

OHA VBP PCPCH Data and CDA VBP Data Template - General Instructions

- 1. Complete all yellow highlighted cells on the following worksheets:
- "DCDCH
- "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/ **CATEGORY 1 CATEGORY 2 CATEGORY 3 CATEGORY 4** FEE FOR SERVICE -FEE FOR SERVICE -APMS BUILT ON POPULATION -NO LINK TO QUALITY & VALUE LINK TO QUALITY FEE -FOR-SERVICE **BASED PAYMENT** & VALUE **ARCHITECTURE** Α Α **Foundational Payments APMs with Shared Condition-Specific** for Infrastructure & Savings Population-Based Operations Payment (e.g., shared savings with upside risk only) (e.g., care coordination fees (e.g., per member per month and payments for HIT payments payments for specialty services, such as В investments) oncology or mental health) В **APMs with Shared** Savings and Downside В **Pay for Reporting** Risk Comprehensive (e.g., bonuses for reporting data or penalties for not (e.g., episode-based Population-Based payments for procedures **Payment** reporting data) and comprehensive payments with upside and (e.g., global budgets or downside risk) full/percent of premium payments) Pay-for-Performance (e.g., bonuses for quality performance) Integrated Finance & Delivery System (e.g., global budgets or full/percent of premium payments in integrated systems)

CCO NAME: COUNDIA Pacific CCO
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

3N

Risk Based Payments

NOT Linked to Quality

4N

Capitated Payments

NOT Linked to Quality

Tier level	Number of contracted clinics	Average PMPM payment		
Tier 1	0	N/A		
Tier 2	0	N/A		
Tier 3				
Tier 4				
Tier 5				
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)		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: REPORTING PERIOD:	Columbia Pacific CCO 1/1/2024 - 12/31/2024							
REPORTING PERIOD:	1/1/2024 - 12/31/2024							
Evaluation criteria for this worksheet: Res	sponse required for each highligh	ted cell. Non-response	in a highlighted cell	will not be approve	d.			
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		Total dollars involved in this arrangement	Quality metric(s)	Brief descrip	tion of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; & - individuals with complex health care needs
Behavioral Health Capitation Subject to QIIP		100%	N/A		3-5			This model is meant to support members with complex behavioral health needs.
PCP Capitation		100%	N/A		7			Inadequate access to preventive services can contribute to persistent disparities in pediatric populations.
PCP Clinical Quality Improvement (PCPM QI)		100%	N/A		5			Inadequate access to preventive care can contribute to persistent health disparities in pediatric and adult populations.
Total Cost of Care Shared Savings Risk Agreement		100%	1A		7			N/A
PCP Behavioral Health Integration (PCPM BHI)		100%	N/A		2			This model is meant to improve access to behavioral health providers in primary care settings and meet the complex behavioral and physical health needs of members.
Evaluation criteria for this worksheet: Resp. N/A. CCO NAME:		Columbia Pacifi						
Describe Care Delivery Area (CDA) Note: a concurrently. If your CCO has taken this appr CDAs can be combined to meet the CDA req	oach, list both CDAs; no more the	in two	Hospital					
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)		bers						
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities		living in rural	This CDA ensures acute care access for members living in rural areas who may be at higher risk for persistent health disparities.					
Total dollars paid								
Total unduplicated members served by the pr	oviders							
If applicable, maximum potential provider gair quality incentive payment)	n in dollars (i.e., maximum potenti	al						
If applicable, maximum potential provider loss in a capitated payment)	s in dollars (e.g. maximum potenti	al risk						
List the quality metrics used in this payment arrangement using the table provide in			Metric		Metric ste (e.g. HPQMC,		Briefly describe how CCO assesses qu (e.g. measure against national benchma compare to providers' previous performance, etc.)	rk, Describe providers' performance (e.g. quality metric score increased from 8 to 10)
		de in Severe Sep	sis and Shock Man	nagement Bundle	СМ		Compare to provider's previous performa and national benchmark	nce
below. A least one quality component	is needed to meet requirement:	HCA	HPS: Medication E	xplanation	CMS		Compare to provider's previous performa and national benchmark	nce
			Safe Use of Opioids				Compare to provider's previous performa and national benchmark	nce The Control of th
		HCA	HPS: Discharge Ex	planation	CMS		Compare to provider's previous performa	nce
							and national benchmark	

COO NAME: COO IMPLE: COUNTIES: COUNTIES: COUNTI	
Describe Care Delivery Area (CDA) Note: a VBP may encompass wo CDAs concurrently. If your COO has taken this approach, list to CDAs recome than two CDAs concurrently. If your COO has taken this approach, list to CDAs recome than two CDAs can be combined to meet the DA requirement. AN category (most advanced category) AN category (most advanced category) AN category (most advanced category) An advanced category) An advanced category (most a	
Describe Care Delivery Area (CDA) Note: a VBP may encompass wo CDAs concurrently. If your CCO has taken this approach, list both CDAs none than two CDAs can be combined to meet the DA requirement. AN category (most advanced category) 3riefly describe the payment arrangement and the types of roviders and members in the arrangement (e.g. pediatricians and shimatic children) 4 access to timely prenatal and postpartium care support whole person health and prevent birth complications and postpartum potential for those who are at risk for health disparities 4 access to timely prenatal and postpartium care support whole person health and prevent birth complications and postpartum potential provider gain in dollars (i.e., naximum potential provider gain in dollars (i.e., naximum potential provider gain in dollars (e.g., naximum potential provider loss in dollars (e.g., naximum potential provider gain in dollars (e.g., naximum potential provider loss in dollars (e.g., quality e.g., measure against national benchmark, compare to providers previous performance, etc.) 5 Eriefly describe how CCO assesses quality (e.g., measure against national benchmark, compare to providers previous performance, etc.)	
Maternity	
Maternity	
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and sistimatic children) Access to timely prenatal and postpartum care support whole person health and prevent birth complications and postpartum morbidity and mortality. Access to timely prenatal and postpartum care support whole person health and prevent birth complications and postpartum morbidity and mortality. Fotal dollars paid Fotal unduplicated members served by the providers f applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g., maximum potential risk in a capitated payment) 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.) List the quality metrics used in this payment arrangement using the	
whole person health and prevent birth complications and postpartum morbidity and mortality. Total dollars paid Total unduplicated members served by the providers f applicable, maximum potential provider gain in dollars (i.e., maximum potential provider gain in dollars (e.g., maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g., maximum potential risk in a capitated payment) 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.) List the quality metrics used in this payment arrangement using the	
Access to time prehata and postpartum complications and postpartum morbidity and mortality. Total dollars paid Total unduplicated members served by the providers f applicable, maximum potential provider gain in dollars (i.e., maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) f applicable, maximum potential risk in a capitated payment) 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.) Described the quality metrics used in this payment arrangement using the Timeliness of Postpartum Care OHA Compare to providers 'previous performance and OHA benchmark.	
Total unduplicated members served by the providers f applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) Metric Metric steward (e.g. HPQMC, NQF, etc.) Ge.g. measure against national benchmark, compare to providers' previous performance, etc.) List the quality metrics used in this payment arrangement using the	
f applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) Metric Metric steward (e.g. HPQMC, NQF, etc.) G.g. measure against national benchmark, compare to providers' previous performance, etc.) List the quality metrics used in this payment arrangement using the Timeliness of Postpartum Care OHA Briefly describe how CCO assesses quality (e.g. quality describe how CCO assesses quality describe how CCO assesses quality (e.g. quality de	
f applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) Metric Metric steward (e.g. HPQMC, NQF, etc.) G.g. measure against national benchmark, compare to providers' previous performance, etc.) List the quality metrics used in this payment arrangement using the Timeliness of Postpartum Care OHA Briefly describe how CCO assesses quality (e.g. quality describe how CCO assesses quality describe how CCO assesses quality (e.g. quality de	
f applicable, maximum potential quality incentive payment) f applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) Metric Metric steward (e.g. HPQMC, NQF, etc.) List the quality metrics used in this payment arrangement using the Timeliness of Postpartum Care OHA Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.) Compare to providers previous performance and OHA benchmark.	
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.) List the quality metrics used in this payment arrangement using the Timeliness of Postpartum Care OHA Briefly describe how CCO assesses quality (e.g. quality describe how CCO assesses quality (e.g. quality of the providers' previous performance, etc.) Compare to providers previous performance and OHA benchmark.	
Metric Metric tsteward (e.g. HPQMC, NQF, etc.) List the quality metrics used in this payment arrangement using the Metric Metric steward (e.g. HPQMC, NQF, etc.) Metric steward (e.g. HPQMC, NQF, etc.) Pesc (e.g. measure against national benchmark, compare to providers previous performance, etc.) Compare to providers previous performance and OHA benchmark.	
List the quality metrics used in this payment arrangement using the Immelliness of Postpartum Care OHA and OHA benchmark.	Describe providers' performance quality metric score increased from 8 to 10)
Andrew wide in below A least an emplify appropriate in andrew in the second of the	
table provide in below. A least one quality component is needed to meet requirement: Screening for Depression and Follow-up Plan OHA Compare to providers previous performance and OHA benchmark.	
Screening, Brief Intervention, and Referral to Treatment (SBIRT) OHA Compare to providers previous performance and OHA benchmark.	
Number of eligible members who received a servcie by the integrated perinatal/SUD care team CareOregon Compare to providers previous performance	
Care Transition Counseling CareOregon Narrative Report	
Meaningful Language Access Adapted from OHA Compare to providers previous performance	

Required implementation of care delivery areas by January 2 for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/ninformation on requirements.				
Evaluation criteria for this worksheet: Response required for eare not applicable, write N/A.				
CCO NAME:	Columbia Pacific			
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.	Behavioral Health			
LAN category (most advanced category)				
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. Unmet behavioral health needs place members at risk for exacerbation of physical and behavioral health inequities.			
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)				
Manuficulty and a second secon				
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)				
	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)
	Early Initiation and Engagement	Adapted from OHA	Compare to CY 2022 Performance	
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:	Retention for Therapeutic Effect	CareOregon	Compare to CY 2022 Performance	
	Case Management for Clients with Schizophrenia	CareOregon	Compare to CY 2022 Performance	
	Withdrawal Management: SUD Follow-up Care	CareOregon	Compare to CY 2022 Performance	
	Withdrawal Management: MAT Follow-up Care	CareOregon	Compare to CY 2022 Performance	
	Residential: SUD Retention	CareOregon	Compare to CY 2022 Performance	
	Residential: SUD Follow-up Care	CareOregon	Compare to CY 2022 Performance	
	Desidentials MAAT Follows on O			
	Residential: MAT Follow-up Care	CareOregon	Compare to CY 2022 Performance	
	SUD Outpatient: Engagement	CareOregon	Compare to CY 2022 Performance	

tequired 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 equirements.								
evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not pplicable, write N/A.								
CO NAME:	Columbia Pacific							
Describe Care Delivery Area (CDA) Note : a VBP may encomy wo CDAs concurrently. If your CCO has taken this approach, li oth CDAs; no more than two CDAs can be combined to meet DA requirement.	st O							
AN category (most advanced category)								
iriefly describe the payment arrangement and the types of roviders and members in the arrangement (e.g. pediatricians a sthmatic children)	nd							
applicable, describe how this CDA serves populations with omplex care needs or those who are at risk for health dispariti-	Inadequate access to routine and preventive c can contribute to persistent health dispartites i and adult populations. This CDA improves a said care by providing dental assessments, p care, education, and referrals in the primary cr	in pediatric access to preventive						
otal dollars paid								
otal unduplicated members served by the providers								
applicable, maximum potential provider gain in dollars (i.e., naximum potential quality incentive payment)								
applicable, maximum potential provider loss in dollars (e.g. naximum potential risk in a capitated payment)								
List the quality metrics used in this payment arrangement using table provide in below. A least one quality component is neede			Metric stew (e.g. HPQMC, No		Briefly describe how CCC (e.g. measure against na compare to provide performance	ional benchmark, rs' previous	Describe providers' performance (e.g. quality metric score increased from 10)	B to
meet requirement:	Fluoride Varnish Application Ages 1	Fluoride Varnish Application Ages 1-5		Adapted from OHA		rformance in the		
Oral Evaluation for Adults with Diabetes		ОНА		previous year Compare to OHA benchmark and providers performance in the previous year				
tequired implementation of care delivery areas by January 2025: Refer to Value-based Payment Technical Guide for COs at https://www.oregon.gov/oha/HPA/dsi-to/Documents/VBP-Technical-Guide-for-COs.pdf for more information on equirements.								
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:	Columbia Pacific							
Describe Care Delivery Area (CDA) Note : a VBP may encompass wo CDAs concurrently. If your CCO has taken this approach, list	Children I I an III							

Required implementation of care delivery areas by January 2025: CCOs at https://www.oregon.gow/oha/HPA/dsi-tc/Documents/VBP-T 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:	Columbia Pacific			
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.	Children's 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	Inadequate access to preventive services such as immunizations and well-child visits can contribute to persistent disparities in pediatric populations.			
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)				
	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)
	Immunizations for Adolescents (Combo 2)	ОНА	Compare to providers previous performance	
	Well-Child Visits in the 3rd, 4th, 5th, and 6th years of Life	OHA	Compare to providers previous performance	
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:	Preventive Dental or Oral Health Services (Ages 1-5, 6-14)	Adapted from OHA	Reporting Only	
meet requirement.				