



## 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

			
<p><b>CATEGORY 1</b> FEE FOR SERVICE – NO LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 2</b> FEE FOR SERVICE – LINK TO QUALITY &amp; VALUE</p> <p><b>A</b> <b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)</p> <p><b>B</b> <b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)</p> <p><b>C</b> <b>Pay-for-Performance</b> (e.g., bonuses for quality performance)</p>	<p><b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p> <p><b>A</b> <b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)</p> <p><b>B</b> <b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p><b>CATEGORY 4</b> POPULATION – BASED PAYMENT</p> <p><b>A</b> <b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments for specialty services, such as oncology or mental health)</p> <p><b>B</b> <b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)</p> <p><b>C</b> <b>Integrated Finance &amp; Delivery System</b> (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p><b>3N</b> Risk Based Payments NOT Linked to Quality</p>	<p><b>4N</b> Capitated Payments NOT Linked to Quality</p>

CCO NAME: AllCare 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. ( $9.50 \times 0.75 + 10.00 \times 0.25 = 9.625$ ). 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 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	\$0.25	\$ -		No Tier 1 clinics in CCO service area
Tier 2 clinics	0	\$0.50	\$ -		No Tier 2 clinics in CCO service area
Tier 3 clinics	19	\$1.75 - \$4.60	\$ 3.28	PMPM amounts are adjusted (increased) for clinics with more than 500 assigned members and/or those clinics that are more than 10 miles from a city center	
Tier 4 clinics	35	\$3.50 - \$6.60	\$ 5.51	PMPM amounts are adjusted (increased) for clinics with more than 500 assigned members and/or those clinics that are more than 10 miles from a city center	
Tier 5 clinics	9	\$4.50 - \$7.60	\$ 7.00	PMPM amounts are adjusted (increased) for clinics with more than 500 assigned members and/or those clinics that are more than 10 miles from a city center	

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

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 category.	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 with Exam for Children in DHS Custody		
Behavioral Health (MHO and Addictions)	4N - Base Payment	100%	2C - Incentive	\$1,128,493	Assertive Community Treatment IET Wraparound Program Utilization of HIE or CIE Language Access ED Visits for Substance Use Disorder Follow up within 7 Days of SUD Discharge Follow up within 30 Days of MH Discharge		
Specialty - Medical	2C	100%	1 - FFS	\$903,997	Wait time from Auth to appointment Documentation of Current Medications Closing the Referral Loop Tobacco Use: Screening and Cessation Counseling Utilization of HIE/CIE Language Access		
Primary Care / Pediatrics	4B - Base Payment	100%	2C - Incentive	\$4,340,357	Common immunization status Depression Screen with Follow up SBIRT Screening SBIRT Referral to Treatment Adolescent Immunizations WellChild Visits 3-6 Cigarette Smoking Prevalence HbA1c Poor Control Language Access Social Determinants of Health		
Specialty - Surgical	2C	100%	1 - FFS	\$900,307	Wait time from Auth to appointment Severe Adverse Events within 30 Days Opioid Prescriptions Lower Cost Settings Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Language Access		
Specialty - Maternal Care	2C	100%	1 - FFS	\$908,529	Timeliness of Prenatal Care Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Utilization of HIE or CIE Timeliness of Postpartum Care Language Access SBIRT		



**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: AllCare 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. Maternity Care

LAN category (most advanced category) 2C

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

Care for the most vulnerable women, as defined by AllCare, is coordinated appropriately and timely between internal and external partners.

1. Co-located mental health services;
2. Co-located Maternal Fetal Medicine physician;
3. Medical High Risk OB Care Coordination

Metrics in the VBP program focus on timely delivery of important services during pregnancy with emphasis on reducing risk factors (smoking cessation, SBIRT, and medicine coordination).

Total dollars paid \$908,529

Total unduplicated members served by the providers 5,054

If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) \$151,548

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)
Timely Postpartum Visit	NQF	Measure against OHA CCO Target	Overall average score decreased by 6 percentage points
Documentation of Current Medications	MIPS	Provider attests to meeting the requirements	Performance remained the same
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements	Performance remained the same
Utilization of Health and/or Community Information Exchange	N/A (In house metric)	Provider attests to meeting the requirements	All providers met measure
Language Access	OHA	Provide responses to Language Access Survey	All providers met measure
Timely Prenatal Visit	NQF	Measure against OHA CCO Target	Overall average score decreased by 4 percentage points
SBIRT	OHA	Attestation of performing screening	Performance remained the same

**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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)	4N with 2C
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	Patients receiving treatment through a contracted Mental Health or Alcohol & Drug organization typically have a complex care issue associated with that area of care. The AllCare VBP measures are focused on improving access for these vulnerable patients with an emphasis on rewarding engagement in ongoing services of need.
Total dollars paid	\$1,128,493
Total unduplicated members served by the providers	8,736
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$953,757
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	MHO's have downside risk to the extent they are provided a fixed PMPM budget. If the cost of provision of those services exceeds the budgeted payment they are at risk.

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)
Mental Health Assessment for DHS Children	OHA	Measure against OHA CCO Target	All participants met measure target
ED Visits for Substance Use Disorder (SUD)	N/A (in house metric)	Targets set based on previous year's baseline	Half of the participants met the measure target
Follow up within 7 Days of SUD Discharge	N/A (in house metric)	Targets set based on previous year's performance	Average score was 8 percentage points below target
Follow up within 30 Days of Mental Health Discharge	NQF	Targets set based on previous year's performance	Average performance decreased by 5 percentage points
Assertive Community Treatment	Oregon Center of Excellence for Assertive Community Treatment	Provider attests to meeting the requirements of the measure	Performance remained the same
Initiation and Engagement of AOD Treatment	NQF	Measure against OHA CCO Target	Performance remained the same
Wraparound Program	N/A (in house metric)	Provider attests to meeting the requirements of the measure	All participants met measure
Utilization of Health and/or Community Information Ex	N/A (In house metric)	Provider attests to meeting the requirements of the measure	All participants met measure
Language Access	OHA	Provide responses to Language Access Surveys	All participants met measure

**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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)	4N with 2C
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	Dental Health Organizations provide dental assessments and services for members who are more likely to have elevated risk of poor oral health such as children in DHS custody, those with diabetes and members with mental health or substance use diagnoses. Metrics in the VBP program focus on preventive care (Dental exam for children in DHS custody, tobacco cessation counseling, Oral evaluations for Diabetic patients and Preventive visits for 1 - 14 year olds).
Total dollars paid	\$607,650
Total unduplicated members served by the providers	63,338
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$339,491
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)
Dental exam for DHS Children within 60 days	OHA	Measure against OHA CCO Target	Performance score increased by 7 percentage points
Oral Evaluations for Diabetic Patients	DQA	Measure against OHA CCO Target	Performance score remained the same
Preventive Visits 1-5 Year olds	OHA	Measure against OHA CCO Target	Performance score increased by 1 percentage point
Preventive Visits 6-14 Year olds	OHA	Measure against OHA CCO Target	Performance score decreased by 2 percentage points
Dental Services Utilization	N/A (in house metric)	Targets set based on previous year's performance	Performance score increased by 7 percentage points
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements	Performance remained the same
Language Access	OHA	Provide responses to Language Access Survey	All participants met the measure
Utilization of HIE/CIE	N/A (In house metric)	Provider attests to meeting the requirements	All participants met the measure



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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.	Children's Health
LAN category (most advanced category)	4B with 2C
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	Patients receiving treatment through a contracted provider and organization typically have complex care issues associated with that area of care. Metrics in the VBP program focus on preventive care and screening and kindergarten readiness (Immunizations, Depression, SBIRT, Well Child visits).
Total dollars paid	\$3,053,861
Total unduplicated members served by the providers	15,607
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$868,322
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)
Childhood immunization status	HEDIS	Measure against OHA CCO Target	Performance Score decreased by 1 percentage point
Depression Screen and Followup	eCQM	Measure against OHA CCO Target	Performance Score increased by 8 percentage points
SBIRT Screening	OHA	Measure against OHA CCO Target	70% of providers passed measure
SBIRT Referral to Treatment	OHA	Measure against OHA CCO Target	85% of providers passed measure
Adolescent Immunizations	HEDIS	Measure against OHA CCO Target	Performance Score increased by 1 percentage point
WellChild Visits 3-6	HEDIS	Measure against OHA CCO Target	Performance Score increased by 6 percentage point
Cigarette Smoking Prevalence	OHA	Measure against OHA CCO Target	70% of providers passed measure
Language Access	OHA	Provide responses to Language Access Surveys	New measure
Social Determinants of Health	OHA	Attestation/Clinic Survey	New measure