



## **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).

			
<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>

CONTRACTOR/CCO NAME: Columbia Pacific  
 REPORTING PERIOD: 1/1/2022 - 12/31/2022



**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					No Tier 1 clinics currently participate in the program
Tier 2 clinics					No Tier 2 clinics currently participate in the program
Tier 3 clinics	21			Clinic payment rates vary throughout the year based on quality levels.	
Tier 4 clinics	69			Clinic payment rates vary throughout the year based on quality levels.	
Tier 5 clinics	27			Clinic payment rates vary throughout the year based on quality levels.	

CONTRACTOR/CCO NAME:  
 REPORTING PERIOD:

Columbia Pacific CCO  
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**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) <i>Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.</i>	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
PCP Oral Health Integration							
MLR Shared Risk Agreement							
TCOC Community Risk Agreement							
Behavior Health Capitation							
PCPCH PMPM Payment Program							
Behavioral Health QIP Program							
PCP Behavioral Health Integration							











