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

CATEGORY 1	CATEGORY 2	CATEGORY 3	CATEGORY 4
FEE FOR SERVICE – NO LINK TO QUALITY & VALUE	**FEE FOR SERVICE – LINK TO QUALITY & VALUE**	**APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE**	**POPULATION – BASED PAYMENT**

CATEGORY 2

A

Foundational Payments for Infrastructure & Operations

(e.g., care coordination fees and payments for HIT investments)

B

Pay for Reporting

(e.g., bonuses for reporting data or penalties for not reporting data)

C

Pay-for-Performance

(e.g., bonuses for quality performance)

CATEGORY 3

A

APMs with Shared Savings

(e.g., shared savings with upside risk only)

B

APMs with Shared Savings and Downside Risk

(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)

CATEGORY 4

A

Condition-Specific Population-Based Payment

(e.g., per member per month payments payments for specialty services, such as oncology or mental health)

B

Comprehensive Population-Based Payment

(e.g., global budgets or full/percent of premium payments)

C

Integrated Finance & Delivery System

(e.g., global budgets or full/percent of premium payments in integrated systems)

3N
Risk Based Payments
NOT Linked to Quality

4N
Capitated Payments
NOT Linked to Quality

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	-	$ 0.50	-	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	No payments to Tier 1 clinics because there are none in the CCO service area.
Tier 2 clinics	-	$ 1.01	-	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	No payments to Tier 2 clinics because there are none in the CCO service area.
Tier 3 clinics	5	$ 2.01	$ 5.06	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A
Tier 4 clinics	35	$ 3.02	$ 8.80	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A
Tier 5 clinics	18	$ 4.02	$ 12.36	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A

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
		100%	1A	$79,862,360			
		24%	1A, 2A	$39,646,316	Childhood Immunizations Status (Combo 3) Immunizations for Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Assessments for Children in DHS Custody Oral Evaluations for Adults with Diabetes Members Receiving Preventative Dental or Oral Health Services Diabetes HbA1c Poor Control Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT) Cigarette Smoking Prevalence Screening for Depression and Follow-Up Plan Controlling High Blood Pressure Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services		
		4%	1A, 2A	$36,176,281	Childhood Immunizations Status (Combo 3) Immunizations for Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Assessments for Children in DHS Custody Oral Evaluations for Adults with Diabetes Members Receiving Preventative Dental or Oral Health Services Diabetes HbA1c Poor Control Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT) Cigarette Smoking Prevalence Screening for Depression and Follow-Up Plan Controlling High Blood Pressure Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services		
		11%	1A, 2A, 4A	$30,449,834	Childhood Immunizations Status (Combo 3) Immunizations for Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Assessments for Children in DHS Custody Oral Evaluations for Adults with Diabetes Members Receiving Preventative Dental or Oral Health Services Diabetes HbA1c Poor Control Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT) Cigarette Smoking Prevalence Screening for Depression and Follow-Up Plan Controlling High Blood Pressure Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services		
		3%	1A, 4A	$24,209,194	Childhood Immunizations Status (Combo 3) Immunizations for Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment Assessments for Children in DHS Custody Oral Evaluations for Adults with Diabetes Members Receiving Preventative Dental or Oral Health Services Diabetes HbA1c Poor Control Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT) Cigarette Smoking Prevalence Screening for Depression and Follow-Up Plan Controlling High Blood Pressure Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services		

Brief description of the five largest models, defined by dollars spent and VBPs implemented	Most advanced LAN category in the VBP model	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

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:	PacificSource Community Solutions (Marion-Polk)
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
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)	███████████████████████
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	$ 21,596,314.46
Total unduplicated members served by the providers	14,089
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	$ 887,998.38
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	$ 1,727,693.25

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)
Childhood Immunizations Status (Combo 3)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Immunizations for Adolescents (Combo 2)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Prenatal & Postpartum Care – Postpartum Care	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Initiation and Engagement of Substance Use Disorder Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Assessments for Children in DHS Custody	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Oral Evaluations for Adults with Diabetes	OHA (modified from DQA/ NCQA)	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Members Receiving Preventative Dental or Oral Health Services	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Diabetes HbA1c Poor Control	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT)	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Cigarette Smoking Prevalence	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Screening for Depression and Follow-Up Plan	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	█████████
Controlling High Blood Pressure	NCQA	Reporting Only	█████████
Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services	OHA	Reporting Only	█████████

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:	PacificSource Community Solutions (Marion-Polk)
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
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)	■■■■■■■■■
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	$ 22,040,056.79
Total unduplicated members served by the providers	1,878
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	$ 662,726.00
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	$ 1,340,265.69

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)
Prenatal & Postpartum Care – Postpartum Care	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	■■■■■■■■

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:	PacificSource Community Solutions (Marion-Polk)
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
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)	███████████████
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	$ 395,907.11
Total unduplicated members served by the providers	13,947
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	$ 2,354,940.51
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)
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	████████████
Assessments for Children in DHS Custody	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	████████████
Intervention and Referral to Treatment (SBIRT)	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	████████████
Screening for Depression and Follow-Up Plan	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	████████████

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:	PacificSource Community Solutions (Marion-Polk)
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
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)	███████████████
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	NA
Total dollars paid	$ 34,467,659.71
Total unduplicated members served by the providers	159,723
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	$ 2,462,488.00
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	$ 1,814,040.85

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)
Members Receiving Preventative Dental or Oral Health Services ages 1-5 and 6-14	OHA	Measure DCO performance against the OHA-established CCO target or benchmark.	████████

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:	PacificSource Community Solutions (Marion-Polk)
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:

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)