



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).

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

CCO NAME: PacificSource Community Solutions (Central Oregon)
REPORTING PERIOD: PacificSource Community Solutions (Central Oregon)
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	\$0.00
Tier 2	0	\$0.00
Tier 3	3	\$2.55
Tier 4	12	\$8.48
Tier 5	17	\$11.62

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
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	5		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	4		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	4		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
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	4		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
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	3		N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level. Clinics exceeding minimum PCPCH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.

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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
		93%		\$95,305,786	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence; Follow-Up After Emergency Department Visit for Mental Illness; Timeliness of Postpartum Care		
		23%		\$43,848,260	Childhood Immunizations Status (Combo 3); Immunizations for Adolescents (Combo 2); Prenatal & Postpartum Care – Postpartum Care ;Child and Adolescent Well-Care Visits (incentivized for children ages 3-6); Initiation and Engagement of Substance Use Disorder Treatment ;Assessments for Children in ODHS Custody ;Oral Evaluation for Adults with Diabetes ;Members Receiving Preventative Dental or Oral Health Services, Ages 1-5 and 6-14; Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Screening for Depression & Follow-Up Plan ;Health Equity: Meaningful Language Access to Health Care Services for persons with limited English proficiency; Health Aspects of Kindergarten Readiness: System-Level Social-Emotional Health; Social Determinants of Health: Social Needs Screening & Referral		
		77%		\$16,844,327	Childhood Immunizations Status (Combo 3); Immunizations for Adolescents (Combo 2); Prenatal & Postpartum Care – Postpartum Care ;Child and Adolescent Well-Care Visits (incentivized for children ages 3-6); Initiation and Engagement of Substance Use Disorder Treatment ;Assessments for Children in ODHS Custody ;Oral Evaluation for Adults with Diabetes ;Members Receiving Preventative Dental or Oral Health Services, Ages 1-5 and 6-14; Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Screening for Depression & Follow-Up Plan ;Health Equity: Meaningful Language Access to Health Care Services for persons with limited English proficiency; Health Aspects of Kindergarten Readiness: System-Level Social-Emotional Health; Social Determinants of Health: Social Needs Screening & Referral		
		42%		\$12,653,614	Childhood Immunizations Status (Combo 3); Immunizations for Adolescents (Combo 2); Prenatal & Postpartum Care – Postpartum Care ;Child and Adolescent Well-Care Visits (incentivized for children ages 3-6); Initiation and Engagement of Substance Use Disorder Treatment ;Assessments for Children in ODHS Custody ;Oral Evaluation for Adults with Diabetes ;Members Receiving Preventative Dental or Oral Health Services, Ages 1-5 and 6-14; Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Screening for Depression & Follow-Up Plan ;Health Equity: Meaningful Language Access to Health Care Services for persons with limited English proficiency; Health Aspects of Kindergarten Readiness: System-Level Social-Emotional Health; Social Determinants of Health: Social Needs Screening & Referral		
		50%		\$12,526,857	Childhood Immunizations Status (Combo 3); Immunizations for Adolescents (Combo 2); Prenatal & Postpartum Care – Postpartum Care ;Child and Adolescent Well-Care Visits (incentivized for children ages 3-6); Initiation and Engagement of Substance Use Disorder Treatment ;Assessments for Children in ODHS Custody ;Oral Evaluation for Adults with Diabetes ;Members Receiving Preventative Dental or Oral Health Services, Ages 1-5 and 6-14; Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Screening for Depression & Follow-Up Plan ;Health Equity: Meaningful Language Access to Health Care Services for persons with limited English proficiency; Health Aspects of Kindergarten Readiness: System-Level Social-Emotional Health; Social Determinants of Health: Social Needs Screening & Referral		

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

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 & Hospital
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LAN category (most advanced category)	4A
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<p>If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities</p>	
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Total dollars paid	\$6,288,672.29
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Total unduplicated members served by the providers	36,098
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$5,366,401.45
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If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$506,533.66
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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 ED Visit for Mental Illness within 7 days	NCQA	Comparison to providers' historical performance	
Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence within 7 days	NCQA	Comparison to providers' historical performance	

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write 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:

[illegible]

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write 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:

[illegible]

Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

PacificSource Community Solutions (Central Oregon)

Oral Health	
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4A

The first two columns of the table are the names of the variables and the third column is the number of observations. The fourth column is the number of observations that are missing for each variable. The fifth column is the number of observations that are not missing for each variable. The sixth column is the number of observations that are not missing for each variable. The seventh column is the number of observations that are not missing for each variable. The eighth column is the number of observations that are not missing for each variable. The ninth column is the number of observations that are not missing for each variable. The tenth column is the number of observations that are not missing for each variable.

\$19,195,752.10

95,324

\$1,017,554.40

\$1,010,478.82

[illegible]

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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:

[illegible]