

CONTRACTOR/CCO NAME:
 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	-	\$7.70	\$7.70	N/A
Tier 2 clinics	-	\$8.79	\$8.79	N/A
Tier 3 clinics	2	\$9.87	\$9.87	N/A
Tier 4 clinics	11	\$10.96	\$10.96	N/A
Tier 5 clinics	3	\$12.04	\$12.04	N/A

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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
Pay-for-Performance	2C		Type A/B Hospital: Willamette Valley Medical Center	
Pay-for-Performance	2C		Type A/B Hospital: Providence Newberg Medical Center	
Condition-Specific (Primary Care Capitation) Population-Based Payment, Pay-for-Performance	4A	2C, 2Ai	Primary Care: Virginia Garcia Memorial Health Center	
Condition-Specific (Oral Health) Population-Based Payment, Pay-for-Performance	4A	2C	Oral Health: Capitol Dental Care	
Condition-Specific (Outpatient Behavioral Health) Population-Based Payment, Pay-for-Performance	4A	2C	Outpatient Behavioral Health Services: Yamhill County Health & Human Services	

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 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Yamhill Community Care
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.	Maternity Care
LAN category (most advanced category)	3A
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	APM with Shared Savings for Maternal Medical Home (Women's Healthcare Associates)
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Maternal Medical Home (MMH) model is intended to improve birth outcomes by focusing on those YCCO pregnant women at the highest risk
Total dollars paid	\$185,537
Total unduplicated members served by the providers	824
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$750 per deliveryary dependent on date the member was first seen for prenatal care
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$300 per delivery dependent on the date the members was first seen for prenatal care
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	NCQA	YCCO Benchmark/Improvement Target	TBD
Screening for Depression and Follow-Up Plan	CMS	YCCO Benchmark/Improvement Target	TBD
Cigarette Smoking Prevalence	OHA	YCCO Benchmark/Improvement Target	TBD
Meaningful Language Access to Culturally Responsive Health Care	OHA - CCO Level Reporting	YCCO Benchmark/Improvement Target	TBD

