



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>A Foundational Payments for Infrastructure & Operations (e.g., care coordination fees and payments for HIT investments)</p> <p>B Pay for Reporting (e.g., bonuses for reporting data or penalties for not reporting data)</p> <p>C Pay-for-Performance (e.g., bonuses for quality performance)</p>	<p>CATEGORY 3 APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE</p> <p>A APMs with Shared Savings (e.g., shared savings with upside risk only)</p> <p>B APMs with Shared Savings and Downside Risk (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>CATEGORY 4 POPULATION – BASED PAYMENT</p> <p>A 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 Comprehensive Population-Based Payment (e.g., global budgets or full/percent of premium payments)</p> <p>C 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: **Umpqua Health Alliance**
 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	-				All PCPCH clinics contracted with UHA are Tier 3 or higher
Tier 2 clinics	-				
Tier 3 clinics	3				
Tier 4 clinics	8				
Tier 5 clinics	2				

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Umpqua Health Alliance
1/1/2023 - 12/31/2023

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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) <i>Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.</i>	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
[REDACTED]	4C	42%		[REDACTED]	CCO Quality Metrics Performance (Plan)	[REDACTED]	[REDACTED] patient navigator addressing over utilization of [REDACTED] which can adversely affect CCO Metrics performance for some measures. Multi-Visit Patients (MVPs) often have severe complex health care needs or SDoH needs.
[REDACTED]	4A	5%	2C	[REDACTED]	ED Follow Up for dental related pain; Dental Utilization; Members Receiving Preventive Dental Services (aged 1-14); Oral Evaluation for Adults w/ Diabetes; 60 Day DHS Measure	[REDACTED]	One of the quality measures that [REDACTED] is incentivized on, is its ability to achieve certain penetration metrics. People with complex health needs, as well as individuals with racial and ethnic disparities, typically lag behind the rest of the population in obtaining health care services. The penetration metric incentivizes [REDACTED] by engaging these subpopulations in obtaining proper access and services.
[REDACTED]	3B	39%	2C	[REDACTED]	CCO Metrics Performance (Plan and Clinic level)	PCPCH; renders PCP, behavioral health, and some specialist services	Clinic is incentivized based on successful participation/achievement of CCO metrics which includes Language Access, the DHS measure, and the IET measures.
[REDACTED]	4A	6%	2A, 2C, 3B	[REDACTED]	Crisis - Emergency Response assessed within 1 day Crisis - Follow Up Rate Non-Crisis - High Priority assessed within 2 days Non-Crisis - Routine assessed within 10 days	[REDACTED]	Measures access to care by case severity and speed of delivery.
[REDACTED]	3B	28%	2C	[REDACTED]	CCO Metrics Performance (Plan and Clinic level)	PCPCH; renders PCP, behavioral health, and some specialist services	Clinic is incentivized based on successful participation/achievement of CCO metrics which includes Language Access, the DHS measure, and the IET measures.

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:	Umpqua Health Alliance
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 Care and Maternity Care
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)	A combined hospital/maternity case rate with the sole community hospital
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	UHA is dedicated to improving health equity. According to the CDC, black women are significantly more likely to experience conditions such as a weakened heart muscle, thrombotic pulmonary embolism, and high blood pressure, which can contribute to a significantly higher proportion of pregnancy-related deaths in comparison to white women. Addressing these issues with the mother during prenatal care could potentially improve the mother's safety and well-being, but also help eliminate unnecessary costs. In addition, preterm birth rates for minorities are disproportional against their white counterparts. According to the March of Dimes, in 2015, the overall preterm rate was 9.6%, but 13.4% of black infants were preterm, as compared to the 8.9% rate for white infants. Furthermore, non-white infant mortality caused by preterm birth and related complications was significantly higher (44.2% for black infants compared to 31.5%).
Total dollars paid	██████████
Total unduplicated members served by the providers	409
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)
C-Section Delivery Rate at Contracted Hospital; <=22%	UHA	Based on provider historical rate and negotiated improvement target; nationwide average was 32.1% in 2021 (March of Dimes)	Provider performance is trending positively

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:	Umpqua Health Alliance
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 Case Rate w/ WH
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)	A combined hospital/maternity case rate with the sole community hospital
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	UHA is dedicated to improving health equity. According to the CDC, black women are significantly more likely to experience conditions such as a weakened heart muscle, thrombotic pulmonary embolism, and high blood pressure, which can contribute to a significantly higher proportion of pregnancy-related deaths in comparison to white women. Addressing these issues with the mother during prenatal care could potentially improve the mother's safety and well-being, but also help eliminate unnecessary costs. In addition, preterm birth rates for minorities are disproportional against their white counterparts. According to the March of Dimes, in 2015, the overall preterm rate was 9.6%, but 13.4% of black infants were preterm, as compared to the 8.9% rate for white infants. Furthermore, non-white infant mortality caused by preterm birth and related complications was significantly higher (44.2% for black infants compared to 31.5%).
Total dollars paid	██████████
Total unduplicated members served by the providers	409
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)
C-Section Delivery Rate at Contracted Hospital; ≤22%		Based on provider historical rate and negotiated improvement target; nationwide average was 32.1% in 2021 (March of Dimes)	Provider performance is trending positively

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:	Umpqua Health Alliance
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 Access Program
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)	PCPCH Tier 3 or higher clinics. Members with MMM/SUD diagnosis in the past 12 months
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	██████████
Total unduplicated members served by the providers	12,644
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)
Behavioral Health Access	UHA	25% of members assigned to PCPCHs with mild to moderate mental illness diagnoses who are seen by the clinic in the measurement year	Successful obtainment of minimum threshold

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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:	Umpqua Health Alliance
Describe Care Delivery Area (CDA) <i>Note:</i> 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.	Focus on increasing services rendered to children in DHS Custody
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)	Additional payment made to the first physician group who renders a relevant service that meets numerator criteria for children in DHS Custody
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	The CDA focuses on expediency of services for children entering DHS care
Total dollars paid	██████████
Total unduplicated members served by the providers	30
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)
Children in DHS Custody CCO Metric	OHA	Measure against CCO Performance; Contract settlement begins July 1, 2024	UHA rate increased from 77% to 89% ('20 to '21); first year utilizing VBP is 2023

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:	Umpqua Health Alliance
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.	Added third quality metric to current VBP arrangement with DCO: Oral Health evaluation for pregnant women
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)	Additional metric to cover our pregnant population's dental needs
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Cover members who are pregnant
Total dollars paid	New for 2024
Total unduplicated members served by the providers	New for 2024
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	33% of providers withhold
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	33% of providers withhold

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 service for pregnant women	CCO/DCO	New for 2024 – Care Delivery Area VBP: Pregnant women – Numerator: Indicated continuously enrolled (not more than one 45-day gap in enrollment) Pregnant Women (per file from the CCO) who received at least one dental service since January 1, 2024. Denominator: Indicated by the number of Pregnant Women who are continuously enrolled with not more than one 45-day gap in enrollment per the 834 eligibility files from the CCO.	Provider has a history of successfully meeting performance thresholds in previous years.