

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).

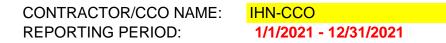
3. In addition to the LAN Framework, Contractor shall use the VBP Roadmap for Coordinated Care Organizations and the OHA VBP Technical Guide for Coordinated Care Organizations for the VBP specifications and the appropriate LAN VBP category for each payment model, located at https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Value-Based-Payment.aspx

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/

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



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	\$ 0.51		No Clinics in Tier 1
Tier 2 clinics	1	\$ 1.02		
Tier 3 clinics	9	\$ 2.04		
Tier 4 clinics	36	\$ 3.06		
Tier 5 clinics	10	\$ 4.08		

CONTRACTOR/CCO NAME: REPORTING PERIOD:



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)		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
			Total cost of care for	This model addresses Rate of Growth, and managing
Rate of Growth target	3	N/A	attributed members	costs of those with complex needs.
			IHN contracts with 4 DCOs to	The model is a comprehensive capitation that takes into
Capitation Payment - Dental	4	N/A	provide all Dental services	account the full risks of the population.
Capitation Payment - Mental Health	4	N/A	IHN contracts with 3 counties to provide comprehensive MH treatment	Each Agreement takes into account the unique regional complexity of the county. Historical data is trended forward to ensure all SDoH and MH risks are covered.
			IHN contracts with C	
Capitation Payment - Non Emergent			to provider	The full capitation for transportation flexes up and down
Transportation	4	N/A	NEMT for all IHN members.	to account for changes in health care needs.
Capitation Payment - PCP	4	N/A	All PCP clinical costs.	Capitation payments are based on Risk Tiers, with higher complexity cohorts receiving greater payments

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:	IHN-CCO
Describe Care Delivery Area (CDA) Note: a VBP may encompas	s Hospital Group
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.	
LAN category (most advanced category)	3A
LAN category (most advanced category)	3A
Briefly describe the payment arrangement and the types of	In Negotiation for 2022
providers and members in the arrangement (e.g. pediatricians and	
asthmatic children)	is responsible for
addining of matory	revenue and costs for assigned their members.
	is a regional health system including 5
	hospitals, 20 PCPCH's, and several specialty
	clinics. accounts for over 60% of IHN's
	population. Claims are FFS.
If applicable, describe how this CDA serves populations with	serves populations in rural communities
complex care needs or those who are at risk for health disparities	(with RHCs), and has a team of traditional health
	workers.
Total dollars paid	workers. 122,454,287
Total dollars paid Total unduplicated members served by the providers	
Total unduplicated members served by the providers	122,454,287
Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e.,	122,454,287
Total unduplicated members served by the providers	122,454,287
Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	122,454,287
Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e.,	122,454,287
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.	122,454,287
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)	122,454,287

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)
Child and Adolescent Well-Care Visits (ages 3-6)	HEDIS	CCO uses the OHA improvement target	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.
Childhood Immunization Status	HEDIS	CCO uses the OHA improvement target	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.
Diabetes: HbA1c Poor Control	eCQM	CCO uses the OHA improvement target	The provider finished 2021 with a rate of 36%.
Initiation and Engagement of Alcohol and Other D	HEDIS	CCO uses the OHA improvement target	Final 2021 Rates: Initiation 33% and Engagement 15%
Prenatal and Postpartum Care: Timeliness of Pren	HEDIS	CCO uses the OHA improvement target	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.
Prenatal and Postpartum Care: Timeliness of Post		CCO uses the OHA improvement target	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.
Meaningful Access to Health Care Services for Per	OHA-developed	CCO uses the OHA improvement target	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.
Generic Dispensing Rate	Custom measure	compare to providers previous year perform	This was not on the provider's previous VBP scorecard in 2021. Is new for 2022.

	122: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral nent Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP- s.
Evaluation Criteria for this worksheet: Response required for ea	ch highlighted cell. If guestion on row 19 and 20 are not applicable, include that as a
esponse or it will not be approved.	
CONTRACTOR/CCO NAME:	IHN-CCO
Describe Care Delivery Area (CDA) Note: a VBP may encompass wo CDAs concurrently. If your CCO has take this approach, list odh CDAs; no more than two CDAs can be combined to meet CDA equirement.	on 2 Maternity VBPs:
LAN category (most advanced category)	4A
Briefly describe the payment arrangement and the types of rookders and members in the arrangement (e.g. pediatricians and sthmatic children)	Doula's will be paid on a per-delivery case rate, and have the option for a Guality Pool incentive. Maternity VBP: A pass-through type Maternity Capitation paid per delivery report, reconciliation completed at the end of the year.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	This program's population is primarily non-English speakers. The doula's an trained in identifying health disparities and connecting members with community resources available.
Total dollars paid	No dollars have been paid under an official VBP yet.
Total unduplicated members served by the providers	NA
If applicable, maximum potential provider gain in dollars (i.e., naximum potential quality incentive payment)	N/A
If applicable, maximum potential provider loss in dollars (e.g. naximum potential risk in a capitated payment)	N/A
List the quality metrics used in this payment arrangement using the able provide in below. A least one quality component is needed to meet requirement:	

	1		
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)
Prenatal and Postpartum Care: Timeliness of Postpartum	HEDIS		This is a new measure for the provider in 2022.
Connect Members to Community Resources (e.g., WIC)	Custom measure	Custom Improvement Target, Agreed Upon	This is a new measure for the provider in 2022.
Reduce Total Cesarean (C-Section) Rate	Custom measure	Measure against Oregon benchmark.	a 28% Total C-Sect rate. We would like to work with the Provider and reduce the rate to at or below 22%
Postpartum Depression Screening	NCQA	Measure against Oregon benchmark.	This is a new measure for the provider in 2022.

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.

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CONTRACTOR/CCO NAME:	IHN-CCO
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.	
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)	is a community based organization with Traditional Health Workers (THW's), and are paid a monthly case management fee for eligible IN-CCO members living with mental illness.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	provides assistance to members through skill building, assistance with employment, education, socialization, transportation, housing, wellness and life skills
Total dollars paid	\$48,675
Total unduplicated members served by the providers	80
If applicable, maximum potential provider gain in dollars (i.e., maximum potential guality 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 reouirement:	

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)
Emergency Room utilization reduction	Custom Measure	Compare to members not enrolled in progra	Measure is new for the provider. Rate is being calculated now that the program has achieve the one year mark.
Lower length of stay for Inpatient Behavioral Health related admissions	Custom Measure		Measure is new for the provider. Rate is being calculated now that the program has achieve the one year mark.
Increased Primary Care appointments	Custom Measure		Measure is new for the provider. Rate is being calculated now that the program has achieve the one year mark.
Improved behavioral health outcomes	Custom Measure	Compare to members not enrolled in progra	Measure is new for the provider. Rate is being calculated now that the program has achieve the one year mark.

care; Children's health care and Oral health care CDAs are require	
Guide for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Docum	ents/VBP-Technical-Guide-for-CCOs.pdf for more
information on requirements.	
This worksheet is voluntary for this reporting year.	
CONTRACTOR/CCO NAME:	
	IHN-CCO
Describe Care Delivery Area (CDA) Note: a VBP may	Children's Health Care
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.	
LAN category (most advanced category)	4A
Briefly describe the payment arrangement and the types of	The Program is paid a Per
providers and members in the arrangement (e.g. pediatricians	Member Per Month Case Management Fee.
and asthmatic children)	The program has a physician, a nurse and a team
	of THW's.
If applicable, describe how this CDA serves populations with	The program provides care coordination to
complex care needs or those who are at risk for health disparities	children in DHS custody. These are the
	populations most vulnerable children and are
	often high risk cases.
	•
Total dollars paid	\$249,150.00
Total unduplicated members served by the providers	229
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:	

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health

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)
Assessments for Children in DHS Custody	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Childhood Immunization Status	HEDIS	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Immunizations for Adolescents	HEDIS	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Preventive Dental or Oral Health Services Ages 1-5	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Preventive Dental or Oral Health Services Ages 6-1	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.

Required implementation of care delivery areas by January 20 health care; Children's health care and Oral health care CDAs are	
Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/dsi	
more information on requirements.	
This worksheet is voluntary for this reporting year.	
CONTRACTOR/CCO NAME:	
	IHN-CCO
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.	
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)