

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"

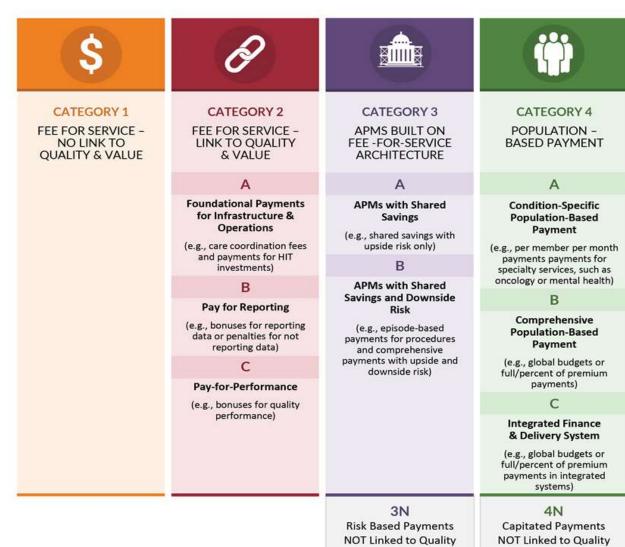
"Children's Health CDA VBP Data"

"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: Cascade Health Alliance LLC
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 and the first clinic 1 had three times the number of members attributed as compared to the second clinic, then the average weighted PMPM would be \$9.000, \$(9.000 to 10.75 + \$10.000 to 10.000). The weighting may be calculated using number of members or number of members 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	_	\$	\$	NA	There are no Tier 1 clinics in our service area.
		_	_		
Tier 2 clinics		\$	\$	NA NA	There are no Tier 2 clinics in our service area.
		_	_		
Tier 3 clinics	1	s 💻	\$	NA NA	NA NA
Tier 4 clinics	2	\$	\$	NA NA	NA NA
Tier 5 clinics	2	s 💻	s	NA NA	NA NA

CCO NAME: 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.

models, defined by dollars spent and	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: - ractal and ethnic disparities; & - individuals with complex health care needs
Capitation and risk sharing with local PCPCH offices including VBP's on percentage of panel seen, risk adjusting capitation payment based on aculty of the panel, and increasing panel size from prior year.	44	14.97%	2C. 1A	\$18.702.293	Percentage of panel seen, risk adjusting capitation payment based on acuity of the panel, increasing the panel size from prior year, seciect OHA incentive metrics.	All services provided by the contracted PCPCH.	The capitation portion on the VBP is adjusted based on complexity.
Capitation and risk sharing with local dental offices including VBP's on percentage of panel seen.	4A	4.15%	2C, 1A	\$5,178,173	Percentage of panel seen, completion of OHA HIT survey.	All services provided by the contracted dental provider.	Does not take these factors into account.
Risk sharing with local hospital including VBP's on certain metrics.	3B	25.71%	2C, 1A	\$32,118,737	Early elective delivery rate, congestive heart failure all cause readmission rate, Engagement in Treatment quality metric.	All hospital services at local hospital.	Does not take these factors into account.
Risk sharing with local behavioral health facilities including VBP's on certain metros.	38	8.41%	2C, 1A	\$10,511,691	Percent of patients receiving qualifying billable services within 30 days of initial evaluation and improvement of documentation of severity of	All services provided by the behavioral health provider.	Does not take these factors into account.
Risk sharing with local IPA of specialists including VBP attached to adjusting payment based on risk scores. (Multiple contracts with both individual practitioners	30	0.4176	20, IA	410,011,091	clinical conditions Retrospective adjustment of payments made based on patient acuity using risk scores.		Medical complexity is taken into account when
and clinics.)	3B	6.85%	2C, 1A	\$8,562,963	OUNCO.	All services provided by the Klamath Falls IPA.	calculating retrospective risk based payments.

needed to meet requirement: Metric M	
not applicable, write N/A. CCO NAME: Cascade Health Alliance LLC Describe Care Delivery Area (CDA) Mote: 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 unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) List the quality metric used in this payment arrangement using the table provider in below. A least one quality component is needed to meet requirement: Metric Metric Metric Metric steward (e.g., HPOMC, NOF, etc.) Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' leading providers' lead	
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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: Cascade Health Alliance LLC Maternity Care CDA & Hospital Care CDA 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) 3B Briefly describe the payment arrangement and the types of Payment arrangement includes upside and providers and members in the arrangement (e.g. pediatricians downside risk on risk sharing agreement and asthmatic children) payments. Types of providers include Sky Lakes Medical Center (hospital) and obstetric patients. If applicable, describe how this CDA serves populations with N/A complex care needs or those who are at risk for health disparities Total dollars paid 348,937 Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., N/A maximum potential quality incentive payment) If applicable, maximum potential provider loss in dollars (e.g. N/A maximum potential risk in a capitated payment) List the quality metrics used in this payment arrangement using Briefly describe how CCO assesses the table provide in below. A least one quality component is Describe providers' performance Metric steward quality (e.g. measure against national needed to meet requirement: Metric (e.g. quality metric score increased from 8 (e.g. HPQMC, NQF, etc.) benchmark, compare to providers' to 10) previous performance, etc.) Elective delivery rate Joint Comission, NQF Target rate of less than 5% Met target of less than 5%

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: Cascade Health Alliance LLC Behavioral Health Care CDA 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) 3B Briefly describe the payment arrangement and the types of Payment arrangement includes upside and providers and members in the arrangement (e.g. pediatricians downside risk on FFS withold payments. Types of and asthmatic children) providers include Beharioral Health Clinics. If applicable, describe how this CDA serves populations with Members seeking specialty BH services typically complex care needs or those who are at risk for health disparities have complex healthcare needs. Total dollars paid Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., NA maximum potential quality incentive payment) If applicable, maximum potential provider loss in dollars (e.g. NA maximum potential risk in a capitated payment) List the quality metrics used in this payment arrangement using Briefly describe how CCO assesses the table provide in below. A least one quality component is Describe providers' performance Metric steward quality (e.g. measure against national needed to meet requirement: Metric (e.g. quality metric score increased from 8 (e.g. HPQMC, NQF, etc.) benchmark, compare to providers' to 10) previous performance, etc.) Achievement of a benchmark or 3% Patients receiving qualifying billable mental health services within 30 days of an initial improvement from prior years Compare to providers' performance in evaluation None prior year. performance.

Required implementation of care delivery areas by January 20 for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Von requirements.	
Evaluation criteria for this worksheet: Response required for eanot applicable, write N/A.	ach highlighted cell. If questions on rows 18 and 20 are
CCO NAME:	Consider the Williams LL C
	Cascade Health Alliance LLC
Describe Care Delivery Area (CDA) Note: a VBP may	Oral Health CDA
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.	
combined to meet the CDA requirement.	
LAN category (most advanced category)	4A
Briefly describe the payment arrangement and the types of	Capitation and risk sharing with local dental
providers and members in the arrangement (e.g. pediatricians	offices including VBP's on percentage of panel
and asthmatic children)	seen
If applicable, describe how this CDA serves populations with	All and in advantage on included in the VDD
omplex care needs or those who are at risk for health disparities	All assigned members are included in the VBP.
Total dollars paid	266,255
Total unduplicated members served by the providers	8,276
If applicable, maximum potential provider gain in dollars (i.e.,	N/A
maximum potential quality incentive payment)	
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If applicable, maximum potential provider loss in dollars (e.g.	N/A
maximum potential risk in a capitated payment)	
List the quality metrics used in this payment arrangement using	

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)
		Quality was assessed as performance	In 2023, there were 7 providers with this VBP for the full year. Of the 7, 3 did not meet the 40% or above target, 2 met the 40% target and 2 met the 50% target. Due to increased membership since the Covid pandemic and the prolonged redetermination process, membership levels and assignments have been higher than in the past making it more difficult for
Percent of members seen for any service in the calendar year.	None	against tiered targets of 40%, 45%, and 50%.	contracted providers to meet this VBP metric.
	None		
	None		The state of the s
	None		The state of the s
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	None		
	None		

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.

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CCO NAME:	Cascade Health Alliance LLC
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.	Children's Health CDA
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)	Capitation and risk sharing with local pedicatric primary care clinics including VBP's on percentage of panel seen, net new patient increase, and retrospective risk adjustment to capitation payments.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	All assigned members are included in the VBP.
Total dollars paid	480,638
Total unduplicated members served by the providers	6,101
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	N/A
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)
Percent of members seen for any service in the calendar year.	None	Quality was assessed as performance against target of 72%	Of the 5 contracted PCP clinics, 1 met the 72% metric. The remaining clinics were between 50-60%. Due to increased membership since the Covid pandemic and the prolonged redetermination process, membership levels and assignments have been higher than in the past making it more difficult for contracted providers to meet this VBP metric.
Net new member increase.	None	Quality was assessed by total member months increased over prior year results.	3 of the 5 contracted clinics met this metric.
Retrospective risk adjustment capitation payments based on acuity of the panel.	None	Utilized 3rd party vendor to calculate risk for each member utilizing OHA methodology.	All contracted PCP clinics participated in this VBP metric. Average risk score ranged from 0.94 to 1.43.