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"

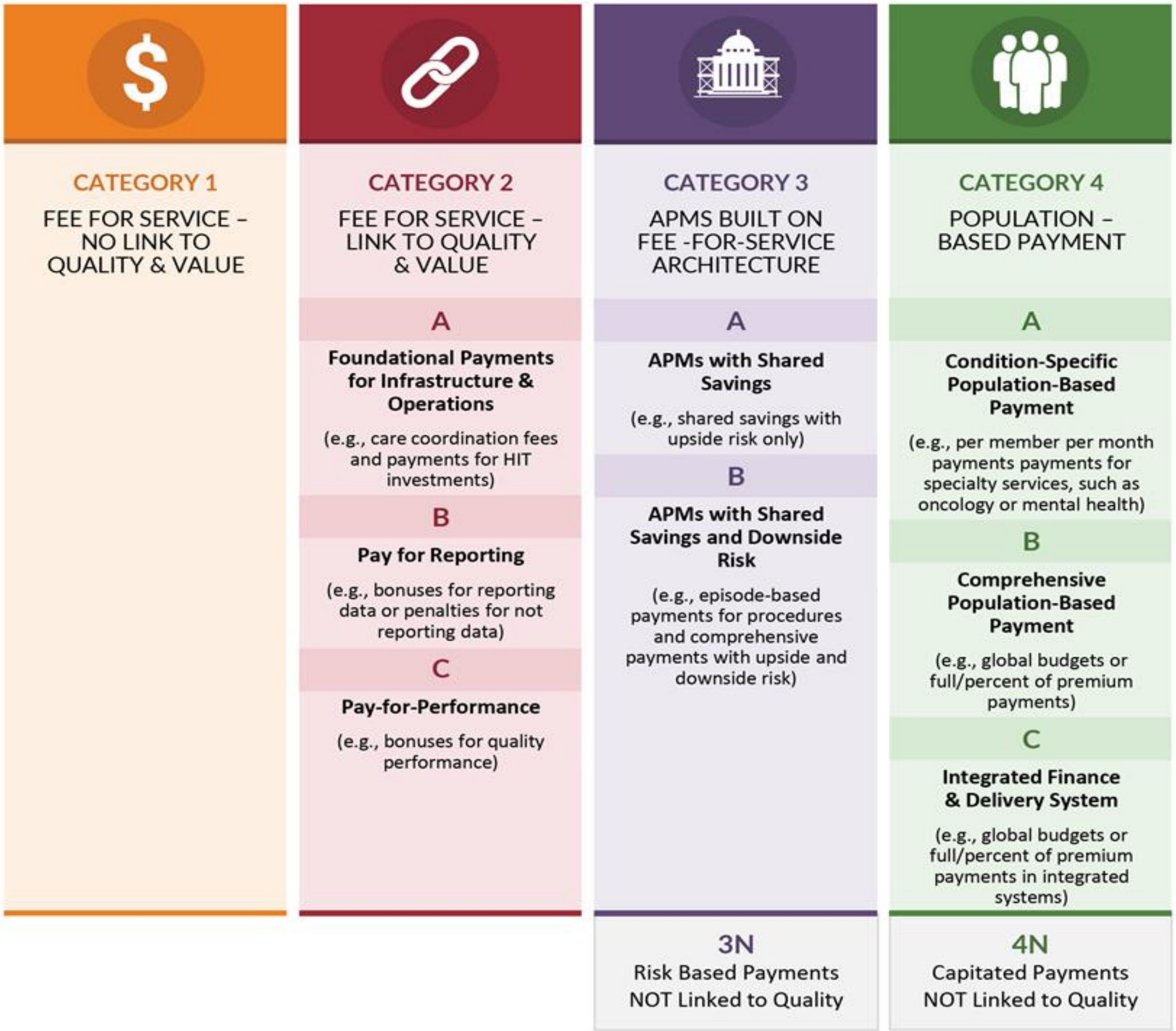
2. For payments that span multiple HCP-LAN categories, use the most advanced category. For example, if you have a contract that includes a shared savings arrangement with a pay-for-performance component – such as a quality incentive pool – then you should put the total value of the annual contract in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

version 02032025

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



CATEGORY 1

FEE FOR SERVICE – NO LINK TO QUALITY & VALUE

CATEGORY 2

FEE FOR SERVICE – LINK TO QUALITY & VALUE

A

Foundational Payments for Infrastructure & Operations

(e.g., care coordination fees and payments for HIT investments)

B

Pay for Reporting

(e.g., bonuses for reporting data or penalties for not reporting data)

C

Pay-for-Performance

(e.g., bonuses for quality performance)

CATEGORY 3

APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE

A

APMs with Shared Savings

(e.g., shared savings with upside risk only)

B

APMs with Shared Savings and Downside Risk

(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)

3N

Risk Based Payments NOT Linked to Quality

CATEGORY 4

POPULATION – BASED PAYMENT

A

Condition-Specific Population-Based Payment

(e.g., per member per month payments payments for specialty services, such as oncology or mental health)

B

Comprehensive Population-Based Payment

(e.g., global budgets or full/percent of premium payments)

C

Integrated Finance & Delivery System

(e.g., global budgets or full/percent of premium payments in integrated systems)

4N

Capitated Payments NOT Linked to Quality

CCO NAME: IHN-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

Tier level	**Number of contracted clinics**	**Average PMPM payment**
Tier 1	0	$ 0.57
Tier 2	1	$ 1.12
Tier 3	3	$ 2.23
Tier 4	28	$ 3.35
Tier 5	13	$ 4.48

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**
****	2	$ 1.12	N/A	N/A
****	3	$ 2.23	N/A	N/A
****	3	$ 2.23	N/A	N/A
****	3	$ 2.23	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	4	$ 3.35	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A
****	5	$ 4.48	N/A	N/A

CCO NAME: IHN-CCO
REPORTING PERIOD: 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**
Example: Shared risk arrangement with hospital-based maternity providers	3B (Risk Sharing Rate: 30%)	90%	1 (FFS)	$3,543,231	Timeliness of Prenatal and Postnatal Care	A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/obstetric population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than expected spending.	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
*** MLR SHARED RISK	3B (Risk Sharing Rate: 50%)	100%	2C	$ 283,694,225.00	Child and Adolescent Well-Care Visits Childhood Immunizations Immunizations for Adolescents Diabetes:HbA1c Poor Control IET (Initiation & Engagement) SBIRT Rate 1 & 2	Total cost of care for *** attributed members.	This model addresses the Medical Loss Ratio and managing costs of those with complex care needs. *** serves populations in rural communities (with RHCs), and has a team of traditional health workers.
Capitation Payment - Dental	4A (Risk Sharing Rate: 100%)	100%	N/A	$ 25,769,041.44	Any Dental Service Assessments for Children in DHS Custody- Dental Oral Evals for Adults with Diabetes Preventive Dental or Oral Health Services Any Dental Service with a Substance Use Disorder (SUD)	IHN contracts with 4 DCOs to provide all Dental services	The model is a comprehensive capitation that takes into account the full risks of the population.
Capitation Payment - Mental Health	4A (Risk Sharing Rate: 100%)	100%	N/A	$ 35,710,165.66	Assessments for Children in DHS Custody - Mental Health Increase Dyadic Treatment (Family Therapy) Capture Baseline Data for Indv in Need of Housing Services Meaningful Clinical Contact Within 7 Days from Services Request for Non-Priority Populations Seeking Routine Behavioral Health Care	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.
Capitation Payment - Non Emergent Transportation	4 (Risk Sharing Rate: 100%)	100%	N/A	$ 11,755,772.22	Call Center: All Calls are Answered by a Live Voice within 45 Seconds Call Center: All Call-Back Requests are Returned within 3 Hours No-Shows: Reduce No-Show rides for scheduled NEMT services. Return Pick-Up Times: Return Pick-Up within 60 Minutes of Notification That the Member is Ready Internal Survey: Satisfaction and Access	IHN contracts with *** to provider NEMT for all IHN members.	The full capitation for transportation flexes up and down to account for changes in health care needs.
Capitation Payment - PCP	4 (Risk Sharing Rate: 100%)	100%	N/A	$ 1,751,752.10	Child and Adolescent Well-Care Visits Childhood Immunizations Immunizations for Adolescents Diabetes:HbA1c Poor Control IET (Initiation & Engagement) SBIRT Rate 1 & 2 Preventive Dental or Oral Health Services	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 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:	IHN-CCO
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.	**Hospital CDA: *** MLR VBP**
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)	***** Risk Sharing: ** shares upside/downside risk on all costs, including IP and OP, for members assigned to *** PCPs. *** accounts for about 70% of IHN's population. Claims are FFS. *** is a regional health system including 5 hospitals, 20 PCPCH's, and several specialty clinics.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Model incentivizes the holistic management of complex members by rewarding the VBP participant when these ICC members are properly managed. *** serves populations in rural communities (with RHCs), and has a team of traditional health workers.**
Total dollars paid	**$ 283,694,225.00**
Total unduplicated members served by the providers	**54,931**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$6,289,023.62**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$6,289,023.62**

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)**
Child and Adolescent Well-Care Visits	**HEDIS**	**OHA benchmark, CCO improvement target**	**Provider met measure 73%, up from 68% the previous year.**
Childhood Immunizations	**HEDIS**	**OHA benchmark, CCO improvement target**	**Improved from previous year, from 56% to 62.7% for 2024**
Immunizations for Adolescents	**HEDIS**	**OHA benchmark, CCO improvement target**	**Improved from previous year, from 23% to 24.6% for 2024**
Diabetes:HbA1c Poor Control	**eCQM, OHA**	**OHA benchmark, CCO improvement target**	**Provider improved rate from 29% to 23.6% for 2024.**
IET (Initiation & Engagement)	**HEDIS**	**OHA benchmark, CCO improvement target**	**Provider did not meet this measures, but was very close to both components. 2024 finished at 38.1% & 16.4%, from 35% & 16% the previous year.**
SBIRT Rate 1 & 2	**OHA**	**OHA benchmark, CCO improvement target**	**Provider met both components. 2024 finished at 35.6% & 26.6% from 31% &25.5% the previous year.**

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:	IHN-CCO
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.	**Maternity 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)	**IHN-CCO is partnering with *** & *** to expand ***'s prenatal care model, targeting individuals with SUD/MI. The payment is base on a per member, per month (PMPM) model, and designed to support the THW work *** does for IHN-CCO's members. This VBP is designed to continue the work of an already established, successful TQS project between ***, *** and IHN-CCO.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**IHN members are disproportionately represented in the perinatal SUD population and will be served by this work.**
Total dollars paid	**$137,000 amount requested**
Total unduplicated members served by the providers	**238**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$10,000**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$10,000**

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)
Timeliness of Postpartum Care	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, no rates yet for 2024**
Childhood Immunizations	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, no rates yet for 2024**
IET (Initiation & Engagement)	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, no rates yet for 2024**

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:	IHN-CCO
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 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 is per episode model, with a potential quality pool. The program care team includes Psychiatrists, Licensed Substance Abuse Counselors, Clinical Social Workers, and Peer Recovery Coaches.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	** *** provides treatment for substance use disorders in adult members (18 and older). The *** platform and program consists of a digital therapeutic app, telehealth, and medication management. In addition, the care program includes health and risk assessments, group therapy, individual counseling, cognitive behavioral therapies, recovery/peer support, and contingency incentives to provide a comprehensive approach for treatment.**
Total dollars paid	**$1,215**
Total unduplicated members served by the providers	**17**
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)**
Initiation and Engagement of SUD Treatment (Initiation)	**HEDIS**	**OHA benchmark, CCO improvement target**	**New Provider for 2024, finished at 12%. CCO Target is 40.7%**
Initiation and Engagement of SUD Treatment (Engagement)	**HEDIS**	**OHA benchmark, CCO improvement target**	**New Provider for 2024, finished at 12%. CCO Target is 16.3%**
ED Diversion (No SUD ED Visits within Measurement Month)	**Custom Measure**	**Agreed Upon Target**	**New measure for provider. Finished at 76%.**
Retention (Remained in Treatment Beyond Month One)	**Custom Measure**	**Agreed Upon Target**	**New measure for provider. Finished at 76%.**

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:	IHN-CCO
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.	**Oral Health & 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)	**IHN-CCO has engaged in a case management type arrangement with *** Program. *** is a team of care coordinators and THW's that solely focus on children in DHS custody. This agreement has a Pay for Performance scorecard, and *** is accountable for the Dental, Mental and Physical assessments. The team also works with the DCO's to coordinate oral health services, including preventive dental.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**This CDA serves the most vulnerable of the population- children who are in foster care. Often times, these children are high risk and have been abused. *** is a team of nurses and THW's who are trained to handle these levels of complexities and ensure the children receive the care they need.**
Total dollars paid	**$520,950**
Total unduplicated members served by the providers	**351**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$42,000**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$42,000**

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)**
Assessment for Children in DHS Custody: Physica	**OHA-Developed**	**OHA benchmarks, CCO improvement target**	**Provider did not meet this measure for 2024. 82.2%, CCO target was 93.2%**
Preventive Dental or Oral Health Services (Ages 1-	**OHA-Developed based on CSM and**	**OHA benchmarks, CCO improvement target**	**Provider met this measure for 2024 at 80%, CCO target was 52.9%.**
Preventive Dental or Oral Health Services (Ages 6-	**OHA-Developed based on CSM and**	**OHA benchmarks, CCO improvement target**	**Provider met this measure for 2024 at 86.3%, CCO target was 61.0%.**
Childhood Immunizations	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, and they met it at 68.4%. CCO target was 57.1%.**
Immunizations for Adolescents	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, and they met it at 25.0%. CCO target was 23.9%.**

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:	IHN-CCO
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.	**Oral Health & 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)	**IHN-CCO has engaged in a case management type arrangement with *** Program. *** is a team of care coordinators and THW's that solely focus on children in DHS custody. This agreement has a Pay for Performance scorecard, and *** is accountable for the Dental, Mental and Physical assessments. The team also works with the DCO's to coordinate oral health services, including preventive dental.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**This CDA serves the most vulnerable of the population- children who are in foster care. Often times, these children are high risk and have been abused. *** is a team of nurses and THW's who are trained to handle these levels of complexities and ensure the children receive the care they need.**
Total dollars paid	**$520,950**
Total unduplicated members served by the providers	**351**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$42,000**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$42,000**

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)**
Assessment for Children in DHS Custody: Physica	**OHA-Developed**	**OHA benchmarks, CCO improvement target**	**Provider did not meet this measure for 2024. 82.2%, CCO target was 93.2%**
Preventive Dental or Oral Health Services (Ages 1-	**OHA-Developed based on CSM and**	**OHA benchmarks, CCO improvement target**	**Provider met this measure for 2024 at 80%, CCO target was 52.9%.**
Preventive Dental or Oral Health Services (Ages 6-	**OHA-Developed based on CSM and**	**OHA benchmarks, CCO improvement target**	**Provider met this measure for 2024 at 86.3%, CCO target was 61.0%.**
Childhood Immunizations	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, and they met it at 68.4%. CCO target was 57.1%.**
Immunizations for Adolescents	**HEDIS**	**OHA benchmark, CCO improvement target**	**New measure for this provider, and they met it at 25.0%. CCO target was 23.9%.**