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"

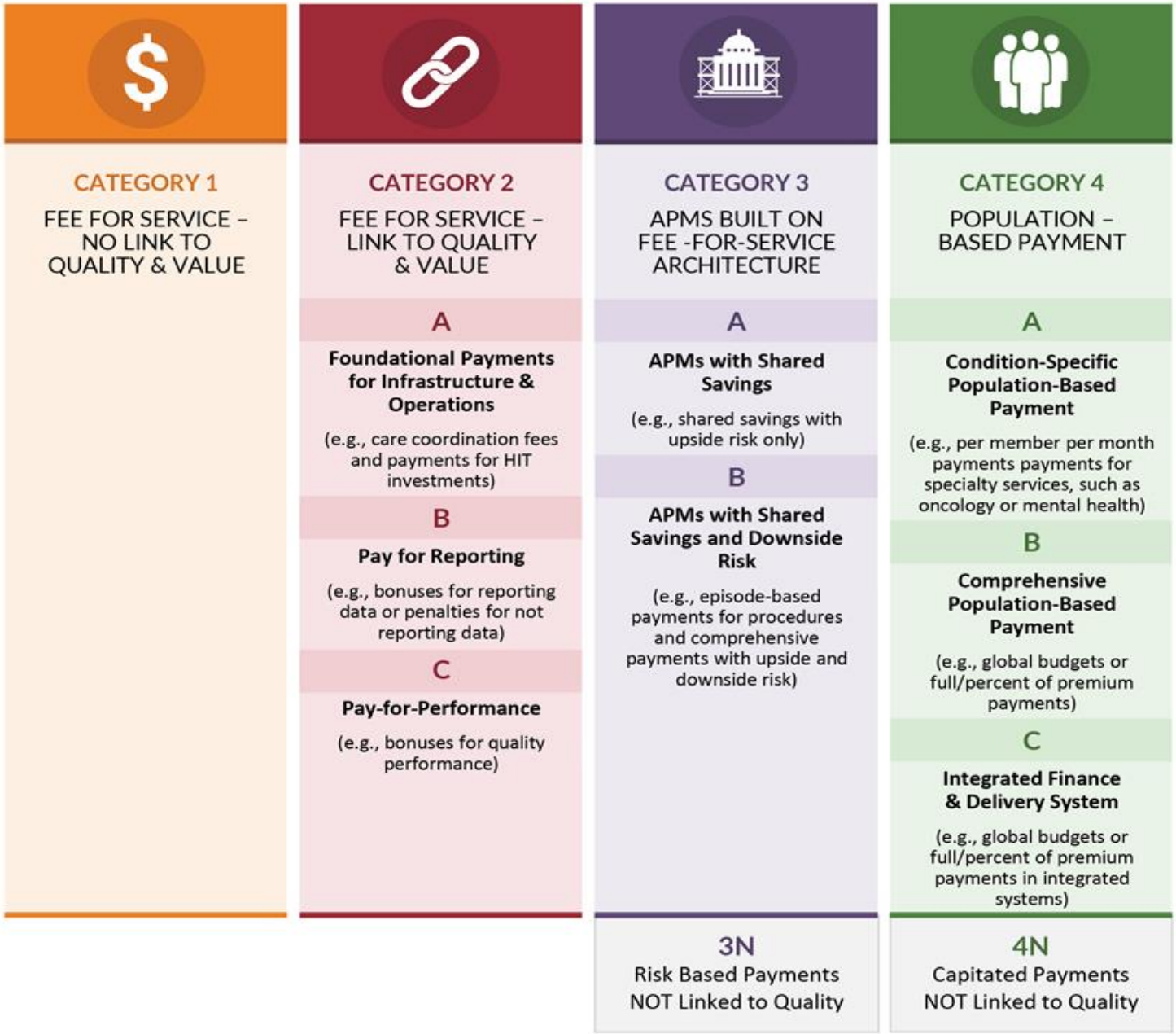
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in 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: IHN-CCO
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	$ 0.53			No Clinics in Tier 1
Tier 2 clinics	1	$ 1.05			
Tier 3 clinics	4	$ 2.10			
Tier 4 clinics	39	$ 3.15			
Tier 5 clinics	5	$ 4.20			

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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) *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
Example: Shared risk arrangement with hospital-based maternity providers	*3B (Risk Sharing Rate: 30%)*	*90%*	*1 (FFS)*	*$3,543,231*	*Timeliness of Prenatal and Postnatal Care*	*A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital s attributed maternity/obstetric population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than expected spending.*	*Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.*
[redacted] MLR SHARED RISK	3B	100%	N/A	$ 256,973,538.08	Child and Adolescent Well-Care Visits Childhood Immunizations Diabetes HbA1c Poor Control Generic Dispensing Rate ET (Initiation & Engagement) Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum Care	Total cost of care for [redacted] attributed members.	This model addresses the Medical Loss Ratio and managing costs of those with complex care needs. [redacted] serves populations in rural communities (with RHCs), and has a team of traditional health workers.
Capitation Payment - Dental	4	100%	N/A	$ 23,033,730.85	Any Dental Service Assessments for Children in DHS Custody- Dental Meaningful Access Language Oral Evals fo Adults with Diabetes Preventive Dental or Oral Health Services	HN contracts with 4 DCOs to provide all Dental services	The model is a comprehensive capitation that takes into account the full risks of the population.
Capitation Payment - Mental Health	4	100%	N/A	$ 21,552,930.71	Assessments for Children in DHS Custody - Mental Health Follow-Up After Crisis Intervention in the ED for Members Age 18 and Older for Primary Reason of Mental Health Crisis within 7 Days of Discharge Follow-Up within 7 Days after Discharge from a Psychiatric Hospitalization for Mental Illness Increase the Number of Individuals Served with Mobile Crisis Services Increase the Number of Individuals Who are Receiving Peer-Delivered Services Meaningful Access to Health Care Services for Persons with Limited English Proficiency No More than 1 Readmission to the ED for Psychiatric Reasons (with Crisis Intervention	HN contracts with 3 counties to provide comprehensive MH treatment	Each Agreement takes into account the unique regional complexity of the county. Historical data is trended forward to ensure all SDoH and MH risks are covered.
Capitation Payment - Non Emergent Transportation	4	100%	N/A	$ 8,898,288.54	Call Center: All Calls are Answered by a Live Voice within 30 Seconds Call Center: All Call-Back Requests are Returned within 3 Hours Hold Time: Average Hold Time Will Not Exceed 3 Minutes Return Pick-Up Times: Return Pick-Up within 60 Minutes of Notification That the Member is Ready	HN contracts with [redacted] to provider NEMT for all IHN members.	The full capitation for transportation flexes up and down to account for changes in health care needs.
Capitation Payment - PCP	4	100%	N/A	$ 2,433,779.25	Child and Adolescent Well-Care Visits Childhood Immunizations Diabetes HbA1c Poor Control Generic Dispensing Rate ET (Initiation & Engagement) Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum Care SBIRT Assessment for Children in DHS Custody Cigarette Smoking Prevalence Meaningful Access Language Preventive Dental or Oral Health Services	All PCP clinical costs.	Capitation payments are based on Risk Tiers, with higher complexity cohorts receiving greater 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:	IHN-CCO
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.	**Hospital rate of growth**
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)	**[redacted] Risk Sharing[redacted] shares upside/downside risk on all costs, including IP and OP, for members assigned to[redacted] PCPs.[redacted] accounts for about 70% of IHN's population. Claims are FFS. [redacted] is a regional health system including 5 hospitals, 20 PCPCH's, and several specialty clinics.**
If applicable, describe how this CDA serves popula ions with complex care needs or those who are at risk for health disparities	**Model incentivizes the holistic management of complex members by rewarding the VBP participant when these ICC members are properly managed.[redacted] serves populations in rural communities (with RHCs), and has a team of traditional health workers.**
Total dollars paid	**Payment due in 2023**
Total unduplicated members served by the providers	**54,160**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**6,000,000**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**6,000,000**

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)
Reduce C-Section	**Custom Measure**	**Custom Improvement Target, Agreed Upon**	**This is a new measure for the provider in 2023**

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:	IHN-CCO
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.	[redacted] **IHN Maternity** **IHN-CCO is developing a pass-through payment type model for [redacted] hospital based maternity providers.**
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)	[redacted] **Maternity VBP: A pass-through type Maternity Capitation paid per delivery report, reconciliation completed at the end of the year.**
If applicable, describe how this CDA serves popula ions with complex care needs or those who are at risk for health disparities	**Model targets the pregnant population, and supports maternity providers that care for members with high risk pregnancies.**
Total dollars paid	**No payments have been made yet.**
Total unduplicated members served by the providers	**Reporting not finalized yet. Approx. 600 for 2022**
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)
Reduce C-Sections	**Custom Measure**	**Custom Improvement Target, Agreed Upon**	**This is a new measure for the provider in 2023**

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 ques ions on rows 18 and 20 are not applicable, write N/A.

CONTRACTOR/CCO NAME:	IHN-CCO
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.	[redacted] Program Expansion
LAN category (most advanced category)	4B
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Program allows for expansion of A&D services with additional Addiction Specialists for adults and youth.
If applicable, describe how his CDA serves populations wi h complex care needs or those who are at risk for health disparities	There is an escalating concern over substance use, overdose deaths, and access to early interventions in Linn County. The prevalence of use is currently high, in part due to Measure 110, and service expansion is necessary to find more avenues of engagement to treatment and other supports.
Total dollars paid	Effective 10.1.2022, paid $44,270.83 Monthly
Total unduplicated members served by the providers	N/A
If applicable, maximum potential provider gain in dollars (i e., maximum poten ial quality incentive payment)	N/A
If applicable, maximum potential provider loss in dollars (e.g. maximum poten ial 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)
6-month report on the number of referrals made to healthcare clinics in Linn County by [redacted]	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
6-month report on the number of days for "Initiation" (1 visit within 14 days) and "Engagement" (2 visits within 34 days) of IHN members in treatment upon[redacted] receiving referrals from primary care or other health providers	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
6-month report on the number of Early Intervention encounters in schools across Linn County.	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
6-month report on the number of encounters in areas outside of our main treatment centers (Albany and Lebanon clinics), such as Sweet Home, Mill City, Linn County Jail and more	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023

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:	IHN-CCO
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.	[redacted]
LAN category (most advanced category)	4C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	I-EPDH (Integrated Expanded Practice Dental Hygienists)
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	This model utilizes an EPDH practicing at the top of their licensure as a Primary Care Dental Provider in a dental office to incorporate traditional dental care with tele-dentistry and the increased management of chronic conditions such as diabetes and hypertension. Tele-dentistry is also utilized in this model of care. The focus populations will be IHN-CCO members that have a diabetes or hypertension diagnosis. Uncontrolled hypertension can hinder an individual's access to their dental treatment, as standard practice of care is to refrain from delivering local anesthesia in individuals who report higher than a reading of 160/100.
Total dollars paid	$62,000.00
Total unduplicated members served by the providers	Not reported yet.
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)
Number of average days to complete first therapeutic care procedure.	custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
Number of comprehensive exams seen on average per month.	custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
Number of referrals to Primary Care Provider (PCP) for individuals with a reported Hba1c level of 5.4 or higher.	custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
Number of referrals to PCP for individuals suffering from Hypertension (>140/90)	custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023

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 heal h. The remaining worksheet (for the remaining CDA) is op ional.

CONTRACTOR/CCO NAME:	IHN-CCO
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken his approach, list bo h CDAs; no more than two CDAs can be combined to meet the CDA requirement.	[redacted]
LAN category (most advanced category)	4C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e g. pediatricians and asthmatic children)	**Capacity payment type model for [redacted] to have available a behavioral health therapist and admin support to meet the urgent needs of DHS Child Welfare clients**
If applicable, describe how this CDA serves populations wi h complex care needs or those who are at risk for health disparities	**With the expansion of the [redacted] program they will be able to conduct the Mental Health Assessments and CANS for children in DHS custody. These children are one of the most at risk populations, and face many challenges such as child abuse and neglect.**
Total dollars paid	**Effective 1.1.2023 $6,000 per month**
Total unduplicated members served by the providers	**Approx. 20-40 Cans and MHA, and 5-8 on going case load for care coordination**
If applicable, maximum poten ial provider gain in dollars (i.e., maximum potential quality incentive payment)	**$10,000 for Quality Pool**
If applicable, maximum poten ial 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)
DHS Assessment for Children in Custody	HEDIS	CCO uses the OHA improvement target	This is a new measure for the provider in 2023
Number of Mental Health Assessments and CANS	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023
Number of Mental Health Assessments and CANS	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2023