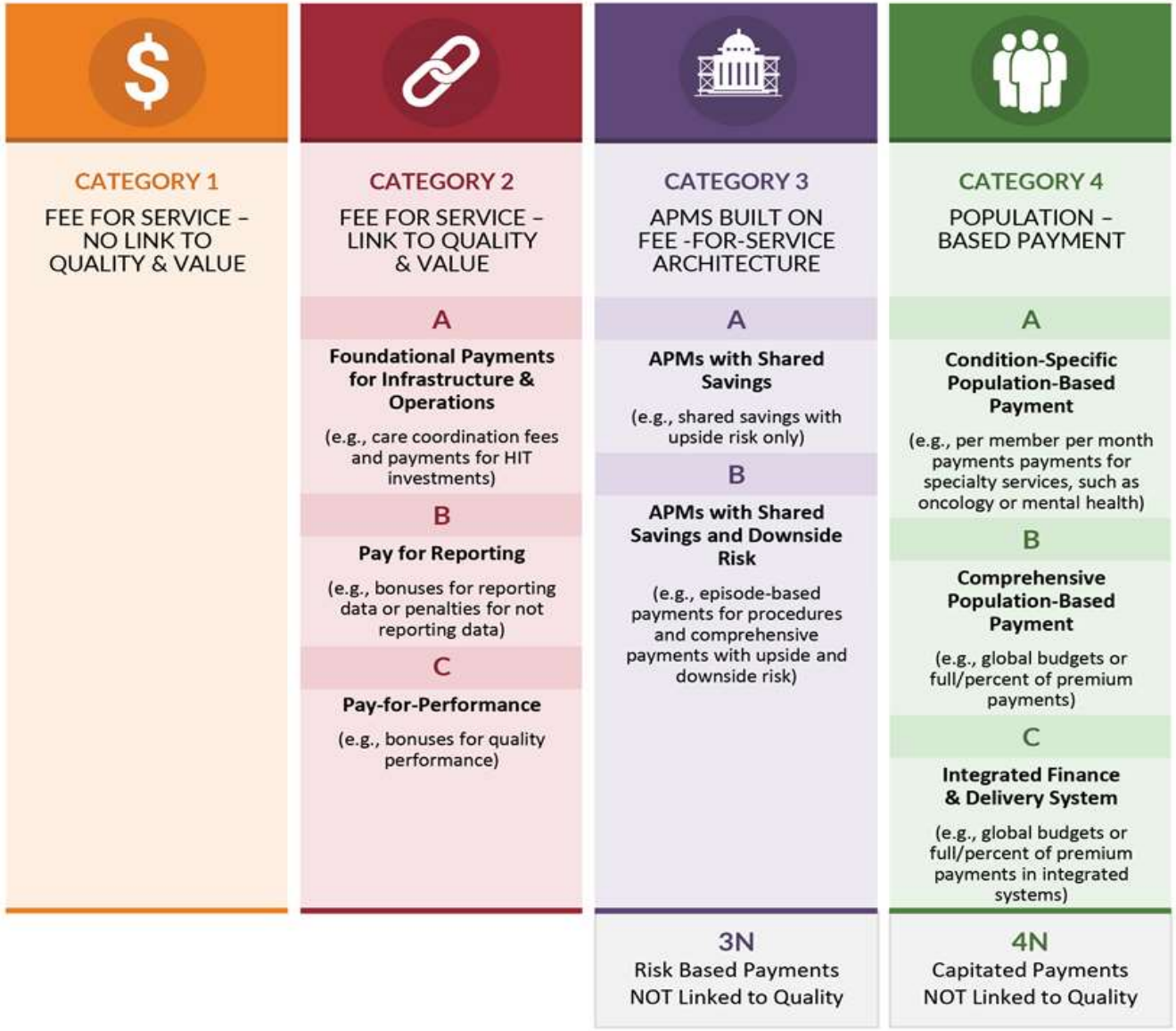
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in Category 3A for shared savings because 3A (shared savings) is more advanced than 2C (pay-for-performance).

3. In addition to the HCP-LAN framework, Contractor shall use the VBP Roadmap for Coordinated Care Organizations and the OHA VBP Technical Guide for Coordinated Care Organizations for the VBP specifications and the appropriate LAN VBP category for each payment model, located at https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Value-Based-Payment.aspx

5. The completed VBP PCPCH Data and CDA VBP Data Template must be submitted to the following email address: **OHA.VBP@odhsoha.oregon.gov** no later than May 5, 2023. It may not be submitted as a PDF document and must remain a Microsoft Excel spreadsheet. Please use the following naming convention when submitting the template: CCO + reporting year + title of template (e.g. CCOABC 2020 VBP PCPCH Data and CDA Template).

version 02032023

https://hcp-lan.org/groups/apm-refresh-white-paper/



CONTRACTOR/CCO NAME: Cascade Health Alliance
REPORTING PERIOD: 1/1/2022 - 12/31/2022

Enter the per-member-per-month (PMPM) dollar amount you paid clinics participating in the Patient Centered Primary Care Home (PCPCH) program. If the PMPMs vary for a given tier, you may enter a range. Otherwise, enter a single dollar amount. In the "Average PMPM" column, enter the average PMPM payment for each tier, weighted by enrollment. If you paid one 'Tier 1' clinic $9.50 PMPM and another 'Tier 1' clinic $10.00 PMPM, and the first clinic had three times the number of members attributed as compared to the second clinic, then the average weighted PMPM would be $9.625. ($9 50 x 0.75 + $10.00 x 0 25 = $9.625). The weighting may be calculated using number of members or number of member months.

Evaluation criteria for this worksheet Response required for each highlighted cell, even if there are no current clinics in your service area at that tier level. Non-response in a highlighted cell will not be approved.

PCPCH Tier	Number of contracted clinics	PMPM dollar amount or range	Average PMPM dollar amount	If a PMPM range (rather than a fixed dollar amount) is provided in column C, please explain.	If applicable, note any deviations and rationale from required payment per tier (e g. no payments to tier 1 clinics because there are none in CCO service area).
Tier 1 clinics	0	$ [redacted]	$ [redacted]	NA	There are no Tier 1 clinics in our service area.
Tier 2 clinics	0	$ [redacted]	$ [redacted]	NA	There are no Tier 2 clinics in our service area.
Tier 3 clinics	1	$ [redacted]	$ [redacted]	NA	NA
Tier 4 clinics	3	$ [redacted]	$ [redacted]	NA	NA
Tier 5 clinics	1	$ [redacted]	$ [redacted]	NA	NA

CONTRACTOR/CCO NAME: 0
REPORT NG PERIOD: 1/1/2022 - 12/31/2022

Evaluation criteria for this worksheet Response required for each highlighted cell. Non-response in a highlighted cell will not be approved.

Brief description of the five largest models, defined by dollars spent and VBPs implemented (e.g. condition-specific (asthma) population-based payment)	**Most advanced LAN category in the VBP model** (4 > 3 > 2C) *Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.*	**Percentage of payments made through this model at the highest indicated LAN category**	**Additional LAN categories within arrangement**	**Total dollars involved in this arrangement**	**Quality metric(s)**	**Brief description of providers & services involved**	**Please describe if and how these models take into account** **- racial and ethnic disparities &** **- individuals with complex health care needs**
Capitation and risk sharing with local PCPCH offices including VBP's on percentage of panel seen, risk adjusting capitation payment based on acuity of the panel, and increasing panel size from prior year.	4A	48%	3B, 2C, 2Ai, 1A	$17,534,194	Percentage of panel seen, risk adjusting capitation payment based on acuity of the panel, increasing the panel size from prior year, seclect OHA incentive metrics.	All services provided by the contracted PCPCH.	The capitation portion on the VBP is adjusted based on complexity.
Capitation and risk sharing with local dental offices including VBP's on percentage of panel seen.	4A	64%	3B, 2C, 1A	$5,627,086	Percentage of panel seen, OHA incentivized dental measures.	All services provided by the contracted dental provider.	Does not take these factors into account.
Risk sharing with local hospital including VBP's on certain metrics.	3B	26%	2C, 1A	$28,662,974	Early elective delivery rate, congestive heart faily all cause readmission rate, Engagement in Treatment quality metric.	All hospital services at local hospital.	Does not take these factors into account.
Risk sharing with local behavioral health facility including VBP's on certain metrics.	3B	30%	2C, 1A	$10,657,784	Percent of patients receiving qualifying billable services within 30 days of initial evaluation and improvement of documentation of severity of clinical conditions	All services provided by the behavioral health provider.	Does not take these factors into account.
Risk sharing with local PA of specialists including VBP attached to adjusting payment based on risk scores. (Multiple contracts with both individual practitioners and clinics.)	3B	42%	2C, 1A	$8,906,529	Retrospective adjustment of payments made based on patient acuity using risk scores	All services provided by the Klamath Falls PA.	Medical complexity is taken into account when calculating retrospective risk based payments.

Required implementation of care delivery areas by January 2023 Refer to Value-based Payment Technical Guide for CCOs at https //www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs pdf for more information on requirements.

Evaluation criteria for this worksheet Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CONTRACTOR/CCO NAME:	Cascade Health Alliance
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	See Maternity CDA VBP Data tab.
LAN category (most advanced category)	
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)

Required implementation of care delivery areas by January 2023 Refer to Value-based Payment Technical Guide for CCOs at https //www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs pdf for more information on requirements.

Evaluation criteria for this worksheet Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CONTRACTOR/CCO NAME:	Cascade Health Alliance
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Maternity Care CDA & Hospital Care CDA**
LAN category (most advanced category)	**3B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	**Payment arrangement includes upside and downside risk on risk sharing agreement payments. Types of providers include Sky Lakes Medical Center (hospital) and obstetric patients.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**N/A**
Total dollars paid	**$ 314,339**
Total unduplicated members served by the providers	**91**
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	**N/A**
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	**N/A**

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Elective delivery rate	**Joint Comission, NQF**	**Target rate of less than 5%**	**2022 results = 1.1%**

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Evaluation criteria for this worksheet Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CONTRACTOR/CCO NAME:	Cascade Health Alliance
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Behavioral Health Care CDA**
LAN category (most advanced category)	**3B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	**Payment arrangement includes upside and downside risk on FFS withold payments. Types of providers include Beharioral Health Clinics.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Members seeking specialty BH services typically have complex healthcare needs.**
Total dollars paid	**$ 366,099**
Total unduplicated members served by the providers	**1,176**
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	**NA**
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	**NA**

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Patients receiving qualifying billable mental health services within 30 days of an initial evaluation	**None**	**Compare to providers' performance in prior year.**	**Achievement of a benchmark or 3% improvement from prior years performance.**

Required implementation of care delivery areas by January 2023 In 2022, CCOs were required to implement three new or expanded CDA VBP arrangements from an existing contract (in hospital care, maternity care, and behavioral health care). In 2023 and 2024, CCOs are required to implement a new or expanded VBP at the beginning of each year in each of the remaining CDAs (children's health care and oral health care). VBP contracts in all five CDAs must be in place by the beginning of 2024. Refer to Value-based Payment Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf for more information on requirements.

Evaluation criteria for this worksheet CCO must fill out a worksheet for either oral health or children's health. The remaining worksheet (for the remaining CDA) is optional.

CONTRACTOR/CCO NAME:	Cascade Health Alliance
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Oral Health CDA**
LAN category (most advanced category)	**4A**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	**Capitation and risk sharing with local dental offices including VBP's on percentage of panel seen and OHA incentivized dental metrics.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**All assigned members are included in the VBP.**
Total dollars paid	**$ 366,099**
Total unduplicated members served by the providers	**12,022**
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

Metric	Metric steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Percent of members seen for any service in the calendar year.	None	Quality was assessed as performance against tiered targets of 40%, 45%, and 50%.	Provider performance varied considerably.
OHA oral evaluation in diabetes	OHA	Quality was assessed as percent of members in the denominator receiving the service.	Provider performance varied considerably and generally improved compared with 2021
OHA preventive dental 1-5	OHA	Quality was assessed as percent of members in the denominator receiving the service.	Provider performance varied considerably and generally improved compared with 2021
OHA preventive dental 6-14	OHA	Quality was assessed as percent of members in the denominator receiving the service.	Provider performance varied considerably and generally improved compared with 2021

Required implementation of care delivery areas by January 2023 In 2022, CCOs were required to implement three new or expanded CDA VBP arrangements from an existing contract (in hospital care, maternity care, and behavioral health care). In 2023 and 2024, CCOs are required to implement a new or expanded VBP at the beginning of each year in each of the remaining CDAs (children's health care and oral health care). VBP contracts in all five CDAs must be in place by the beginning of 2024. Refer to Value-based Payment Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf for more information on requirements.

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CONTRACTOR/CCO NAME:	Cascade Health Alliance
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	
LAN category (most advanced category)	
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	

List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to meet requirement:

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