OHA VBP PCPCH Data and CDA VBP Data Template - General Instructions

1. 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"
"Children's Health CDA VBP Data"
"Oral Health CDA VBP Data"

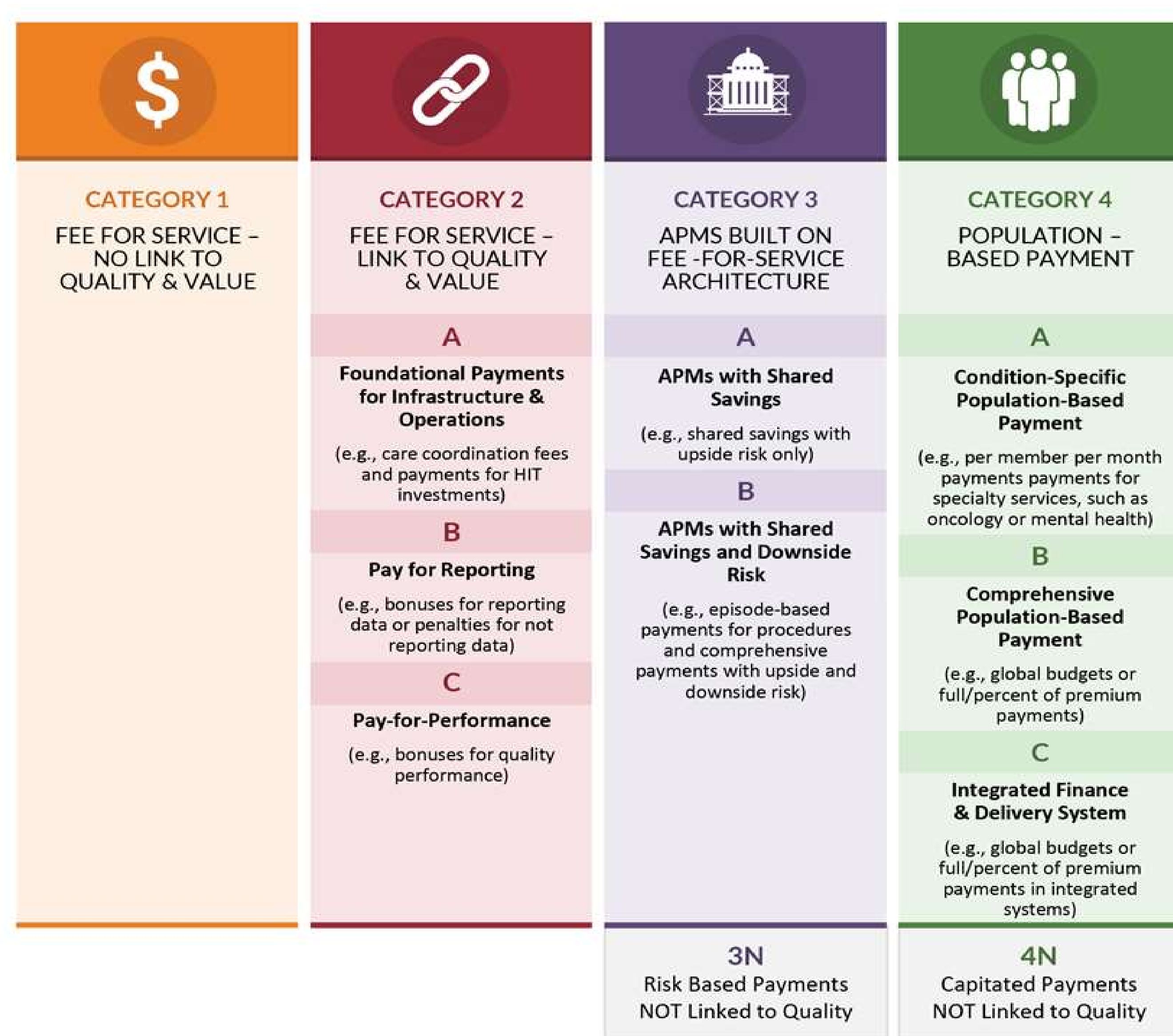
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in 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 template is due to OHA by May 3, 2024, via the Contract Deliverables portal located at https://oha-cco.powerappsportals.us/. The submitter must have an OHA account to access the portal. 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 02032024

https://hcp-lan.org/groups/apm-refresh-white-paper/



CCO NAME: Advanced Health
REPORTING PERIOD: **1/1/2023 - 12/31/2023**

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	$ -	Base PCP Cap	Base PCP Cap		No payments to Tier 1 clinics because there are none in CCO Service area.
Tier 2 clinics	$ -	Base PCP Cap	Base PCP Cap		No payments to Tier 2 clinics because there are none in CCO Service area.
Tier 3 clinics	$ 3.00	Base PCP Cap + 1.8	Base PCP Cap + 1.85		N/A
Tier 4 clinics	$ 5.00	Base PCP Cap + 2.5	Base PCP Cap + 2.56		N/A
Tier 5 clinics	$ 2.00	Base PCP Cap + 3.2	Base PCP Cap + 3.28		N/A

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REPORTING PERIOD: 1/1/2023 - 12/31/2023

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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**
Global CCO Pharmacy Services paid via capitated contract	4A - (Risk Sharing Rate: 100%)	100.00%	N/A	Redacted	Increase in Statin Therapy for Patients with Cardiovascular Disease	Global CCO Pharmacy Services	Increase in Statin Therapy for Patients with Cardiovascular Disease is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Further, improvement targets are set using past Provider performance and are not relative to the performance of other pharmacy providers.
Largest DRG hospital paid on a fully capitated basis for facility services.	4A - (Risk Sharing Rate: 100%)	54.45%	1	Redacted	Reduction of Hospital All-Cause Readmission Rate	Bay Area Hospital - Facility Services	All cause readmission rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Bay Area Hospital is the largest hospital in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other hospitals.
Largest oral health provider paid on percent-of-premium basis	4A - (Risk Sharing Rate: 100%)	100.00%	N/A	Redacted	Increase in Members Receiving Preventive Dental or Oral Health Services for ages 1-5, 6-14	Advantage Dental - Global, all oral health services	Preventive Dental or Oral Health Services and Oral Evaluations for for ages 1-5, 6-14 metrics are used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Advantage Dental is the largest oral health provider in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other oral health providers.
Largest behavioral health proivder paid on a PMPM basis	4A - (Risk Sharing Rate: 100%)	69.32%	N/A	Redacted	Reduction of Emergency Department Utilization	Coos County Mental Health (Coos Health & Wellness) - Many behavioral health services are capitated, including intensive care coordination, supported employment, crisis response among several others.	Emergency department utilization rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Coos Health & Wellness is the largest behavioral health provider in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other providers.
Largest Type A/B hospital paid via shared savings and loss model	4A - (Risk Sharing Rate: 60%/40%)	88.81%	N/A	Redacted	Reduction of Emergency Department Utilization	Coquille Valley Hospital - Facility Services	Emergency department utilization rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Improvement targets are set using past Provider performance and are not relative to the performance of other Providers.

Required implementation of care delivery areas by January 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Advanced Health
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 Care: Reduction in All-Cause Readmission Rate
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)	Bay Area Hospital was paid on a PMPM basis for all facility services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	All cause readmission rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Bay Area Hospital is the largest hospital in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other hospitals.
Total dollars paid	**Redacted**
Total unduplicated members served by the providers	**Redacted**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**Redacted**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**Redacted**

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)
All-Cause Readmission (PCR)	NCQA	CCO reviews Providers All-Cause Readmission rate against the prior year performance. If Provider's final measurement year Readmissin Rate is less than or equal to 98% of Provider's baseline Readmission Rate.	Provider failed the measure. The year over year readmission rate fell slightly but the hospital did not achieve improvement target in 2023.

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Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Advanced Health
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.	Improving Timeliness and Access for Prenatal and Postpartum 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)	Bay Clinic is paid on a PMPM basis for primary care services and using an episode-based payment for maternity care. Applies to all provider sin clinic.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	By paying for primary care on a capitated basis, each provider at Bay Clinic is given the flexibility to focuse attention on patients who need it the most, especially those with complex care needs and those at risk for health disparities. Bay Clinic is paid for performance on many quality measures, driving down the incentive to curtail necessary services.
Total dollars paid	**Redacted**
Total unduplicated members served by the providers	**Redacted**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**Redacted**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**Redacted**

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)
OHA Prenatal & Postpartum Care Measurement NQF1517	NCQA	Compare to provider's previous performance	Provider met the improvement target increasing the rate of postpartum care from 65.3% to 81%.

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CCO NAME:	Advanced Health
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: Emergency Department, Outpatient, and Avoidable Emergency Department Visits
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)	Coos Health & Wellness is paid on a PMPM basis for numerous behavioral health services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Coos Health & Wellness serves many of our service area's most complex at at-risk patients. The quality measure associated with this payment arrangement is Emergency Department Utilization among Members with Mental Illness. The application of this measure reduces the incentive to curtail necessary services and ensures CHW is serving all of Advanced Health's Members with need for behavioral health services.
Total dollars paid	**Redacted**
Total unduplicated members served by the providers	**Redacted**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**Redacted**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**Redacted**

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)
Emergency Department, Outpatient, and Avoidable Emergency Department Visits	NCQA	Compare to provider's previous performance	Provider failed. The rate of avoidable emergency visits rose from .96 to 1.06 visits per member per year.

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Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Advanced Health
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 Care CDA 1: Increase Preventive Dental and Oral Health Services for ages 1-5, 6-14 CDA 2: Increase Oral Evaluations for Adults iwth Diabetes
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)	Advantage Dental is paid on a percent-of-premium basis for all oral health services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Advantage Dental serves all of our service area's patients. The quality measures associated with this payment arrangement is the increase in preventative dental and oral health services for ages 1-5, 6-14 (CDA1) and increse in oral evaluations for adults with diabetes (CDA2). The application of these measures reduces the incentive to curtail necessary services and ensures Advantage Dental is serving all of Advanced Health's Members with need for dental and oral services.
Total dollars paid	**Redacted**
Total unduplicated members served by the providers	**Redacted**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**Redacted**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**Redacted**

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)
Increase in Members Receiving Preventative Dental and Oral Health Services for ages 1-5, 6-14	OHA Developed based on CMS and DQA simular metrics	Compare to provider's previous performance	Ages 1-5: Measure met. Provider exceeded the benchmark with a rate of 59.6%. Ages 6-14: Measure met. Provider exceeded the benchmark with a rate of 66.0%.

Increase in Oral Evaluations for Adults with Diabetes	OHA/NCQA/DQA	Compare to provider's previous performance	Measure was met. Increase in overall improvement to 25.3% over improvement target of 23.1%.

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CCO NAME:	Advanced Health
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 Care CDA 1: Increase in Preventive Dental and Oral Health Services for ages 1-5, 6-14 CDA 2: Increase in Oral Evaluations for Adults with Diabetes
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)	Advantage Dental is paid on a percent-of-premium basis for all oral health services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Advantage Dental serves all of our service area's patients. The quality measures associated with this payment arrangement is the increase in preventative dental and oral health services for ages 1-5, 6-14. The application of this measure reduces the incentive to curtail necessary services and ensures Advantage Dental is serving all of Advanced Health's Members with need for pediatric dental and oral services.
Total dollars paid	**Redacted**
Total unduplicated members served by the providers	**Redacted**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**Redacted**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**Redacted**

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)
Increase in Members Receiving Preventative Dental and Oral Health Services for ages 1-5, 6-14	OHA Developed based on CMS and DQA simular metrics	Compare to provider's previous performance	Ages 1-5: Measure met. Provider exceeded the benchmark with a rate of 59.6%. Ages 6-14: Measure met. Provider exceeded the benchmark with a rate of 66.0%.
Increase in Oral Evaluations for Adults with Diabetes	OHA/NCQA/DQA	Compare to provider's previous performance	Measure was met. Increase in overall improvement to 25.3% over improvement target of 23.1%.