



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

CCO NAME: Cascade Health Alliance LLC
 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 | |
| Tier 2 | 0 | |
| Tier 3 | 1 | |
| Tier 4 | 2 | |
| Tier 5 | 2 | |

| 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 |
|---|------------------|-----------------------------|---|--|
| | 5 | | NA | NA |
| | 3 | | NA | NA |
| | 4 | | NA | NA |
| | 5 | | NA | NA |
| | 4 | | NA | NA |

CCO NAME:
REPORTING PERIOD:

Cascade Health Alliance LLC
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 | 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 |
|--|---|--|--|--|---|--|--|
| 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 | 62% | 2C, 1A | \$18,507,676 | Percentage of panel seen, risk adjusting capitation payment based on acuity of the panel, increasing the panel size from prior year, select OHA incentive metrics. | All services provided by the contracted PCPCH. | The capitation portion on the VBP is adjusted based on medical complexity. |
| Capitation and risk sharing with local dental offices including VBP's on percentage of panel seen. | 4A | 85% | 2C, 1A | \$4,997,766 | Percentage of panel seen, Increase in panel size, selected OHA incentive metrics, completion of OHA HIT survey and SDOH Survey. | All services provided by the contracted dental provider. | Does not take these factors into account. |
| Risk sharing with local hospital including VBP's on certain metrics. | 3B | 30% | 2C, 1A | \$32,199,893 | Early elective delivery rate, readmission rate, SDOH assessment completion. | All hospital services at local hospital. | Does not take these factors into account. |
| Risk sharing with local behavioral health facilities including VBP's on certain metrics. | 3B | 16% | 2C, 1A | \$13,497,690 | Percent of patients receiving qualifying billable services within 30 days of initial evaluation, selected OHA incentive metrics, and improvement of documentation of severity of clinical conditions. | All services provided by the behavioral health provider. | Does not take these factors into account. |
| Risk sharing with local IPA of specialists including VBP attached to adjusting payment based on risk scores. (Multiple contracts with both individual practitioners and clinics.) | 3B | 39% | 2C, 1A | \$8,580,029 | Retrospective adjustment of payments made based on patient acuity using risk scores. | All services provided by members of the Klamath Falls IPA. | Medical complexity is taken into account when calculating retrospective risk based payments. |

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: | Cascade Health Alliance LLC |
| Describe Care Delivery Area (CDA) <i>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.</i> | Maternity Care CDA & Hospital Care CDA (same information on both tabs) |
| 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 risk sharing agreement payments. Types of providers include Sky Lakes Medical Center (hospital) and obstetric patients. |
| If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities | N/A |
| Total dollars paid | \$323,584 |
| Total unduplicated members served by the providers | 311 |
| If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) | N/A |
| 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) |
|-------------------------|---|---|---|
| Elective delivery rate | Joint Comission, NQF | Target rate of less than 3% | Met target of less than 3% |
| 30 day readmission rate | CMS | Target rate of less that 9.8% | Met targetof less that 9.8% |

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.

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| CCO NAME: | Cascade Health Alliance LLC |
| Describe Care Delivery Area (CDA) <i>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.</i> | Maternity Care CDA & Hospital Care CDA (same information on both tabs) |
| 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 risk sharing agreement payments. Types of providers include Sky Lakes Medical Center (hospital) and obstetric patients. |
| If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities | N/A |
| Total dollars paid | \$323,584 |
| Total unduplicated members served by the providers | 311 |
| If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) | N/A |
| 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) |
|------------------------|---|---|--|
| Elective delivery rate | Joint Comission, NQF | Target rate of less than 3% | Met target of less than 3% |

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: | Cascade Health Alliance LLC |
| Describe Care Delivery Area (CDA) <i>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.</i> | Behavioral Health Care CDA |
| 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 withhold payments. Types of providers include Behavioral Health Clinics. |
| If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities | Members seeking specialty BH services typically have complex healthcare needs. |
| Total dollars paid | \$71,934 |
| Total unduplicated members served by the providers | 302 |
| If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) | NA |
| If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) | NA |

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' performance in prior year. | Achievement of a benchmark or 3% improvement from prior years performance. |

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-to/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: | Cascade Health Alliance LLC |
| Describe Care Delivery Area (CDA) <i>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.</i> | Oral Health CDA |
| 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) | Capitation and risk sharing with local dental offices including VBP's on percentage of panel seen |
| If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities | All assigned members are included in the VBP. |
| Total dollars paid | \$152,510 |
| Total unduplicated members served by the providers | 9,005 |
| If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) | N/A |
| 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) |
|--|---|--|--|
| Percent of members seen for any service in the calendar year. | None | Quality was assessed as performance against tiered targets of 35%, 40%, 45%, and 50%. | In 2024, there were 8 clinics with this VBP for the full year. Of the 8, 2 did not meet the 35% or above target, 1 met the 35% target, 2 met the 40% target and 3 met the 50% target. Due to increased membership since the Covid pandemic and the prolonged redetermination process, membership levels and assignments have been higher than in the past making it more difficult for contracted providers to meet this VBP metric. |
| OHA incentivized preventive dental and oral evaluation metrics | OHA | Comparison with CHA targets | Varied with most clinics meeting CHA targets |

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: | Cascade Health Alliance LLC |
| Describe Care Delivery Area (CDA) <i>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.</i> | Children's Health CDA |
| 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) | Capitation and risk sharing with local pediatric primary care clinics including VBP's on percentage of panel seen, net new patient increase, and retrospective risk adjustment to capitation payments. |
| If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities | All assigned members are included in the VBP. |
| Total dollars paid | \$2,271,590 |
| Total unduplicated members served by the providers | 24,431 |
| If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) | NA |
| If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) | NA |

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) |
|---|---|---|--|
| Percent of members seen for any service in the calendar year. | None | Quality was assessed as performance against target of 72% | Of the 5 contracted PCP clinics, 1 met the 72% metric. The remaining clinics were between 50-64%. Due to increased membership since the Covid pandemic and the prolonged redetermination process, membership levels and assignments have been higher than in the past making it more difficult for contracted providers to meet this VBP metric. |
| Net new member increase. | None | Quality was assessed by total member months increased over prior year results. | 2 of the 5 contracted clinics met this metric. |
| Retrospective risk adjustment capitation payments based on acuity of the panel. | None | Utilized 3rd party vendor to calculate risk for each member utilizing OHA methodology. | All contracted PCP clinics participated in this VBP metric. Average risk score ranged from 0.91 to 1.27. |
| OHA incentive metrics applicable to Children's health | OHA | Comparison with CHA targets | Varied with most clinics meeting CHA targets |