



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>

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 VBP's 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 cell address	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
		77%		\$ 9,850,767.76	Assessments for Children in DHS Custody Initiation and Engagement of SUD Treatment		
		49%		\$ 7,628,303.04	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT); Assessments for Children in DHS Custody; Child and Adolescent Well-Care Visits; Childhood Immunization Status; Cigarette Smoking Prevalence; Comprehensive Diabetes Care; Health Equity Measure; Immunizations for Adolescents; Members Receiving Preventive Dental or Oral Health Services; Oral Evaluation for Adults with Diabetes; Screening for Depression and Follow-Up Plan; Timeliness of Postpartum Care		
		34%		\$ 4,364,590.35	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT); Assessments for Children in DHS Custody; Child and Adolescent Well-Care Visits; Childhood Immunization Status; Cigarette Smoking Prevalence; Comprehensive Diabetes Care; Health Equity Measure; Immunizations for Adolescents; Members Receiving Preventive Dental or Oral Health Services; Oral Evaluation for Adults with Diabetes; Screening for Depression and Follow-Up Plan; Timeliness of Postpartum Care		
		100%		\$ 2,005,274.97	Members Receiving Preventative Dental or Oral Health Services (Age 1-5) Members Receiving Preventative Dental or Oral Health Services (Age 6-14) Oral Evaluation for Adults with Diabetes Dental Assessments for Children in DHS Custody Topical Fluoride Varnish for Children Dental Utilization Age 0-15 Dental Utilization Age 16+ % of Pregnant Women with a Dental Visit Caries Risk Assessment		
		0%		\$ 570.74	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT); Assessments for Children in DHS Custody; Child and Adolescent Well-Care Visits; Childhood Immunization Status; Cigarette Smoking Prevalence; Comprehensive Diabetes Care; Controlling High Blood Pressure; Health Aspects of Kindergarten Readiness; CCO System-Level Social-Emotional Health; Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services; Immunizations for Adolescents; Initiation and Engagement of Substance Use Disorder Treatment; Members Receiving Preventive Dental or Oral Health Services; Oral Evaluation for Adults with Diabetes; Screening for Depression and Follow-Up Plan; Social Determinants of Health; Social Needs Screening and Referral (SDOH); Timeliness of Postpartum Care		

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.

Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)

If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	N/A
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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]

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.	Maternity and Behavioral Health
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LAN category (most advanced category)	3B
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Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	
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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	\$2,756,245.35
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Total unduplicated members served by the providers	176
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	N/A
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If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$34,302.88
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[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.

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
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LAN category (most advanced category)	3B
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Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	
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If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities

Total dollars paid	\$502,429.52
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Total unduplicated members served by the providers	17,581
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$97,883.80
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If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	N/A
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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)
Outreach to members as part of the centralized intake and referrals Program	process measure so no measure steward	Providers report outreach and we compare against contract targets	
Assessments for Children in DHS Custody	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	
Initiation and Engagement of SUD Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	

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 (Columbia Gorge)

Oral Health	
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4A

1. *What is the purpose of this study?*
 2. *What are the research questions?*
 3. *What are the hypotheses?*
 4. *What are the variables?*
 5. *What are the methods?*
 6. *What are the results?*
 7. *What are the conclusions?*
 8. *What are the limitations?*
 9. *What are the implications?*
 10. *What are the future directions?*

	\$4,420,851.02
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	20,858
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	\$419,538.72
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	\$232,553.50
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[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:

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	Comparison to providers' historical performance using OHA quality metric target methodology	
Immunizations for Adolescents - Combo 2	OHA, NQF	Comparison to providers' historical performance using OHA quality metric target methodology	
Child Well-Care Visits - Age 3-6	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	
Preventive Dental Oral or Health Services - Age 1-5 and 6-14	OHA	Comparison to providers' historical performance using OHA quality metric target methodology	