

## **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"

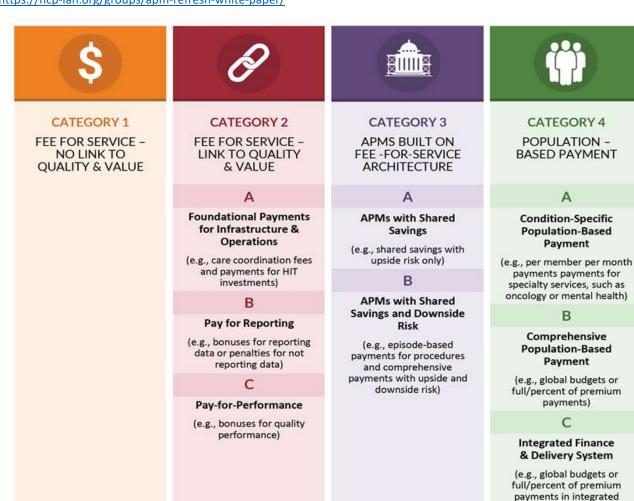
Required: Complete all yellow highlighted cells on one of the following worksheets. The other worksheet is optional:

"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).

version 02032023



## 3N

**Risk Based Payments** NOT Linked to Quality

## systems) 4N

A

Payment

B

Payment

payments)

C

Capitated Payments NOT Linked to Quality

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					No Tier 1 clinics currently participate in the program
Tier 2 clinics					No Tier 2 clinics currently participate in the program
Tier 3 clinics	21			Clinic payment rates vary throughout the year based on quality levels.	
Tier 4 clinics	69			Clinic payment rates vary throughout the year based on quality levels.	
Tier 5 clinics	27			Clinic payment rates vary throughout the year based on quality levels.	

CONTRACTOR/CCO NAME: REPORTING PERIOD:

Columbia Pacific CCO 1/1/2022 - 12/31/2022

Evaluation criteria for this worksheet: Response required for each highlighted cell. Non-response in a highlighted cell will not be approved.

VBPs implemented (e.g. condition- specific (asthma) population-based	models listed at a LAN	payments made	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
PCP Oral Health Integration							
MLR Shared Risk Agreement							
TCOC Community Risk Agreement							
Behavior Health Capitation							
PCPCH PMPM Payment Program							
Behavioral Health QIIP Program							
PCP Behavioral Health Integration							

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Required implementation of care delivery areas by January 20 CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-requirements.				
<b>Evaluation criteria for this worksheet</b> : Response required for eanot applicable, write N/A.	ach highlighted cell. If questions on rows 18 and 20 are			
CONTRACTOR/CCO NAME:	Columbia Pacific CCO			
	Columbia Facilic CCO			
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.				
	TCOC Community Risk Agreement			
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	Analytics available to providers help identify members with chronic conditions for targeted outreach and population health management.			
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)
	*hospitals are held to metrics listed as part of the			
	*hospitals are held to metrics listed as part of the county risk share model			

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Required implementation of care delivery areas by January 2 for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/von requirements.				
<b>Evaluation criteria for this worksheet</b> : Response required for e not applicable, write N/A.	each highlighted cell. If questions on rows 18 and 20 are			
CONTRACTOR/CCO NAME:				
	Columbia Pacific			
Describe Care Delivery Area (CDA) <b>Note</b> : a VBP may encompass two CDAs concurrently. If your CCO has taken this	We did not have any agreements in this CDA in 2022			
approach, list both CDAs; no more than two CDAs can be combined to meet the 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	i e			
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 20 for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/Vinformation on requirements.				
<b>Evaluation criteria for this worksheet:</b> Response required for eanot applicable, write N/A.				
CONTRACTOR/CCO NAME:	Columbia Pacific CCO			
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)				
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	The agreement provides funding for necessary services for members with significant specialty behavioral health needs. The agreement also incentivizes providers to manage performance relative to related quality metrics specific for the type of service.			
Total dollars paid				
Total unduplicated members served by the providers				
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 20 new or expanded CDA VBP arrangements from an existing contract health care). In 2023 and 2024, CCOs are required to implement in each of the remaining CDAs (children's health care and oral her place by the beginning of 2024. Refer to Value-based Payment Te https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical requirements.				
<b>Evaluation criteria for this worksheet:</b> CCO must fill out a works remaining worksheet (for the remaining CDA) is optional.	sheet for either oral health of children's health. The			
CONTRACTOR/CCO NAME:	Columbia Pacific			
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.				
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 2023: In 2022, CCOs were required to implement three new or expanded CDA VBP arrangements from an existing contract (in hospital care, maternity care, and behavioral health care). In 2023 and 2024, CCOs are required to implement a new or expanded VBP at the beginning of each year in each of the remaining CDAs (children's health care and oral health care). VBP contracts in all five CDAs must be in place by the beginning of 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 Evaluation criteria for this worksheet: CCO must fill out a worksheet for either oral health or children's health. The remaining worksheet (for the remaining CDA) is optional. CONTRACTOR/CCO NAME: Columbia Pacific Describe Care Delivery Area (CDA) Note: a VBP may encompass Children's Health 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. 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 Briefly describe how CCO assesses the table provide in below. A least one quality component is Describe providers' performance Metric steward quality (e.g. measure against national needed to meet requirement: (e.g. quality metric score increased from 8 Metric (e.g. HPQMC, NQF, etc.) benchmark, compare to providers' to 10) previous performance, etc.)