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"

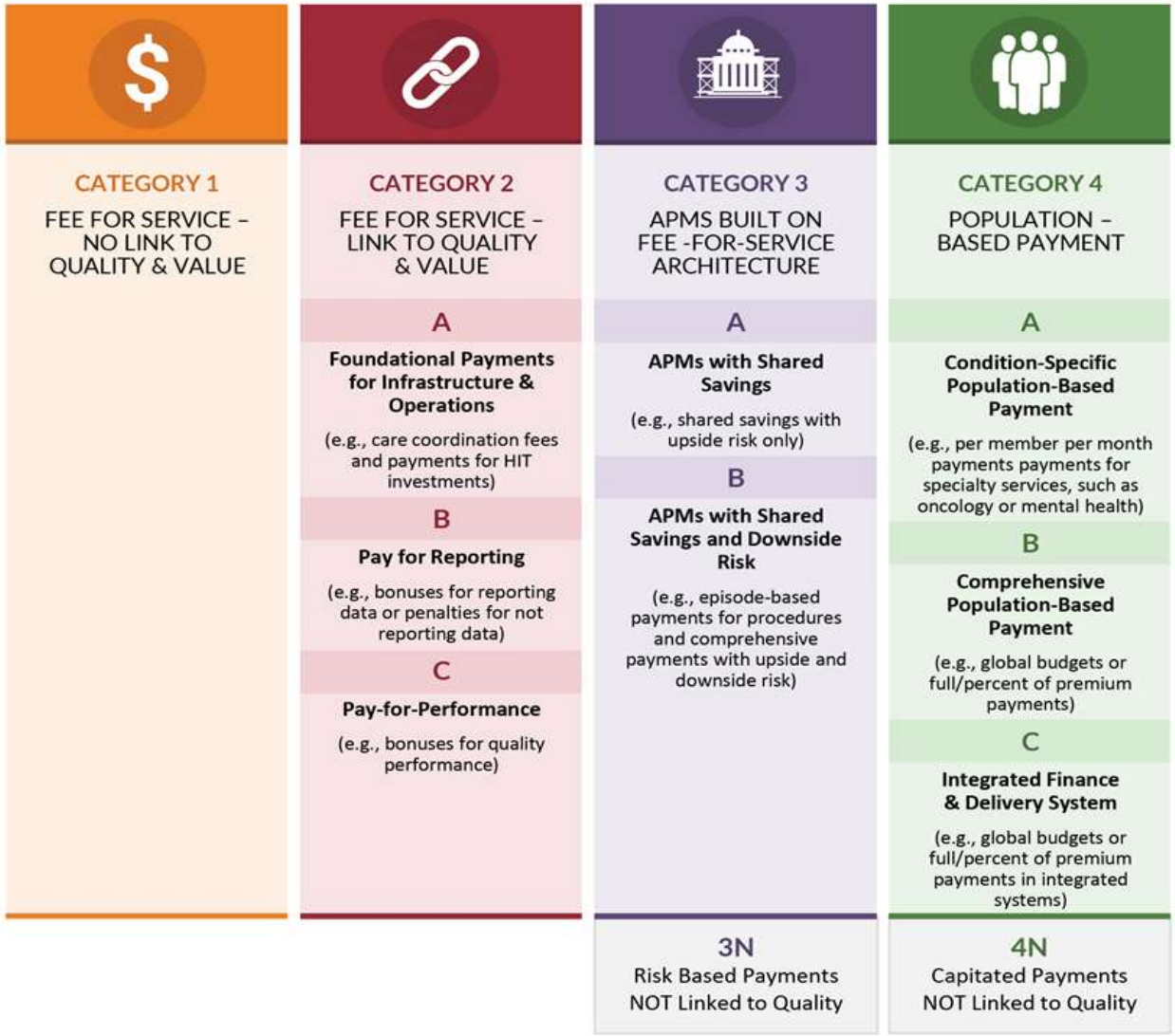
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in 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: CareOregon (Health Share)
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					No payments to tier 1 clinics because there are none in CCO service area.
Tier 2 clinics					No payments to tier 2 clinics because there are none in CCO service area.
Tier 3 clinics					
Tier 4 clinics					
Tier 5 clinics					

Please note, CareOregon has historically provided details on this tab specific to our Primary Care Payment Model Program. Our intention with this PCPM Program is to provide support to our PCPCH recognized clinics through a robust pay for performance PMPM model. We are still maintaining this PCPM Program and want to call out this continued support, but are providing feedback on this tab outside of the PCPM Program. Specifically, we have reported details on our infrastructure specific PMPM payments to PCPCH providers (LAN 2A payments).

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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**
Behavioral Health Case Rates Subject to QIIP	4A	100%	N/A		3-5		This model is meant to support members with complex behavioral health needs.
PCP Clinical Quality Improvement (PCPM QI)	2C	100%	N/A		5		Inadequate access to preventive care can contribute to persistant health disparities in pediatric and adult populations.
PCP Capitation	4A	100%	N/A		2-7		
Total Cost of Care Shared Savings Risk Agreement	3B	100%	1A		7		Inadequate access to preventive services can contribute to persistant disparities in pediatric populations.
PCP Behavioral Health Integration (PCPM BHI)	2C	100%	N/A		2		This model is meant to improve access to behavioral health providers in primary care settings and meet the complex behavioral and physical health needs of members.

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:	CareOregon (Health Share)
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
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	This CDA serves population with high physical and mental health acuity, both of which may contribute to persistant inequities.
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

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)
Care Coordination Follow-up after 2-day PES stay	AHRQ	Compare to providers' previous performance.	
IP SUD Referral to Treatment	HEDIS	Compare to providers' previous performance.	
2-day Follow-up after IP stay for suicide attempt or suicidal ideation	NCQA	Compare to providers' previous performance.	
Inpatient Readmissions (PCR)	CMS	Tierd targets based on providers' previous performance.	
Transitions of Care – Medication Reconciliation	HEDIS	Tierd targets based on providers' previous performance.	
Transitions of Care – Receipt of Discharge Information	HEDIS	Tierd targets based on providers' previous performance.	

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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	Inadequate postpartum care can lead to persistant disparities in maternal morbidity and mortality.
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

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)
Timeliness of Postpartum Care	OHA	Measure against CCO incentive metric target	
Screening for Depression and Follow-Up Plan	OHA	Compared to provider's previous performance	
SUD Screening Rate 1 and Rate 2	OHA	Compared to provider's previous performance	
Number of eligible members who received a service by the integrated perinatal/SUD care team	CareOregon	Compared to provider's previous performance	

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CCO NAME:	CareOregon (Healthshare)
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
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)	[redacted]
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	The agreement provides funding for necessary services for members with significant specialty behavioral health needs. The agreement also incentivizes providers to manage performance relative to related quality metrics specific for the type of service.
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)
Access to Care (Third next available appt.)	Mutually agreed/created by plan and provider	Provider specific targets for each measurement period are established from each provider's baseline performance using the Minnesota Method	[redacted]
Engagement	Mutually agreed/created by plan and provider	Provider specific targets for each measurement period are established from each provider's baseline performance using the Minnesota Method	
Retention	Mutually agreed/created by plan and provider	Provider specific targets for each measurement period are established from each provider's baseline performance using the Minnesota Method	
Avoided Acute Care Admissions	Mutually agreed/created by plan and provider	Provider specific targets for each measurement period are established from each provider's baseline performance using the Minnesota Method	
Case Management for Clients with Schizophrenia	Mutually agreed/created by plan and provider	Provider specific targets for each measurement period are established from each provider's baseline performance using the Minnesota Method	
Timely Assessment for Children in DHS custody	OHA CCO Incentive Measure	Benchmark determined by OHA	
Withdrawal Management: SUD follow-up Care	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
Withdrawal Management: MAT Follow-up Care	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
Residential: Retention	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
Residential: SUD Follow-up Care	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
Residential: MAT Follow-up Care	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
SUD Outpatient: Engagement	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
SUD Outpatient: Retention	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	
SUD Outpatient: Primary Care Visit	Mutually agreed/created by plan and provider	Regional benchmarks were established based on network performance in CY2021 for each individual measure. Percentiles were calculated for each measure and performance distribution was analyzed in comparison to the percentiles.	

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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)	All clinics that participate in the Primary Care Payment Model (PCPM) program are eligible for tiered performance payments for meeting dental specific quality metrics.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Inadequate access to routine and preventive dental care can contribute to persistant health disparities in pediatric and adult populations. This CDA improves access to said care by providing dental assessments, preventive care, education, and referrals in the primary care setting.
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

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)
Flouride Varnish Application Ages 1-10	OHA	Compare to providers performance in the previous year	
Oral Evaluation for Adults with Diabetes	OHA	Compare to OHA benchmark and providers performance in the previous year	

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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)	Pediatric clinics that participate in the Primary Care Payment Model (PCPM) program are eligible for tiered performance payments for meeting pedatirc specific quality metrics.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Inadequate access to preventive services such as immunizations and well-child visits can contribute to persistant disparities in pediatric populations.
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	

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Well-Child Visits 3-6 y	CCO Incentive Metric/NQF	OHA target	
Immunizations for Adolescents	CCO Incentive Metric/NQF	OHA target	
Childhood Immunizations (Combo 3)	CCO Incentive Metric/NQF	OHA target	