

CONTRACTOR/CCO NAME: Umpqua Health Alliance, LLC
 REPORTING PERIOD: 1/1/2021 - 12/31/2021

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 \times 0.75 + \$10.00 \times 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 (or range) dollar amount	Average PMPM dollar amount	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	-	\$ -		All clinics are above a Tier 3
Tier 2 clinics	-	\$ 3.00		
Tier 3 clinics	3.00	\$ 4.00		
Tier 4 clinics	15.00	\$ 5.00		
Tier 5 clinics	3.00	\$ 6.00		

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Brief description of the five largest, defined by dollars spent, VBPs implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within arrangement	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
Mercy Medical Center	4C		#####	Both of the groups mentioned above described present greater challenges to ensure proper discharge planning, outpatient follow-up and ER management. If these are not addressed, then metrics will not be met.
DCIPA, Inc	4C		#####	Both of the groups mentioned above described present greater challenges to ensure proper discharge planning, outpatient follow-up and ER management. If these are not addressed, then metrics will not be met.
ADAPT, Inc	4A		Adapt provides the entire realm of substance use disorder services for UHA. This includes residential, detox, MAT services, and outpatient services. Adapt is paid on a PMPM which has certain financial and quality target that it is at risk for.	Both populations noted above are more at risk for substance use disorder, in which Adapt provides significant services to address those populations needs.
Advantage Dental	4A		Advantage Dental provides global capitation services for UHA members seeking Dental Care. Advantage provides the whole spectrum services to UHA members, and are awarded for achieving certain quality targets	#####
Compass Care Coordination	4A		#####	Both populations noted above are more at risk for substance use disorder, in which Compass provides significant services to address those populations needs.

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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: Response required for each highlighted cell. If question on row 18 and 20 are not applicable, include that as a response or it will not be approved.

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Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Hospital Care and Maternity Care
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)	A combined hospital/maternity case rate with the sole community hospital
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	#####
Total dollars paid	\$ 409,359.69
Total unduplicated members served by the providers	103
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 71,391.00
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$ 71,391.00
List the quality metrics used in this payment arrangement using the table provide in below. At 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)
<ul style="list-style-type: none"> o Acute Care Quality: Perinatal Hypertension Management Bundle Components of Bundle to be met: <ol style="list-style-type: none"> 1. Antihypertensive medication after confirmed severe range of BP: SBP > = 160 and/or DBP >=110 2. IV Magnesium for seizure prophylaxis 3. Follow up appointment <= 7 days after discharge <ul style="list-style-type: none"> • 2021 baseline performance= 0%; Target Performance for CY 2022= 20% 	CMQCC	The sole community hospital in Douglas County, Mercy Medical Center, is owned by	The hospital has been progressively improving year over year.

