



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).

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

CCO NAME: PacificSource Community Solutions (Gorge)
 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	\$ 0.55	\$ -	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	No payments to Tier 1 clinics because there are none in the CCO service area.
Tier 2 clinics	0	\$ 1.06	\$ -	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	No payments to Tier 2 clinics because there are none in the CCO service area.
Tier 3 clinics	1	\$ 2.06	\$ 5.84	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A
Tier 4 clinics	2	\$ 3.07	\$ 11.21	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A
Tier 5 clinics	7	\$ 4.07	\$ 14.85	All OHA PCPCH recognized clinics receive a base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH value-based payment program where the base rate PMPM is replaced by an enhanced PMPM that is also dependent on tier level.	N/A

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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	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
		81%	1A	\$ 9,312,630.78	Assessments for Children in DHS Custody Initiation and Engagement of SUD Treatment		
		27%	3B, 3A, 2A, 1A	\$ 5,251,344.26	Immunizations for Adolescents (Combo 2) Prenatal and Postpartum Care - Postpartum Care Well-Child Visits in the 3rd, 4th and 5th years Initiation and Engagement of SUD Treatment Diabetes HbA1c Poor Control Screening for Depression and Follow-Up Plan		
		37%	3B, 3A, 2A, 1A	\$ 4,104,408.35	Immunizations for Adolescents (Combo 2) Prenatal and Postpartum Care - Postpartum Care Well-Child Visits in the 3rd, 4th and 5th years Initiation and Engagement of SUD Treatment Diabetes HbA1c Poor Control Screening for Depression and Follow-Up Plan		
		100%		\$ 2,241,134.90	Members Receiving Preventative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Dental or Oral Health Services (Age 6-14) Oral Evaluation for Adults with Diabetes Dental Assessments for Children in DHS Custody Topical Fluoride Varnish for Children Dental Utilization Age 0-18 Dental Utilization Age 19+ % of Pregnant Women with a Dental Visit Caries Risk Assessment		
		0%	3A, 2A, 1A	\$ 576.00	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT), Assessments for Children in DHS Custody, Child and Adolescent Well-Care Visits, Childhood Immunization Status, Cigarette Smoking Prevalence, Comprehensive Diabetes Care, Controlling High Blood Pressure, Health Aspects of Kindergarten Readiness: CCO System-Level Social-Emotional Health, Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services, Immunizations for Adolescents, Initiation and Engagement of Substance Use Disorder Treatment, Members Receiving Preventative Dental or Oral Health Services, Oral Evaluation for Adults with Diabetes, Screening for Depression and Follow-Up Plan, Social Determinants of Health: Social Needs Screening and Referral (SDOH), Timeliness of Postpartum Care		

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-tz/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:	PacificSource Community Solutions (Gorge)
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)	3A
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	N/A
Total dollars paid	10,651,031
Total unduplicated members served by the providers	4,788
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	637,018
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)
Prenatal and Postpartum Care - Postpartum Care	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Immunizations for Adolescents	OHA, NQF	Comparison to providers' historical performance using OHA quality metric target methodology	
Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Diabetes HbA1c Poor Control	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Screening for Depression and Follow-Up Plan	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	

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CCO NAME:	PacificSource Community Solutions (Gorge)
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 and Oral Health
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)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	\$ 822,933.72
Total unduplicated members served by the providers	10,542
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 1,696,599.81
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 - Combo 3	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	
Immunizations for Adolescents - Combo 2	OHA, NQF	Comparison to providers' historical performance using OHA quality metric target methodology	
Child Well-Care Visits - Age 3-6	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	
Preventive Dental Oral or Health Services - Age 1-5 and 6-14	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	