



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

			
<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>

[illegible]

CCO NAME:	Jackson Care Connect						
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) <i>Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.</i>	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
PCP Capitation		100%	N/A		0		N/A
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.
Behavioral Health Capitation Subject to QIIP		100%	N/A		3 - 5		This model is meant to support members with complex behavioral health needs.
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.
Hospital Pay for Performance		100%	1A		6		This CDA highlights complex care needs by attaching quality metrics related to medication reconciliation upon discharge and timely follow-up after an acute care stay.

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PCP Capitation		100%	N/A		0		N/A
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.
Behavioral Health Capitation Subject to QIIP		100%	N/A		3 - 5		This model is meant to support members with complex behavioral health needs.
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.
Hospital Pay for Performance		100%	1A		6		This CDA highlights complex care needs by attaching quality metrics related to medication reconciliation upon discharge and timely follow-up after an acute care stay.

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:	Jackson Care Connect			
Describe Care Delivery Area (CDA) <i>Note:</i> 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			
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	This CDA highlights complex care needs by attaching quality metrics related to medication reconciliation upon discharge and timely follow-up after an acute care stay.			
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)
	Inpatient Average Length of Stay	CareOregon	Reporting only	
	Transition of care: Medication Reconciliation	CMS	Compare to providers previous performance and CMS benchmarks	
	Transition of care: Follow-up post Discharge	CMS	Compare to providers previous performance and CMS benchmarks	
	OB Care Transitions	CareOregon	Reporting only	
	Meaningful Language Access	Adapted from OHA	Reporting only	
	Social Needs Screening Prior to Inpatient Discharge	Adapted from OHA	Reporting only	

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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:	Jackson Care Connect			
Describe Care Delivery Area (CDA) <i>Note:</i> 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			
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	This CDA serves pregnant and postpartum people with substance use disorder (a historically marginalized group), and their families.			
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)
	Percent of members who received an average of 3 or more prenatal visits	CareOregon	Compare to providers previous performance	
	Percent of members actively engaged in MOUS/MAT	CareOregon	Compare to providers previous performance	
	Infant received two or more well-child checks within first 12 months of life	CareOregon	Compare to providers previous performance	

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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)				
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)
	Early Initiation and Engagement	Adapted from OHA	Compare to CY 2022 Performance	
	Retention for Therapeutic Effect	CareOregon	Compare to CY 2022 Performance	
	Case Management for Clients with Schizophrenia	CareOregon	Compare to CY 2022 Performance	

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CCO NAME:	Jackson Care Connect			
Describe Care Delivery Area (CDA) <i>Note:</i> 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			
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 routine and preventive dental care can contribute to persistent health disparities in pediatric and adult populations. This CDA improves access to said care by providing dental assessments, preventive care, education, and referrals in the primary care setting.			
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)
	Flouride Varnish Application Ages 1-5	Adapted from OHA	Compare to providers performance in the previous year	
	Oral Evaluation for Adults with Diabetes	OHA	Compare to OHA benchmark and providers performance in the previous year	

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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)				
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)
	Childhood Immunization Status (Combo 3)	OHA	Compare to providers previous performance	
	Immunizations for Adolescents (Combo 2)	OHA	Compare to providers previous performance	
	Well-child Visits in 3rd, 4th, 5th, and 6th years of life	OHA	Compare to providers previous performance	