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"

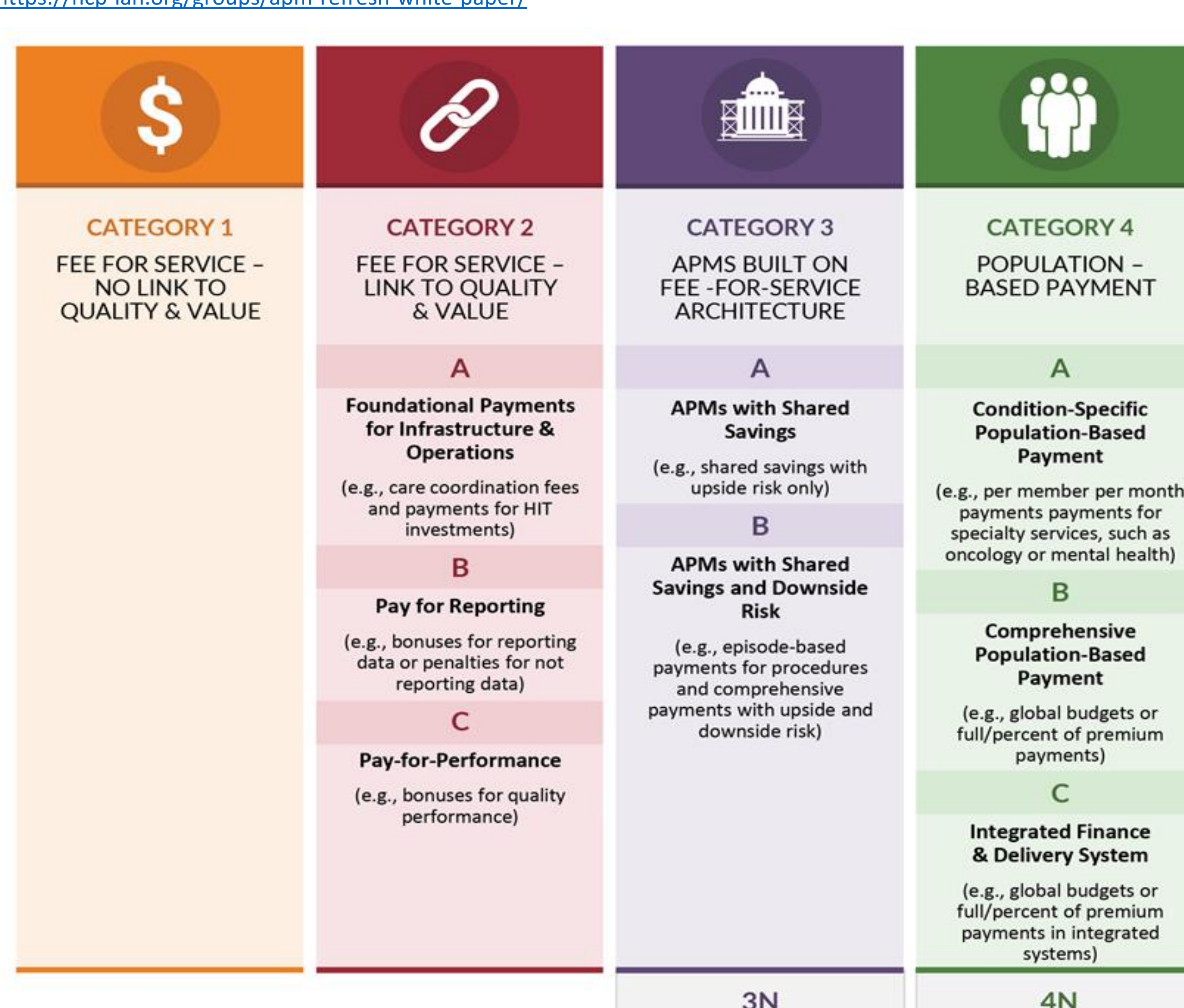
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in 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: IHN-CCO
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	0	$ 0.55			No Clinics in Tier 1
Tier 2 clinics	1	$ 1.08			
Tier 3 clinics	2	$ 2.16			
Tier 4 clinics	33	$ 3.24			
Tier 5 clinics	14	$ 4.33			

CCO NAME: IHN-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 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**
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	A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/obstetric population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than expected spending.	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
MLR SHARED RISK	3B	100%	2C	$ 268,139,294.43	Child and Adolescent Well-Care Visits Childhood Immunizations Immunizations for Adolescents Diabetes:HbA1c Poor Control IET (Initiation & Engagement) SBIRT Rate 1 & 2 Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum Care	Total cost of care for attributed members.	This model addresses the Medical Loss Ratio and managing costs of those with complex care needs. SHS serves populations in rural communities (with RHCs), and has a team of traditional health workers.
Capitation Payment - Dental	4	100%	N/A	$ 27,355,125.24	Any Dental Service Assessments for Children in DHS Custody- Dental Oral Evals for Adults with Diabetes Preventive Dental or Oral Health Services Any Dental Service with a Substance Use Disorder (SUD)	IHN contracts with 4 DCOs to provide all Dental services	The model is a comprehensive capitation that takes into account the full risks of the population.
Capitation Payment - Mental Health	4	100%	N/A	$ 31,735,186.82	Assessments for Children in DHS Custody - Mental Health Follow-Up After Crisis Intervention in the ED for Members Age 18 and Older for Primary Reason of Mental Health Crisis within 7 Days of Discharge Follow-Up within 7 Days after Discharge from a Psychiatric Hospitalization for Mental Illness Increase the Number of Individuals Served with Mobile Crisis Services Increase the Number of Individuals Who are Receiving Peer-Delivered Services Increase Dyadic Treatment (Family Therapy) No More than 1 Readmission to the ED for Psychiatric Reasons (with Crisis Intervention	IHN contracts with 3 counties to provide comprehensive MH treatment	Each Agreement takes into account the unique regional complexity of the county. Historical data is trended forward to ensure all SDoH and MH risks are covered.
Capitation Payment - Non Emergent Transportation	4	100%	N/A	$ 13,133,031.68	Call Center: All Calls are Answered by a Live Voice within 30 Seconds Call Center: All Call-Back Requests are Returned within 3 Hours No-Shows: Reduce No-Show rides for scheduled NEMT services. Return Pick-Up Times: Return Pick-Up within 60 Minutes of Notification That the Member is Ready	IHN contracts with to provider NEMT for all IHN members.	The full capitation for transportation flexes up and down to account for changes in health care needs.
Capitation Payment - PCP	4	100%	N/A	$ 2,609,273.95	Child and Adolescent Well-Care Visits Childhood Immunizations Immunizations for Adolescents Diabetes:HbA1c Poor Control IET (Initiation & Engagement) SBIRT Rate 1 & 2 Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum Care Assessments for Children in DHS Custody Cigarette Smoking Prevalence Preventive Dental or Oral Health Services	All PCP clinical costs.	Capitation payments are based on Risk Tiers, with higher complexity cohorts receiving greater payments

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:	IHN-CCO
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 CDA: MLR VBP**
LAN category (most advanced category)	**3B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Risk Sharing: shares upside/downside risk on all costs, including IP and OP, for members assigned to PCPs. accounts for about 70% of IHN's population. Claims are FFS. is a regional health system including 5 hospitals, 20 PCPCH's, and several specialty clinics.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Model incentivizes the holistic management of complex members by rewarding the VBP participant when these ICC members are properly managed. serves populations in rural communities (with RHCs), and has a team of traditional health workers.**
Total dollars paid	**$ 268,139,294.43**
Total unduplicated members served by the providers	**56,257**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$ 6,100,000.00**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$ 6,100,000.00**

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)
Child and Adolescent Well-Care Visits	HEDIS	OHA benchmark, CCO improvement target	Met measure for 2023, 68%
Childhood Immunizations	HEDIS	OHA benchmark, CCO improvement target	Did not meet measure for 2023, 56%
Immunizations for Adolescents	HEDIS	OHA benchmark, CCO improvement target	Did not meet measure for 2023, 23%
Diabetes:HbA1c Poor Control	eCQM, OHA	OHA benchmark, CCO improvement target	Met measure for 2023, 29%
IET (Initiation & Engagement)	HEDIS	OHA benchmark, CCO improvement target	Did not meet measures, 35% & 16%
SBIRT Rate 1 & 2	OHA	OHA benchmark, CCO improvement target	Met measures for 2023, 31% & 25%
Prenatal and Postpartum Care: Timeliness of Prenatal Care & Postpartum Care	HEDIS	OHA benchmark, CCO improvement target	Did not meet measure for 2023, 78%

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:	IHN-CCO
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 & Maternity CDA: [redacted] MLR VBP**
LAN category (most advanced category)	**3B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**IHN-CCO implemented a risk sharing agreement with [redacted] ([redacted]) on all costs for members assigned to [redacted] PCPs, including inpatient care, outpatient hospital surgeries, maternity, and emergency room departments. [redacted] is a regional health system, consisting of 5 hospitals, 20 PCPCHs, and several specialty clinics, including Women's Health Clinics.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Model incentivizes the holistic management of complex members by rewarding the VBP participant when these ICC members are properly managed. [redacted] serves populations in rural communities (with RHCs), and has a team of traditional health workers. Two maternity measures were added to the Pay for Performance scorecard to monitor maternity care. [redacted] Care Opportunity team works with clinics for care coordination and close maternity care gaps, also while focusing on other targeted populations.**
Total dollars paid	**$ 268,139,294.43**
Total unduplicated members served by the providers	**56,257**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$ 6,100,000.00**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$ 6,100,000.00**

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)**
Child and Adolescent Well-Care Visits	**HEDIS**	**OHA benchmark, CCO improvement target**	**Met measure for 2023, 68%**
Childhood Immunizations	**HEDIS**	**OHA benchmark, CCO improvement target**	**Did not meet measure for 2023, 56%**
Immunizations for Adolescents	**HEDIS**	**OHA benchmark, CCO improvement target**	**Did not meet measure for 2023, 23%**
Diabetes:HbA1c Poor Control	**eCQM, OHA**	**OHA benchmark, CCO improvement target**	**Met measure for 2023, 29%**
IET (Initiation & Engagement)	**HEDIS**	**OHA benchmark, CCO improvement target**	**Did not meet measures, 35% & 16%**
SBIRT Rate 1 & 2	**OHA**	**OHA benchmark, CCO improvement target**	**Met measures for 2023, 31% & 25%**
Prenatal and Postpartum Care: Timeliness of Prenatal Care	**HEDIS**	**OHA benchmark, CCO improvement target**	**Did not meet measure for 2023, 78%**
Prenatal and Postpartum Care: Timeliness of Postpartum Care	**HEDIS**	**OHA benchmark, CCO improvement target**	**Met measure for 2023, 88%**

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:	IHN-CCO
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 CDA- Program**
LAN category (most advanced category)	**4B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Program allows for expansion of A&D services with additional Addiction Specialists for adults and youth.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**There is an escalating concern over substance use, overdose deaths, and access to early interventions in Linn County. The prevalence of use is currently high, in part due to Measure 110, and service expansion is necessary to find more avenues of engagement to treatment and other supports.**
Total dollars paid	**Effective 10.1.2022, paid $44,270.83 Monthly**
Total unduplicated members served by the providers	**N/A**
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)
6-month report on the number of referrals made to healthcare clinics in Linn County by	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Reporting due from provider 4/2024**
6-month report on the number of days for "Initiation" (1 visit within 14 days) and "Engagement" (2 visits within 34 days) of IHN members in treatment upon receiving referrals from primary care or other health providers	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Reporting due from provider 4/2024**
6-month report on the number of Early Intervention encounters in schools across Linn County.	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Reporting due from provider 4/2024**
6-month report on the number of encounters in areas outside of our main treatment centers (Albany and Lebanon clinics), such as Sweet Home, Mill City, Linn County Jail and more	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Reporting due from provider 4/2024**

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:	IHN-CCO
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 & 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)	**IHN-CCO has engaged in a case management type arrangement with Program. is a team of care coordinators and THW's that solely focus on children in DHS custody. This agreement has a Pay for Performance scorecard, and is accountable for the Dental, Mental and Physical assessments. The team also works with the DCO's to coordinate oral health services, including preventive dental.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**This CDA serves the most vulnerable of the population- children who are in foster care. Often times, these children are high risk and have been abused. is a team of nurses and THW's who are trained to handle these levels of complexities and ensure the children receive the care they need.**
Total dollars paid	**$ 477,150.00**
Total unduplicated members served by the providers	**483**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$ 41,000.00**
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)**
Assessment for Children in DHS Custody: Physical, Dental and Mental Health	**OHA-Developed**	**OHA benchmarks, CCO improvement targets**	**Provider met for 2023, 91%**
Preventive Dental or Oral Health Services (Ages 1-5)	**OHA-Developed based on CSM and DQA similar**	**OHA benchmarks, CCO improvement targets**	**Provider met for 2023, 87%**
Preventive Dental or Oral Health Services (Ages 6-14)	**OHA-Developed based on CSM and DQA similar**	**OHA benchmarks, CCO improvement targets**	**Provider met for 2023, 88%**

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:	IHN-CCO
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 & Behavioral Health CDA:**
LAN category (most advanced category)	**4C**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Capacity payment type model for to have available a behavioral health therapist and admin support to meet the urgent needs of DHS Child Welfare clients**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**With the expansion of the program they will be able to conduct the Mental Health Assessments and CANS for children in DHS custody in Benton County. These children are one of the most at risk populations, and face many challenges such as child abuse and neglect.**
Total dollars paid	**Effective 1.1.2023 $6,000 per month**
Total unduplicated members served by the providers	**Approx. 20-40 Cans and MHA, and 5-8 on going case load for care coordination**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$10,000 for Quality Pool**
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)
DHS Assessment for Children in Custody	**HEDIS**	**CCO uses the OHA improvement target**	**Provider met for 2023, 100%**
Number of Mental Health Assessments and CANS Assessments	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Provider met for 2023, 100%**
Number of Mental Health Assessments and CANS Assessments receiving Continued Therapy	**Custom measure**	**Custom Improvement Target, Agreed Upon**	**Provider met for 2023, 100%**