



## **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).



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



CCO NAME: AllCare Health  
REPORTING PERIOD: 1/1/2024 - 12/31/2024

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>

Tier level	Number of contracted clinics	Average PMPM payment
Tier 1	0	N/A
Tier 2	0	N/A
Tier 3	13	3.68
Tier 4	26	5.56
Tier 5	4	6.87

Medical group or clinic name (Optional: report medical groups with more than one clinic location, operating at the same tier level, receiving the same PMPM amount as a single line item)	Tier level (1-5)	PMPM dollar amount or range	If a PMPM range is provided in column C, rather than a fixed dollar amount, please explain (e.g. if payment varied over the course of the year)	If applicable, note any deviations and rationale from required payment



CCO NAME: AllCare 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
Example: Shared risk arrangement with hospital-based maternity providers	3B (Risk Sharing Rate: 30%)	90%	1 (FFS)	\$3,543,231	Timeliness of Prenatal and Postnatal Care MH Exam for Children in DHS Custody Assertive Community Treatment IET Wraparound Program Utilization of HIE or CIE Language Access ED Visits for Substance Use Disorder Follow up within 7 Days of SUD Discharge Follow up within 30 Days of MH Discharge		
Behavioral Health (MHO and Addictions)	4N - Base Payment	100%	2C - Incentive	\$1,178,445	Wait time from Auth to appointment Documentation of Current Medications Closing the Referral Loop Tobacco Use: Screening and Cessation Counseling Utilization of HIE/CIE Language Access		
Specialty - Medical	2C	100%	1 - FFS	\$854,084	Childhood immunization status Depression Screen with Follow up SBIRT Screening SBIRT Referral to Treatment Adolescent Immunizations WellChild Visits 3-6 Cigarette Smoking Prevalence HbA1c Poor Control Language Access Social Determinants of Health		
Primary Care / Pediatrics	4B - Base Payment	100%	2C - Incentive	\$4,532,479	Wait time from Auth to appointment Severe Adverse Events within 30 Days Lower Cost Settings Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Language Access		
Specialty - Surgical	2C	100%	1 - FFS	\$842,690	Timeliness of Prenatal Care Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Utilization of HIE or CIE Timeliness of Postpartum Care Language Access		
Specialty - Maternal Care	2C	100%	1 - FFS	\$1,022,714			



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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
LAN category (most advanced category)	2C
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	Patients receiving treatment through a contracted provider and organization typically have complex care issues associated with that area of care. The metric in this agreement helps to ensure proper care during the hospital stay, and effective transition of care at discharge to reduce readmissions.
Total dollars paid	\$0.00
Total unduplicated members served by the providers	5,268
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$666,640
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	N/A

[illegible]



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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
LAN category (most advanced category)	4N with 2C
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	Patients receiving treatment through a contracted Mental Health or Alcohol & Drug organization typically have a complex care issue associated with that area of care. The AllCare VBP measures are focused on improving access for these vulnerable patients with an emphasis on rewarding engagement in ongoing services of need.
Total dollars paid	\$1,178,445
Total unduplicated members served by the providers	8,698
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$1,008,866
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	MHO's have downside risk to the extent they are provided a fixed PMPM budget. If the cost of provision of those services exceeds the budgeted payment they are at risk.

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)
Mental Health Assessment for DHS Children	OHA	Measure against OHA CCO Target	Performance improved by 3%
ED Visits for Substance Use Disorder (SUD)	N/A (in house metric)	Targets set based on previous year's baseline	Overall average score improved by 13 points
Follow up within 7 Days of SUD Discharge	N/A (in house metric)	Targets set based on previous year's performance	Overall average performance increased by 6%
Follow up within 30 Days of Mental Health Discharge	NQF	Targets set based on previous year's performance	All participants met the measure
Assertive Community Treatment	Oregon Center of Excellence for Assertive Community Treatment	Provider attests to meeting the requirements of the measure	Performance remained the same
Initiation and Engagement of AOD Treatment	NQF	Measure against OHA CCO Target	Overall average performance increased by 9%
Wraparound Program	N/A (in house metric)	Provider attests to meeting the requirements of the measure	All participants met measure
Utilization of Health and/or Community Information Exc	N/A (In house metric)	Provider attests to meeting the requirements of the measure	All participants met measure
Language Access	OHA	Fill out and return language access reporting template	All participants met measure



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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 Care
LAN category (most advanced category)	2C
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	<p>Care for the most vulnerable women, as defined by AllCare, is coordinated appropriately and timely between internal and external partners.</p> <ol style="list-style-type: none"> <li>1. Co-located mental health services;</li> <li>2. Co-located Maternal Fetal Medicine physician;</li> <li>3. Medical High Risk OB Care Coordination</li> </ol> <p>Metrics in the VBP program focus on timely delivery of important services during pregnancy with emphasis on reducing risk factors and potential health disparities.</p>
Total dollars paid	\$1,022,714
Total unduplicated members served by the providers	5,277
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$102,632
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)
Timely Postpartum Visit	NQF	Measure against OHA CCO Target	75% of participating providers met the target
Documentation of Current Medications	MIPS	Provider attests to meeting the requirements of	Performance remained the same
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements of	Performance remained the same
Utilization of Health and/or Community Information Exch	N/A (In house metric)	Provider attests to meeting the requirements of	All providers met measure
Language Access	OHA	Fill out and return language access reporting to	All providers met measure
Timely Prenatal Visit	NQF	Measure against OHA CCO Target	71% of participating providers met the target
Provider Portal Usage	N/A (In house metric)	Provider attests to meeting the requirements of	All providers met measure



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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
LAN category (most advanced category)	4B with 2C
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	Patients receiving treatment through a contracted provider and organization typically have complex care issues associated with that area of care. Metrics in the VBP program focus on preventive care and screening and kindergarten readiness (Immunizations, Depression, SBIRT, Well Child visits, SDOH).
Total dollars paid	\$2,804,361
Total unduplicated members served by the providers	14,454
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$615,383
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	HEDIS	Measure against OHA CCO Target	Performance Score decreased by 2 percentage points
Depression Screen and Followup	eCQM	Measure against OHA CCO Target	Performance Score increased by 6 percentage points
SBIRT Screening	OHA	Measure against OHA CCO Target	62% of providers passed measure
SBIRT Referral to Treatment	OHA	Measure against OHA CCO Target	84% of providers passed measure
Adolescent Immunizations	HEDIS	Measure against OHA CCO Target	Performance Score increased by 1 percentage point
WellChild Visits 3-6	HEDIS	Measure against OHA CCO Target	Performance Score increased by 7 percentage point
Cigarette Smoking Prevalence	OHA	Measure against OHA CCO Target	Performance Score improved by 3 percentage points
Language Access	OHA	Provide responses to Language Access Survey	All providers passed the measure
Social Determinants of Health	OHA	Attestation/Clinic Survey	95% of providers met the measure



**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:	AllCare Health
Describe Care Delivery Area (CDA) <b>Note:</b> 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
LAN category (most advanced category)	4N with 2C
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	Dental Health Organizations provide dental assessments and services for members who are more likely to have elevated risk of poor oral health such as children in DHS custody, those with diabetes and members with mental health or substance use diagnoses. Metrics in the VBP program focus on preventive care (Dental exam for children in DHS custody, tobacco cessation counseling, Oral evaluations for Diabetic patients and Preventive visits for 1 - 14 year olds).
Total dollars paid	\$634,547
Total unduplicated members served by the providers	68,765
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$318,142
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)
Dental exam for DHS Children within 60 days	OHA	Measure against OHA CCO Target	All participants met the measure
Oral Evaluations for Diabetic Patients	DQA	Measure against OHA CCO Target	Performance score increased by 4 percentage points
Preventive Visits 1-5 Year olds	OHA	Measure against OHA CCO Target	Performance score increased by 7 percentage points
Preventive Visits 6-14 Year olds	OHA	Measure against OHA CCO Target	Performance score increased by 9 percentage points
Dental Services Utilization	N/A (in house metric)	Targets set based on previous year's performance	Performance score increased by 1 percentage point
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements of	Performance remained the same
Language Access	OHA	Provide responses to Language Access Surveys	All participants met the measure
Utilization of HIE/CIE	N/A (In house metric)	Provider attests to meeting the requirements of	All participants met the measure