

**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"

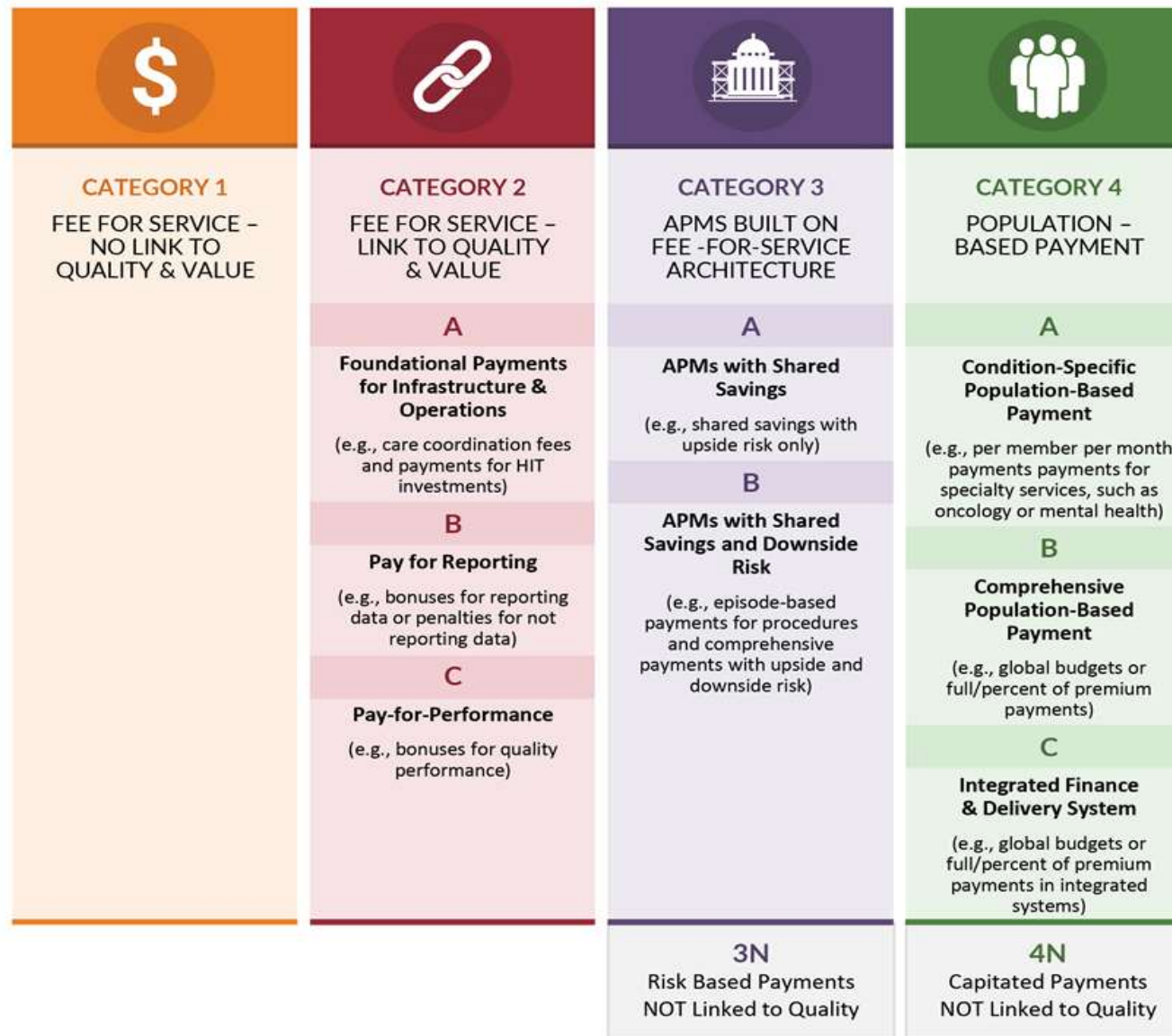
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in 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 2, 2025, 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 2025 VBP PCPCH Data and CDA Template).

version 02032025

<https://hcp-lan.org/groups/apm-refresh-white-paper/>



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. If a question is not applicable, write N/A. Non-response in a highlighted cell will not be approved. Add or subtract additional rows as needed. Guidance can be found on page 12 of the *VBP Technical Guide*: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf>

[illegible]

CCO NAME:

Advanced Health

REPORTING PERIOD:

1/1/2024 - 12/31/2024

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
Global CCO Pharmacy Services paid via capitated contract	4A - (Risk Sharing Rate: 100%)		100.00%	N/A	Redacted	Increase in Statin Therapy for Patients with Cardiovascular Disease	Global CCO Pharmacy Services	Increase in Statin Therapy for Patients with Cardiovascular Disease 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. Further, improvement targets are set using past Provider performance and are not relative to the performance of other pharmacy providers.
Largest DRG hospital paid on a fee for service facility services.	3B - (Risk Sharing Rate: 100%)		97%%	1 (FFS)	Redacted	1) Reduction of Hospital All-Cause Readmission Rate 2) Average length of stay 4 days or less	Bay Area Hospital - Facility Services	1) 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. 2) Average LOS of 4 days or less is used as a quality component, which helps to offset any incentive the provider 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	4A - (Risk Sharing Rate: 100%)		100.00%	N/A	Redacted	Increase in Members Receiving Preventive Dental or Oral Health Services for ages 1-5, 6-14	Advantage Dental - Global, all oral health services	Preventive Dental or Oral Health Services and Oral Evaluations for for ages 1-5, 6-14 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 proivder paid on a PMPM basis	4A - (Risk Sharing Rate: 100%)		100.00%	N/A	Redacted	1) Reduction of Emergency Department Utilization 2) Increase in Behavioral Health services for those members with BH service needs.	Coos County Mental Health (Coos Health & Wellness) - Many behavioral health services are capitated, including intensive care coordination, supported employment, crisis response among several others.	1) 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. 2) Increase in members receiving BH services is used as a quality component, which helps to offset any incentive the providr 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 medical clinic paid on PMPM basis for primary care + FFS all other services	4A - (Risk Sharing Rate: 100%)		100.00%	N/A	Redacted	1) Comprehensive Diabetic Care - Increase in HbA1c testing 2) Childhood Immunizations	North Bend Medical Center - Primary care providers are capitated for specific primary care codes, other services are paid FFS	1) Comprehensive Diabetic Care 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. 2) Increase in Childhood Immunizations is used as a quality component, which helps to offset any incentive the provider may have to curtail necessary services for disadvantaged groups or those with complex health care needs. - North Bend Medical Center is the largest physical health medical clinic 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.
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Required implementation of care delivery areas by January 2025: 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:	Advanced Health
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.	CDA 1) Hospital Care: Reduction in All-Cause Readmission Rate CDA 2) Hospital Care: Average length of stay - 4 days
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)	Bay Area Hospital was paid FFS 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	Redacted
Total unduplicated members served by the providers	Redacted
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	Redacted
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	Redacted

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 (PCR)	HEDIS	CCO review Provider's All-Cause Readmission rate against the prior year performance. If Provider's final measurement year Readmission Rate is less than or equal to 98% of Provider's baseline Readmission Rate	Provider failed the measure. The year over year readmission rate had continued to fall slightly but in 2024 the hospital saw an increase over its 2023 performance and therefore did not achieve the improvement target set for 2024.

Required implementation of care delivery areas by January 2025: 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:	Advanced Health
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.	Improving Timeliness of Access for Prenatal and Postpartum 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)	Bay Clinic is paid on a PMPM basis for primary care services and using an episode-based payment for maternity care. Applies to all providers in clinic.
If applicable, describe 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 bais, 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	Redacted
Total unduplicated members served by the providers	Redacted
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	Redacted
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	Redacted

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)
OHA Prenatal & Postpartum Care Measurement NQF1517	NCQF	1% increase in maternity care when compared to provider's previous performance	Provider met the improvement target increasing the rate of postpartum care from 81% to 92%

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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:		Advanced Health					
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.		CDA 1) Behavioral Health: Emergency Department, Outpatient, and Avoidable Emergency Department Visits CDA 2) Behavioral Health: Increase in BH services for members with mental health service needs.					
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)		Coos Health & Wellness is 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 teh 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		Redacted					
Total unduplicated members served by the providers		Redacted					
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)		Redacted					
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)		Redacted					
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:		<table><thead><tr><th>Metric</th><th>Metric steward (e.g. HPQMC, NQF, etc.)</th><th>Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.)</th><th>Describe providers' performance (e.g. quality metric score increased from 8 to 10)</th></tr></thead></table>		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)
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, Outpatient and Avoidable Emergency Department Visits	NCQA	Compare to provider's previous performance	Provider failed. The rate of avoidable emergency visits rose from .758 visits to .858 per member/per year
Increase in Behavioral Health services for those members with BH service needs.	BH Access PIP	CCO set benchmark percentage of 57.3% for all members with behavioral health service needs to receive behavioral health services.	Provider met 2024 improvement target with a final performance rate of 58.4%.

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CCO NAME:	Advanced Health
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 Care: CDA 1: Increase Preventative Dental and Oral Health Services for ages 1-5, 6-14 Oral Health Care: CDA 2: Increase Oral Evaluations for Adults with Diabetes
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)	Advantage Dental is 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	Advantage Dental serves all of our service area's patents. The quality measures associated with this payment arrangement is the increase in preventative dental and oral health servcies for ages 1-5, 6-14 (CDA1) and increase in oral evaluations for adults with diabetes (CDA2). The application of these measures reduces the incentive to curtail necessary services and ensures Advantage Dental is serving all Advanced Health Members with need for dental and oral health services.
Total dollars paid	Redacted
Total unduplicated members served by the providers	Redacted
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	Redacted
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	Redacted

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)
Increase in Members Receiving Preventative Dental and Oral Health Services for ages 1-5, 6-14	OHA Developed based on CMS and DQA similar metrics	Compare to provider's previous performance	Ages 1-5: Measure met. Provider exceeded the benchmark with a rate of 74.14%. Ages 6-14: Measure met. Provider exceeded the benchmark with a rate of 84.48%.
Increase in Oral Evaluations for Adults with Diabetes	OHA/NCQA/DQA	Compare to provider's previous performance	Measure was met. Increase in overall improvement to 33.76% as compared to improvement target of 31.9%.

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CCO NAME:	Advanced Health
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 Care CDA 1: Increase in Preventive Dental and Oral Health Services for ages 1-5, 6-14 CDA 2: Increase in Oral Evaluations for Adults with Diabetes
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)	Advantage Dental is 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	Advantage Dental serves all of our service area's patients. The quality measures associated with this payment arrangement is the increase in preventative dental and oral health services for ages 1-5, 6-14. The application of this measure reduces the incentive to curtail necessary services and ensures Advantage Dental is serving all of Advanced Health's Members with need for pediatric dental and oral services.
Total dollars paid	Redacted
Total unduplicated members served by the providers	Redacted
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	Redacted
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	Redacted

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)
Increase in Members Receiving Preventative Dental and Oral Health Services for ages 1-5, 6-14	OHA Developed based on CMS and DQA simular metrics	Compare to provider's previous performance	Ages 1-5: Measure met. Provider exceeded the benchmark with a rate of 74.14%. Ages 6-14: Measure met. Provider exceeded the benchmark with a rate of 84.48%.