



OHA VBP PCPCH Data and CDA VBP data template - General Instructions

1. **Required:** Complete all yellow highlighted cells on the following worksheets:

"PCPCH"

"Model Descriptions"

"Hospital care CDA VBP Data"

"Maternity care CDA VBP Data"

"Behavioral care CDA VBP Data"

Voluntary for this reporting year:

"Childrens H.care CDA VBP Data"





"Oral H.care CDA VBP Data"

2. For payments that span multiple HCP-LAN categories, use the most advanced category. If for example 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 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 VBP PCPCH Data and CDA VBP data template must be submitted to the following email address: OHA.VBP@dsoha.or.us no later than May 6, 2022. 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).

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<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>

CONTRACTOR/CCO NAME: **Advanced Health**
 REPORTING PERIOD: **1/1/2021 - 12/31/2021**

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 (or range) dollar amount	Average PMPM dollar amount	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	Base PCP Cap	Base PCP Cap	N/A
Tier 2 clinics	1	Base PCP Cap	Base PCP Cap	N/A
Tier 3 clinics	4	Base PCP Cap + 0.59	Base PCP Cap + 0.59	N/A
Tier 4 clinics	7	Base PCP Cap + 1.18	Base PCP Cap + 1.18	N/A
Tier 5 clinics	2	Base PCP Cap + 1.77	Base PCP Cap + 1.77	N/A

CONTRACTOR/CCO NAME: **Advanced Health**
 REPORTING PERIOD: **1/1/2021 - 12/31/2021**

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Brief description of the five largest, defined by dollars spent, VBPs implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within arrangement	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
Largest DRG hospital paid on fully capitated basis for facility services.	4B		1 Bay Area Hospital - Facility Services	All cause readmission rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Bay Area Hospital is the largest hospital in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other hospitals.
Largest oral health provider paid on percent-of-premium basis	4B	N/A	Advantage Dental - Global, all oral health services	Preventive Dental or Oral Health Services and Oral Evaluations for Adults with Diabetes metrics are used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Advantage Dental is the largest oral health provider in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other oral health providers.
Largest behavioral health provider paid on a PMPM basis	4A		1 Coos County Mental Health (Coos Health & Wellness) - Many behavioral health services are capitated, including intensive care coordination, supported employment, crisis response among several others	Emergency department utilization rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Coos Health & Wellness is the largest behavioral health provider in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other providers.
Largest Type A/B hospital paid via shared savings and loss model	3B		1 Coquille Valley Hospital - Facility Services	Improvement targets are set using past Provider performance and are not relative to the performance of other Providers.
Largest SUD provider paid on fully capitated basis	4B	N/A	ADAPT - All SUD services	The Initiation and Engagement with SUD Treatment metric is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. ADAPT is the largest SUD treatment provider in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other providers.

Required implementation of care delivery areas by January 2022 Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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 question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Advanced Health
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Hospital Care
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)	Bay Area Hospital is paid a PMPM payment for all facility services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	All cause readmission rate is used as a quality component, which helps to offset any incentive they may have to curtail necessary services for disadvantaged groups or those with complex health care needs. Bay Area Hospital is the largest hospital in our service area and provides for the full spectrum of Advanced Health membership. Further, improvement targets are set using past Provider performance and are not relative to the performance of other hospitals.
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)
All-Cause Readmission	NCQA	Compare to provider's previous performance	BAH has met improvement targets to date. However, current performance is unknown due to claims payment / information system transition. Reporting/analytics transition is ongoing and expected to conclude soon.

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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 question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Advanced Health
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Maternity Care
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)	Bay Clinic paid on a PMPM basis for primary care and using an episode-based payment for maternity care. Applies to all providers at clinic.
If applicable, descr be how this CDA serves populations with complex care needs or those who are at risk for health disparities	By paying for primary care on a capitated basis, each provider at Bay Clinic is given the flexibility to focus attention on patients who need it the most, especially those with complex care needs and those at risk for health disparities. Bay Clinic is paid for performance on many quality measures, driving down the incentive to curtail necessary services.
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)	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	NCQA	Compare to provider's previous performance	Bay Clinic's year-end 2021 performance was 87.5%. Current performance is unknown due to claims / information systems transition. Reporting/analytics transition is ongoing and expected to conclude soon.

Required implementation of care delivery areas by January 2022 Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 2024. Refer to Value-based Payment Technical Guide for CCOs at <https://www.oregon.gov/oha/HPA/dsl-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 question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Advanced Health
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Behavioral Care
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)	Coos Health & Wellness paid on a PMPM basis for numerous behavioral health services.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Coos Health & Wellness serves many of our service area's most complex at-risk patients. The quality measure associated with this payment arrangement is Emergency Department Utilization among Members with Mental Illness. The application of this measure reduces the incentive to curtail necessary services and ensures CHW is serving all of Advanced Health's Members with need for behavioral health services.
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)
Emergency Department Utilization among Mem	NCQA	Compare to provider's previous performance	Provider's year-end 2021 performance unknown due to claims system transition. Reporting/analytics transition is ongoing and expected to conclude soon.

Required implementation of care delivery areas by January 2022 Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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.

This worksheet is voluntary for this reporting year.

CONTRACTOR/CCO NAME:	Advanced Health
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	Oral Health Care
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)	Advantage Dental paid on a percent-of-premium basis for all oral health services.
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	
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)
Members Receiving Preventive Dental Services	OHA	Compare to provider's previous performance	
Oral Evaluations for Adults with Diabetes	OHA/NCQA/DQA	Compare to provider's previous performance	