

OHA VBP PCPCH Data and CDA VBP Data Template - General Instructions

1. **Required:** 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"

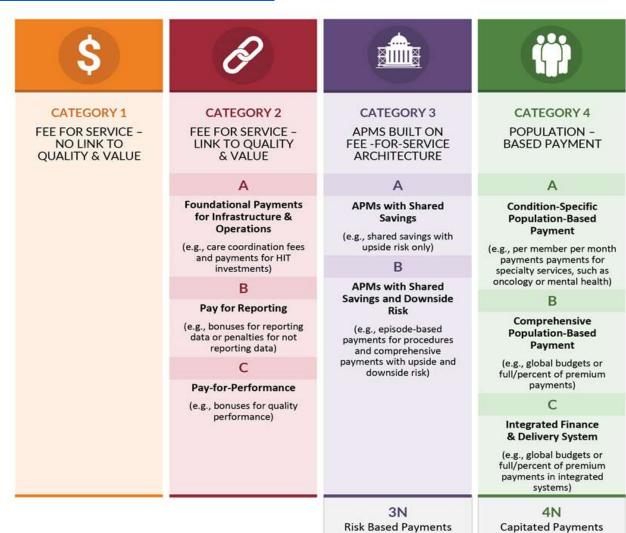
Required: Complete all yellow highlighted cells on one of the following worksheets. The other worksheet is optional:

"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 VBP PCPCH Data and CDA VBP Data Template must be submitted to the following email address: **OHA.VBP@odhsoha.oregon.gov** no later than May 5, 2023. 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 2020 VBP PCPCH Data and CDA Template).

version 02032023



NOT Linked to Quality

NOT Linked to Quality

CONTRACTOR/CCO NAME: PacificSource Community Solutions (Gorge)
REPORTING PERIOD: 1/1/2022 - 12/31/2022

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 \$5.50 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 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 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).

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 dollar amount or range	Average PMPM dollar amount	If a PMPM range (rather than a fixed dollar amount) is provided in column C, please explain.	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).
				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 base rate PMPM is	
				replaced by an enhanced PMPM that is also dependent on	No payments to Tier 1 clinics because there are none in the
Tier 1 clinics	-	\$ 0.50	-	tier level.	CCO service area.
				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 base rate PMPM is	
				replaced by an enhanced PMPM that is also dependent on	No payments to Tier 2 clinics because there are none in the
Tier 2 clinics	-	\$ 1.01	-	tier level.	CCO service area.
				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 base rate PMPM is	
				replaced by an enhanced PMPM that is also dependent on	
Tier 3 clinics	2	\$ 2.01	\$ 4.26	tier level.	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 base rate PMPM is	
				replaced by an enhanced PMPM that is also dependent on	
Tier 4 clinics	4	\$ 3.02	\$ 10.02	tier level.	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 base rate PMPM is	
				replaced by an enhanced PMPM that is also dependent on	
Tier 5 clinics	5	\$ 4.02	\$ 14.10	tier level.	N/A

CONTRACTOR/CCO NAME: REPORTING PERIOD:

PacificSource Community Solutions (Gorge)
1/1/2022 - 12/31/2022

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. conditionspecific (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
		12%	1A	\$ 13,489,844.20	Plan All-Cause Readmissions Cesarean Rate for Nulliparous Singleton Vertex		
		36%	1A, 2A, 3B	\$ 9,146,730.99	Immunizations for Adolescents (Combo 2) Prenatal and Postpartum Care - Postpartum Care Well-Child Visits in the 3rd, 4th and 5th years Initiation and Engagement of SUD Treatment Diabetes HbAL FORC Control Screening for Depression and Follow-Up Plan		
			1A, 3A		Assessments for Children in DHS Custody Initiation and Engagement of SUD Treatment		
		10%	1A, 2A, 3A, 3B, 4A	\$ 6,502,157.04	Immunizations for Adolescents (Combo 2) Fernatal and Potaprtum Care - Postpartum Care Well-Child Visits in the 3rd, 4ft and 5ft years Initiation and Engagement of SUD Treatment Diabetes HbAt Poor Control Screening for Depression and Follow-Up Plan		
		100%	4A	\$ 2,149,027.22	Members Receiving Presentative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Dental or Oral Health Services (Age 8-14) Oral Evaluation for Adults with Diabetes Dental Assessments for Children Dental Ages (Age 8-14) Dental Age 1-14 Dental Dental Age 1-15 Dental Age 1-15 Dental Dillization Age 0-18 Dental Dillization Age 0-18 Dental Dillization Age 0-18 Control Dental Dillization Age 0-18 Dental Dillization Age 0-18 Control Dental Dillization Age 0-18 Dental Dillization Age 0-1		

Required implementation of care delivery areas by January 2t for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VI on requirements.			
Evaluation criteria for this worksheet: Response required for eanot applicable, write N/A.	ch highlighted cell. If questions on rows 18 and 20 are		
CONTRACTOR/CCO NAME:	PacificSource Community Solutions (Gorge)		
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		
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)			
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	N/A		
Total dollars paid	\$ 15,027,190.82		
Total unduplicated members served by the providers	4,002		
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 487,669.23		
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$ 1,200,728.45		
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.)
	Plan All-Cause Readmissions	NCQA	Comparison to providers' historical performance
	Cesarean Rate for Nulliparous Singleton Vertex	TJC (The Joint Commission)	Comparison to providers' historical performance

Describe providers' performance (e.g. quality metric score increased from 8 to 10)

for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/ on requirements.	VBP-Technical-Guide-for-CCOs.pdf for more information
Evaluation criteria for this worksheet: Response required for one applicable, write N/A.	each highlighted cell. If questions on rows 18 and 20 are
CONTRACTOR/CCO NAME:	PacificSource Community Solutions (Gorge)
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 and Behavioral Health
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)	
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.
Total dollars paid	\$ 3,101,903.76
Total unduplicated members served by the providers	218
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 390,325.00
If applicable, maximum potential provider loss in dollars (e.g.	\$ 176,062.83

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'	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				
Cesarean Rate for Nulliparous Singleton Vertex	TJC (The Joint Commission)				
Prenatal and Postpartum Care - Postpartum Care	NCQA				

It applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities and sitinguistic children. Total dollars paid Total doll	Required implementation of care delivery areas by January 20				
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, is to tho CDAs; no more than two CDAs can be combined to meet the CDA requirement. LAN category (most advanced category) Serves populations with complex care needs and in minutes in the arrangement and the types of stabilities of children. Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Total unduplicated members served by the providers Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Total unduplicated members served by the providers Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Total unduplicated members served by the providers Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Total dollars paid Serves populations with complex care needs associated with pregnancy, birth, and post-netal health. Serves populations with complex care needs are needs or fhose who are at risk for health disparities. Serves populations with complex care needs are needs are needs or fhose who are at risk for health disparities. Serves populations with complex care needs are needs are needs or fhose who are at risk for health disparities. Serves populations with complex care needs are needs are needs or fhose who are at risk for health disparities. Serves populations with complex care	for CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VI on requirements.	BP-Technical-Guide-for-CCOs.pdf for more information			
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encompass two CDAs concurrently. If your CCO has taken this papproach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement. LAN category (most advanced category) 38 Serves populations with complex care needs or those who are at risk for health disparities associated with pregnancy, birth, and post-natal health. Total dollars paid Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., maximum potential provider loss in dollars (e.g., HPQMC, NOF, etc.) Ist 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 Assessments for Children in DHS Custody OTH. Briefly describe how CCO assesses quality (e.g., measure against national benchmark, compare to providers' performance (e.g., quality metric score increased from increase	CONTRACTOR/CCO NAME:	PacificSource Community Solutions (Gorge)			
encompass two CDAs concurrently. If your CCO has taken this papproach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement. LAN category (most advanced category) 38 Serves populations with complex care needs or those who are at risk for health disparities associated with pregnancy, birth, and post-natal health. Total dollars paid Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., maximum potential provider loss in dollars (e.g., HPQMC, NOF, etc.) Ist 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 Assessments for Children in DHS Custody OTH. Briefly describe how CCO assesses quality (e.g., measure against national benchmark, compare to providers' performance (e.g., quality metric score increased from increase	Describe Care Delivery Area (CDA) Note: a VRP may	Maternity and Rehavioral Health			
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 associated with pregnancy, birth, and post-natal health. Total dollars paid Total unduplicated members served by the providers If applicable, maximum potential provider gain in dollars (i.e., maximum potential provider gain in dollars (e.g. maximum potential provider loss in dollars (e.g. maximum potential first in a capitated payment) If applicable, maximum potential 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.) Inumber of referrals to program completed process measure so no measure steward Assessments for Children in DHS Custody OHA Provider Serves populations with complex care needs associated with pregnancy, birth, and post-natal heads associated with pregnancy, birth, and post-natal heads. N/A Metric steward (e.g. HPQMC, NQF, etc.) Inumber of referrals to program completed providers' N/A Assessments for Children in DHS Custody OHA	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.	імасніну апи веначога пеаші			
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Total unduplicated members served by the providers 20,520 If applicable, maximum potential provider gain in dollars (i.e., garphicable, maximum potential provider gain in dollars (i.e., maximum potential provider loss in dollars (e.g. maximum potential provider loss in dollars (e	If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	associated with pregnancy, birth, and post-natal			
If applicable, maximum potential provider gain in dollars (i.e., maximum potential provider loss	Total dollars paid	\$ 304,807.25			
far applicable, maximum potential quality incentive payment) far applicable, maximum potential provider loss in dollars (e.g. maxim	Total unduplicated members served by the providers	20,520			
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	If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 2,821,365.88			
the table provide in below. A least one quality component is needed to meet requirement: Metric Metric steward (e.g. HPQMC, NQF, etc.) Number of referrals to program completed process measure so no measure steward Assessments for Children in DHS Custody Metric steward (e.g. HPQMC, NQF, etc.) Process measure so no measure steward on measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is number of referrals to program completed process measure so no measure steward on the component is not on the component is not on the component is not only to the component is not on	If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	N/A			
Assessments for Children in DHS Custody OHA	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		quality (e.g. measure against national	(e.g. quality metric score increased from 8
Assessments for Children in DHS Custody OHA		number of referrals to program completed			
Initiation and Engagement of SUD Treatment NCQA		Assessments for Children in DHS Custody			
		Initiation and Engagement of SUD Treatment	NCQA		

	Required implementation of care deliver new or expanded CDA VBP arrangements health care). In 2023 and 2024, CCOs are each of the remaining CDAs (children's heal by the beginning of 2024. Refer to Value-be- thtps://www.oregon.gov/oha/HPA/dsi-tc/Do requirements.	aternity care, and behavior BP at the beginning of each in all five CDAs must be in								
	Evaluation criteria for this worksheet: C remaining worksheet (for the remaining CD. CONTRACTOR/CCO NAME:		ealth or children's health. T	'he						
	Describe Care Delivery Area (CDA) Note: a encompass two CDAs concurrently. If your approach, list both CDAs, no more than two combined to meet the CDA requirement.	CCO has taken this	Oral Health							
	LAN category (most advanced category)		4A							
	Briefly describe the payment arrangement a providers and members in the arrangement asthmatic children)									
	If applicable, describe how this CDA serves complex care needs or those who are at risk		N/A							
	Total dollars paid		\$	4,155	,459.47					
	Total unduplicated members served by the	providers			18,770					
	If applicable, maximum potential provider ga maximum potential quality incentive paymer	ain in dollars (i.e., nt)	S	357	7,635.00					
	If applicable, maximum potential provider los maximum potential risk in a capitated payme	ss in dollars (e.g. ent)	\$	218	3,705.21					
	List the quality metrics used in this payment the table provide in below. A least one quali needed to meet requirement:	t arrangement using		Metric		Metric steward (e.g. HPQMC, NQF,	etc.)	Briefly describe ho quality (e.g. measur benchmark, comp previous perfo	e against national are to providers'	Describe providers' performance (e.g. quality metric score increased from 8
			Members Receiving Health Services age	g Preventative Dental or Or es 1-5 and 6-14	ral	ОНА	Λ 6	Measure DCO performa established CCO target	nce against the OHA- or benchmark.	
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Required implementation of care delivery areas by January 2023: In 2022, CCOs were required to implement three new or expanded CDA VBP arrangements from an existing contract (in hospital care, maternity care, and behavioral health care). In 2023 and 2024, CCOs are required to implement a new or expanded VBP at the beginning of each year in each of the remaining CDAs (children's health care and oral health care). VBP contracts in all five CDAs must be in place by the beginning of 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: CCO must fill out a worksheet for either oral health or children's health. The remaining worksheet (for the remaining CDA) is optional.

CONTRACTOR/CCO NAME: PacificSource Community Solutions (Gorge) 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. 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 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: Briefly describe how CCO assesses Describe providers' performance (e.g. quality metric score increased from 8 to 10) quality (e.g. measure against national benchmark, compare to providers' previous performance, etc.) Metric steward (e.g. HPQMC, NQF, etc.) Metric