CONTRACTOR/CCO NAME: REPORTING PERIOD: PacificSource Community Solutions (Central Oregon) 1/1/2021 - 12/31/2021

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 \$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 members or number of members.

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	-	\$ 0.50	\$-	No payments to Tier 1	clinics because there are none in the CCO service area.
Tier 2 clinics	-	\$ 1.01	\$-	No payments to Tier 2	clinics because there are none in the CCO service area.
Tier 3 clinics	3	\$2.01 / \$6.00	\$ 2.26		
Tier 4 clinics	21	\$3.02 / \$9.00	\$ 11.24		
Tier 5 clinics	9	\$4.02 / \$12.00	\$ 14.21		

CONTRACTOR/CCO NAME: REPORTING PERIOD:

PacificSource Community Solutions (Central Oregon) 1/1/2021 - 12/31/2021

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)	Additional LAN categories within arrangement	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
St. Charles Health System - A hospital Capitation model that includes provisions for community sharing of hospital capitiation withhold based on performance metrics	4A	1A	Capitated hospital services, inpatient and outpatient, upside and downside risk, quality incentives	Payment is made for every member in the CCO population and aligns with payments received by the CCO. Adjusted by rate category.
Central Oregon IPA - This contract model include Primary Care Capitation, PCPCH and BHI payments a well as budget based risk model that includes performance metrics	4A	1A, 2A, 3B	Multi-specialty provider IPA, PCP capitation, budget based model, upside and downside risk, quality incentives	Primary Care cap payment is rate category adjusted and the budget based model is a loss ratio model based on premiums received
St. Charles Medical Group This contract model includes Primary Care Capitation, PCPCH and BHI payments a well as budget based risk model that includes performance metrics	4A	1A, 2A, 3B	Multi-specialty provider group, PCP capitatation, budget based model, upside and downside risk, quality incentives	Primary Care cap payment is rate category adjusted and the budget based model is a loss ratio model based on premiums received
Deschutes County Health Services CMHP - Withhold return and sharing in community risk model that includes performance measures.	4A	1A, 2C	CMHP services, capitated services tied to quality metrics and incentives	Performance metrics related to members that have SPMI
Advantage Dental	4A		DCO, capitated services tied to quality metrics and incentives	Capitation payments are made for every member in the CCO population who has CCO dental benefits, assigned to Advantage Dental. Capitation rate categories are set by the Oregon Health Authority based on a number of factors including age, health needs and risk status.

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:	PacificSource Community Solutions (Central Oregon)
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has take this	Behavioral Health & Hospital
approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	
LAN category (most advanced category)	3B
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians	Value-based payment arrangement in place with Sageview Behavioral Health. Risk withhold contingent
and asthmatic children)	on quality.
	· · ·
If applicable, describe how this CDA serves populations with	Serves population with complex behavioral health
complex care needs or those who are at risk for health disparities	needs
Total dollars paid	832,854.06
	032,034.00
Total unduplicated members served by the providers	171
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.	83,285.44
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)
Follow-Up After Hospitalization for Mental Illness		Claims data for a specific population being	
w/in 7 days (2021 OHA Aligned Measure #37)	она	discharged from eligible facility.	At 83.9% with target of > 90.8%
			<u> </u>

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:	PacificSource Community Solutions (Central Oregon)
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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.	Maternity
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)	Community quality metrics which determine upside payout and a portion of provider downside risk, include the OHA Aligned Measure Set of % of patients receiving post-partum care in 8 weeks.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	878
Total unduplicated members served by the providers	3,974,594
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	946,542
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	1,036,956
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)
Prenatal & Postpartum Care - Postpartum Care			
(2021 OHA Aligned Measure #15)	ОНА	Per OHA (QIM) Current Specifications	At 80.1% with target of < 76.4%

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:	PacificSource Community Solutions (Central Oregon)
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.	Behavioral Health & Hospital
LAN category (most advanced category)	3B
LAN category (most advanced category)	<u>эв</u>
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Value-based payment arrangement in place with Sageview Behavioral Health. Risk withhold contingent on quality.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Serves population with complex behavioral health needs
Total dollars paid	832.854
	002,004
Total unduplicated members served by the providers	171
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)	83,285
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)
Follow-Up After Hospitalization for Mental Illness w/in 7 days (2021 OHA Aligned Measure #37)	ОНА	Claims data for a specific population being discharged from eligible facility.	At 83.9% with Target > 90.8%

Required implementation of care delivery areas by January 20	
health care; Children's health care and Oral health care CDAs are	e required by 2024. Refer to Value-based Payment
Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/ds	i-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf for
more information on requirements.	
This worksheet is voluntary for this reporting year.	
CONTRACTOR/CCO NAME:	
	PacificSource Community Solutions (Central Oregon)
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	
	1
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:	
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 2	
health care; Children's health care and Oral health care CDAs an	
Technical Guide for CCOs at https://www.oregon.gov/oha/HPA/d	si-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf for
more information on requirements.	
This worksheet is voluntary for this reporting year.	
CONTRACTOR/CCO NAME:	
	PacificSource Community Solutions (Central Oregon)
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	s
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)