CONTRACTOR/CCO NAME: REPORTING PERIOD: PacificSource Community Solutions (Columbia Gorge) 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 \$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 x 0.75 + \$10.00 x 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	-	\$ 0.50	\$ -	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	2	\$2.01 / \$6.00	\$ 2.01		
Tier 4 clinics	5	\$3.02 / \$9.00	\$ 11.55		
Tier 5 clinics	5	\$4.02 / \$12.00	\$ 15.01		

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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, defined by dollars spent, VBPs	Most Advanced LAN Category in the VBP	Additional LAN categories	Brief description of providers & services	Please describe if and how these models take into account:
implemented (e.g. condition-specific	(4 > 3 > 2C)	within	involved	- racial and ethnic disparities; &
(asthma) population-base payment)	, ,	arrangement		- individuals with complex health care needs
			Inpatient and outpatient	
			hospital services, hospital with	
Providence Hood River Memorial Hospital	2C	1A	upside and downside risk	
			Multi-specialty IPA, PCP	
			capitation, budget based model,	
0 / 10 / 104		44 04 05	upside and downside risk, quality	
Central Oregon IPA	4A	1A, 2A, 3B	incentives	
Mid Columbia Center for Living CMUD	3B	14 24	CMHP, capitated services tied to	
Mid-Columbia Center for Living CMHP	36	1A, 2A	quality metrics and incentives	
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.
Capitol Dental	4A	1A, 3B	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 Capitol 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 (Columbia Gorge) Describe Care Delivery Area (CDA) Note: a VBP may Hospital 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) 3B Briefly describe the payment arrangement and the types of Hospital risk withhold is contingent on quality metrics providers and members in the arrangement (e.g. pediatricians performance. 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 12,868,244 Total unduplicated members served by the providers 3,399 If applicable, maximum potential provider gain in dollars (i.e., 482,370 maximum potential quality incentive payment) If applicable, maximum potential provider loss in dollars (e.g. 640,695 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)
All-cause 30 day readmission rate	OHA	Per HEDIS specifications	At 6% with a target of < 10%
Cesarean Rate for Nulliparous Singleton Vertex			
(OHA Aligned Measure #43)	ОНА	NQF 0471 Specifications	At 27.3% with a target of < 22%

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/ds more information on requirements. Evaluation Criteria for this worksheet: Response required for e not applicable, include that as a response or it will not be approve CONTRACTOR/CCO NAME:	required by 2024. Refer to Value-based Payment i-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf for ach highlighted cell. If question on row 19 and 20 are
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 and Behavioral Health
LAN category (most advanced category) Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians	Universal Home visit maternity program, by county health
and asthmatic children) If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	department, includes postpartum depression screenings Serves populations with complex care needs associated with pregnancy, birth, and post-natal health.
Total dollars paid	\$ 54,600.00
Total unduplicated members served by the providers	48
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:	-

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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)
number of referrals to program completed	process measure so no measure steward	Providers report outreach and we compare against contract targets	did not meet

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/ds	required by 2024. Refer to Value-based Payment
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LAN category (most advanced category)	2A
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Universal Home visit maternity program, by county health department, includes postpartum depression screenings
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Serves populations with complex care needs associated with pregnancy, birth, and post-natal health.
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This worksheet is voluntary for this reporting year.					
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