

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

 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"

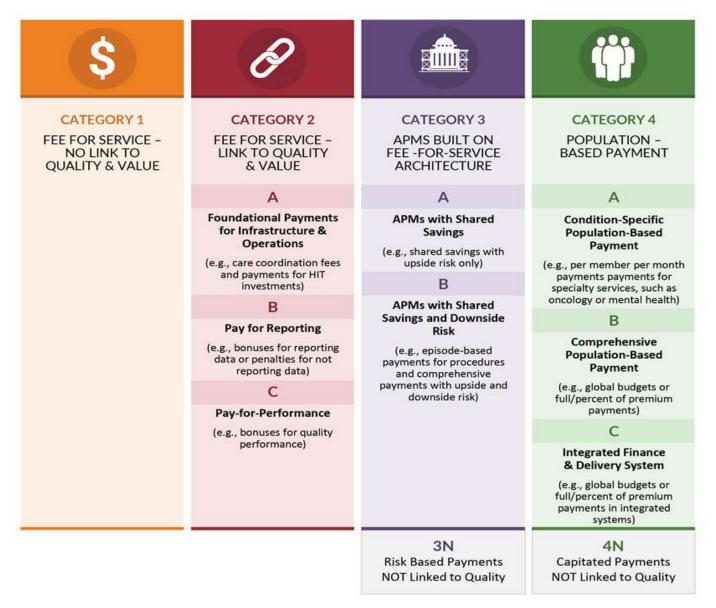
2. For payments that span multiple HCP-LAN categories, use the most advanced category. If for example you have a contract that includes a shared savings arrangement with a pay-for-performance component - such as a quality incentive pool - then you should put the total value of the annual contract in 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@dhsoha.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).

version 02032022

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



CONTRACTOR/CCO NAME:Cascade Health AllianceREPORTING 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	\$	\$	None in our service area
Tier 2 clinics	0	\$	\$	None in our service area
Tier 3 clinics	1	\$	\$	
Tier 4 clinics	3	\$	\$	
Tier 5 clinics	1	\$	\$	

CONTRACTOR/CCO NAME: REPORTING PERIOD:

Cascade Health Alliance 1/1/2021 - 12/31/2021

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, 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
Risk sharing with local hospital including VBP's on hypoglycemic inpatients, early elective delivery rates and rate of adverse			All hospital services at local	
drug events associated with opioids.	3B	2C, 1A	hospital.	Does not take these factors into account.
Risk sharing with local IPA of specialists including VBP attached to adjusting			All services provided by the	The capitation portion on the VBP is adjusted based on
payment based on risk scores	3B	2C, 1A	Klamath Falls IPA.	complexity.
Risk sharing with local behavioral health facility including VBP's on improvement of number of patients receiving billable services within 30 days of initial				
evaluation, improvement of ED utilization for SPMI population.	3B	2C, 1A	All services provided by the behavioral health provider.	Does not take these factors into account.
Capitation and risk sharing with local PCPCH offices including VBP's on percentage of panel seen, risk adjusting capitation payment based on acuity of the				
panel, and increasing panel size from prior year.	4A	3B, 2C, 2Ai, 1A	All services provided by the contracted PCPCH.	The capitation portion on the VBP is adjusted based on complexity.
Capitation and risk sharing with local dental offices including VBP's on oral evaluations for children in DHS custoday,				
annual oral health evaluations of adults, preventive dental for children, percentage			All services provided by the	
of panel seen.	4A	3B, 1A	contracted dental provider.	Does not take these factors into account.

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:	
CONTRACTOR/CCO NAME.	Cascade Health Alliance
Describe Care Delivery Area (CDA) Note: a VBP may	See Maternity care CDA VBP Data tab.
encompass two CDAs concurrently. If your CCO has take this	Cee Maternity care ODA VDF Data tab.
approach, list both CDAs; no more than two CDAs can be	
combined to meet CDA requirement.	
combined to meet CDA requirement.	
LAN category (most advanced category)	
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	
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)

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.

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Cascade Health Alliance
Maternity care & Hospital care
3B
Payment arrangement includes upside and downside risk on risk sharing agreement payments. Types of providers include Sky Lakes Medical Center (hospital) and obstetric providers.
N/A
\$315,210
80
N/A
N/A

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)
Elective delivery rate	Joint Comission, NQF	Target rate of less than 5%	Performance of 2.5%

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:	Cascade Health Alliance
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 Health Care
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)	Payment arrangement includes upside and downside risk on FFS withold payments. Types of providers include Beharioral Health Clinics.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparitie	Members seeking specialty BH services typically have complex healthcare needs.
Total dollars paid	\$247,035
Total unduplicated members served by the providers	776
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)
Patients receiving qualifying billable mental health services within 30 days of an initial evaluation	None	Compare to providers' previous performance.	Achievement of a benchmark or 3% improvement from prior years performance.