



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 CDA VBP Data"

"Maternity CDA VBP Data"

"Behavioral Health CDA VBP Data"

Required: Complete all yellow highlighted cells on one of the following worksheets. The other worksheet is optional:





"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 VBP PCPCH Data and CDA VBP Data Template must be submitted to the following email address: **OHA.VBP@odhsoha.oregon.gov** no later than May 5, 2023. 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>

CONTRACTOR/CCO NAME: PacificSource Community Solutions (Central Oregon)
 REPORTING PERIOD: 1/1/2022 - 12/31/2022

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	-	\$ 0.50	-	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	-	\$ 1.01	-	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	\$ 2.01	\$ 2.18	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	21	\$ 3.02	\$ 9.36	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	13	\$ 4.02	\$ 11.94	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 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
		95%	1A	90,763,116.43	Follow-Up After Hospitalization for Mental Illness within 7 day, Follow-up After ED Visit for Mental Illness within 30 days, Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence within 30 days, Prenatal & Postpartum Care - Postpartum Care		
		19%	1A, 2A, 3B	50,205,173.37	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Members Receiving Preventative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Diabetes HbA1c Poor Control Initiation and Engagement of Substance Use Disorder Treatment		
		28%	1A, 2A, 3B	16,719,840.15	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Members Receiving Preventative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Diabetes HbA1c Poor Control Initiation and Engagement of Substance Use Disorder Treatment		
		42%	1A, 2A, 3B	14,914,912.17	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life Members Receiving Preventative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Diabetes HbA1c Poor Control Initiation and Engagement of Substance Use Disorder Treatment		
		100%	N/A	13,268,518.05	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 Canes Risk Assessment		

Required implementation of care delivery areas by January 2023: 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.

CONTRACTOR/CCO NAME:	PacificSource Community Solutions (Central Oregon)
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 & Hospital
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	Serves population with complex behavioral health needs
Total dollars paid	\$ 499,644.26
Total unduplicated members served by the providers	42,809
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 5,826,066.04
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)
Follow-Up After Hospitalization for Mental Illness within 7 day	OHA	Comparison to providers' historical performance using claims data for a specific population being discharged from eligible facility.	
Follow-up After ED Visit for Mental Illness within 30 days	NCQA	Comparison to providers' historical performance	
Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence within 30 days	NCQA	Comparison to providers' historical performance	

