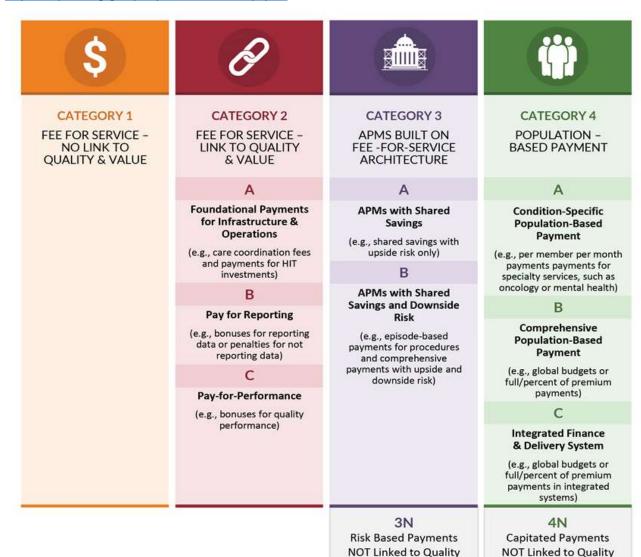


OHA VBP PCPCH Data and CDA VBP Data Template - General Instructions

- 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).

version 02032025



CCO NAME Paddicare Community Stations (Marco-Pols)
(Paddicare Community Stations (Marco-Pols)
(Paddicare Community Stations (Paddicare Community Stations (Paddicare Pols)
(Paddicare Community Stations (Paddicare Pols)
(Paddicare Community Stations (Paddicare Community Stations (Paddicare Pols)
(Paddicare Community Stations (Paddicare

Tier level	Number of contracted clinics	Average PMPM payment
Tier 1	0	\$0.00
Tier 2	0	\$0.00
Tier S		64.63
Tier 4	29	\$8.47

dical group or clinic name (Optional: report fical groups with more than one clinic location, rating at the same tier level, receiving the same PM amount as a sincle line item)	Tier level (1-3)	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		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 P
			N/A		on fer 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 Pf
	5		N/A		on Ser 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 P1
	5		N/A		on fer 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 PM
			N/A		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 Pf
			N/A		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 Pf
	5		N/A		on fer 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 PM
		_	N/A		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 Pf
		_	N/A		vel. 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 the
			N/A	All OHA PCPCH recognized clinics receive a Base rate PMPM dependent	on Ser level. Clinics exceeding minimum PCPOH requirements may participate in the PCPCH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PN
	4		N/A		Clinics recreeding minimum PCPGH requirements may participate in the PCPGH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also degendent on tier level.
	4		N/A	All CHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level	Circics 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		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		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		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		Clinics esceeding 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		Linics 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		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		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		Linics 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.
	- 1	_	N/A		Clinics esceeding 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		Clinics exceeding minimum PCPOH requirements may participate in the PCPOH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	- 1	-	N/A		Clinics exceeding minimum PCPGH requirements may participate in the PCPGH Value-based Payment Program where the participating clinics receive the Rase rate PMPM and an enhanced PMPM that is also dependent on tier level.
	- 1	-	N/A		Clinics exceeding minimum PCPOH requirements may participate in the PCPOH value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	-	-	NA .		Clinics exceeding minimum PCPOH requirements may participate in the PCPOH Value-based Payment Program where the participating clinics receive the Base rate PMPM and an enhanced PMPM that is also dependent on tier level.
	- 1	-	N/A		Clinics exceeding minimum PCPGH requirements may participate in the PCPGH Value-based Payment Program where the participating clinics receive the Rase rate PMPM and an enhanced PMPM that is also dependent on tier level.
	- 1	-	N/A	All CHA PCPCH recognized clinics receive a Base rate PMPM dependent on tier level	Sincis carefully minimum POVM requirements may participate in the PCVM Value based Payment Program where the participating indicar notice the fixer case PMPM and an enhanced PMPM that is also dependent on the level. Dirics carefully minimum POVM requirements may participate in the PCVM Value based Peyment Program where the participating interface that is stated dependent on the level. Dirics carefully minimum POVM requirements may participate in the PCVM Value based Peyment Program where the participating interface that is stated dependent on the level.
		-	NA .		Lance screening minimum PUPO requirements may participate in the PUPO Value-based regiment regiment are the participang clinics receive the sase rate PMM and an enhanced PMM that is also dependent on the Invest. Clinics exceeding minimum PUPO requirements may carticipate in the PUPO Value-based Purement Program where the participation clinics receive the lase or the PUPOM and an enhanced PMM that is also dependent on the Invest. Clinics exceeding minimum PUPOM requirements may participate in the PUPOM Value also program on the Invest. The Invest. Clinics exceeding minimum PUPOM requirements may participate in the Invest. The Invest. Clinics exceeding minimum PUPOM requirements may participate in the Invest. The Inve
	- 1		NA.		Lance secently minimum PUPO requirements may participate in the PUPO Value-based regiment regiment where the participang clinics receive the sase rate PMPM and an enhanced PMPM that is also dependent on the Invest. Clinics exceeding minimum PUPO requirements may carticipate in the PUPOV Value-based Purement where the participation clinics receive the sase rate PMPM and an enhanced PMPM that is also dependent on the Invest. Clinics exceeding minimum PUPOV requirements may participate in the PUPOV Value-based Purement PMPM and a last participation clinics receive the sase rate PMPM and as also and dependent on the Invest.
	- 1		NA.		Cancer accessing minimum PVPM requirements may participate in the PVPM value-based Pvpment Program where the participating clinics receive the state in the PMPM and an enhanced PMPM that is also despecient on the level. Clinics received minimum PVPM requirements may cardiscipate in the PVPM value-based PVPM where the participating clinics receive the flater time PMPM and an enhanced PMPM that is also despecied on the level.
			NA.	AT CHAPTOCK INCEPTION CONTROL OF THE PARTY OF THE PARTY	AND RESIDENCE OF THE PROPERTY OF THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS OF THE PARTY OF
					Clinics recreding minimum PCPCH requirements may conticipate in the PCPCH Value-based Payment Program where the carticipating clinics receive the Base rate PNPM and an enhanced PNPM that is also descedent on tier level.
			100		Chinck exceeding minimum PVPM requirements may participate in the PVPM value-based Pvpment Program where the participating clinicx receive the state in the PMPM and an enhanced PMPM that is also despendent on the level. Clinicx exceeding minimum PVPM requirements may cardiscipate in the PVPM value-based PVPM where the participating clinicx receive the flater time PMPM and an enhanced PMPM that is also despendent on the level.
			100		Lance screening minimum PUPO requirements may participate in the PUPO Value-based regiment regiment are the participang clinics receive the sase rate PMPM and an enhanced PMPM that is also dependent on the Invest. Clinics exceeding minimum PUPO requirements may carticipate in the PUPO Value-based Purement Program where the participation clinics receive the lase or the PUPOM and in all last dependent on the Invest. Clinics exceeding minimum PUPOM requirements may carticipate in the PUPOM Value also are consistent of the Invest. And in the
			100		Lance screening minimum PUPO requirements may participate in the PUPO Value-based regiment involves the participang clinical receive the state rate PMPM and an enhanced PMPM that is also dependent on the Invest. Clinics exceeding minimum PUPO requirements may carticipate in the PUPOV Value-based Purement Program where the participation clinic receive the lase or the PUPOM and an enhanced PMPM that is also dependent on the Invest. Clinics exceeding minimum PUPOM requirements may participate in the PUPOM Value also participated in clinics receive the lase or the PUPOM and an enhanced PMPM that is also dependent on the Invest.
	1		N/A		Chinck exceeding minimum PVPM requirements may participate in the PVPM value-based Pvpment Program where the participating clinicx receive the state in the PMPM and an enhanced PMPM that is also despendent on the level. Clinicx exceeding minimum PVPM requirements may cardiscipate in the PVPM value-based PVPM value has represent program where the participating clinicx receive the flate rate PMPM and an enhanced PMPM that is also despendent on the level.
			849		Clinic receding minimum PDOI requirements may participate in our PDOI value-based Payment Property may have been participated grains a receive our manufacture of the PAPM and an enhanced PAPM and an

CCO NAME: PacificSource Community Solutions (Marion-Polik)
REPORTING PERIOD: 1/1/2024 - 12/31/2024

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	ategory	Additional LAN categories within arrangement	involved in this 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
		100%		\$119,242,633	Onlidhood Immunizations Status (Combo 3) Immunizations On Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Vell-Child Wissi in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Acchol and Other Drug Abuse or New Combosition of Combosition (Combosition Combosition) Onal Evaluations for Adults with Diabetes Members Recolving Preventative Derirat or Oral Health Services Diabetes HbA1c Poor Control Alcohol and Drug Missues Screening, Brief Intervention and Referral to Treatment (EBRIT) Testification Oral Evaluation of Combosition (Combosition Combosition) Controlling High Blood Pressure Health Equity, Menaingel Language Access to Culturally Responsive		
		28%		\$45,857,856	Health Care Services Childhood Immunizations Status (Combo 3) Immunizations for Adolescents (Combo 2) Immunizations for Adolescents (Combo 2) Prenatal & Postpartum Care - Postpartum Care Well-Child Vista in the 3rd, 4th, 5th, and 6th Years of Life Intation and Engagement of Accord and Other Drug Abuse or Descriptions of the Children in DHS Castody Ocal Evaluations for Adults with Diabetes Members Receiving Preventative Dental or Craft Health Services Diabetes HeAlt For Dor Control Alcohol and Drug Missues: Screening, Brief Intervention and Referral to Treatment (Selbreak) or and Craft Services Screening for Depression and Follow-Up Plan Screening for Depression and Follow-Up Plan Health Equity, Meaningful Language Access to Culturally Responsive Health Care Services		
		3%		\$43,545,563	Chieffond Immunications Status (Combo 3) Immunications Status (Combo 3) Prenatal & Postpartum Care – Postpartum Care Well-Child Walst in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Acobol and Other Drug Abuse or Dependence Testination in DMS Constorly Charles of Combon (Combon Combon		
		3%			Childhood Immunizations Status (Combo 3) Immunizations Or Adolescents (Combo 2) Prenatal & Postpartum Care – Postpartum Care Well-Child Wais in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Alcohol and Other Drug Abuse or Initiation and Engagement of Alcohol and Other Drug Abuse or Assessments for Children in DHS Coatody Oral Evaluations for Adults with Diabetes Members Receiving Preventative Dentario or Oral Health Services Diabetes HA1 C Poor Control Alcohol and Drug Misuses Enreeing. Bird Intervention and Referral to Treatment (ESRT) Screening for Depression and Follow-Up Plan Controlling High Biood Pressure Health Equity. Meaningful Language Access to Culturally Responsive Health Care Services.		
		22%		\$32,926,751	Childhood Immunizations Status (Combo 3) Immunizations Or Adolescents (Combo 2) Prenatal & Poetpartum Care – Poetpartum Care Well-Child Visita in the 3rd, 4th, 5th, and 6th Years of Life Initiation and Engagement of Acobol and Other Drug Abuse or Dependence Treatment Assessments for Children in DHS Custody Coral Evalutation for Adults with Diabetes Members Receiving Preventative Derital or Oral Health Services Diabetes Hahl For Corden's Adolesh and Drug Misuses-Ecreening, Bred fatherweiton and Reflera's to Treatment (BBRT) Screening for Preventative Derital or Coral Acobolists Correcting for Preventative Derital or Coral Acobolists Coractering for Preventative Derital or Coral Acobolists Coractering for Preventative Derital or Treatment (CBRT) Screening for Preventative Derital Oractering for Prevention and Policious Up Plan Controlling High Blood Pressure Health Equiry, Meaningful Language Access to Culturally Responsive Health Care Services		

Required implementation of care delivery areas by January 2025: 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 questions on rows 18 and 20 are not applicable, write NI/A.

CCO NAME:

PacificSource Community Solutions (Marion-Polik)

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)

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

Total dollars paid

\$37,332,972.90

Total unduplicated members served by the providers

\$20,246

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

\$3,285,035.9

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:

If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)

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 Immunizations Status (Combo 3)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Immunizations for Adolescents (Combo 2)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Prenatal & Postpartum Care – Postpartum Care	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Initiation and Engagement of Substance Use Disorder Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Assessments for Children in DHS Custody	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Oral Evaluations for Adults with Diabetes	OHA (modified from DQA/ NCQA)	Comparison to providers' historical performance using OHA quality metric target methodology	
Members Receiving Preventative Dental or Oral Health Services	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Diabetes HbA1c Poor Control	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT)	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Cigarette Smoking Prevalence	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Screening for Depression and Follow-Up Plan	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Health Equity: Meaningful Language Access to Culturally Responsive Health Care Services	ОНА	Reporting Only	
Health Aspects of Kindergarten Readiness	ОНА	Reporting Only	
Social Determinants of Health: Social Needs Screening and Referral	ОНА	Reporting Only	

Required implementation of care delivery areas by January 20 CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-requirements.	125: Refer to Value-based Payment Technical Guide for Technical-Guide-for-CCOs.pdf for more information on			
Evaluation criteria for this worksheet: Response required for each not applicable, write N/A.	ch highlighted cell. If questions on rows 18 and 20 are			
CCO NAME:	PacificSource Community Solutions (Marion-Polk)			
The state of the s				
Describe Care Delivery Area (CDA) Nate: 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)	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				
Total dollars paid	\$22,516,699.24			
Total unduplicated members served by the providers	1,959			
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$2,184,473.00			
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$1,152,723.10			
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)
	Prenatal & Postpartum Care – Postpartum Care	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	

Required implementation of care delivery areas by January 2 CCOs at https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP- requirements.	
Evaluation criteria for this worksheet: Response required for eanot applicable, write N/A.	ich highlighted cell. If questions on rows 18 and 20 are
CCO NAME:	
	PacificSource Community Solutions (Marion-Polk)
	Behavioral Health
Describe Care Delivery Area (CDA) Note: a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list	Behavioral Health
both CDAs; no more than two CDAs can be combined to meet the	
CDA requirement.	
LAN category (most advanced category)	4B
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	\$2,551,932.8
Total unduplicated members served by the providers	90,140
If applicable, maximum potential provider gain in dollars (i.e.,	\$628,755.0
maximum potential quality incentive payment)	
maximum potential quality incentive payment) If applicable, maximum potential provider loss in dollars (e.g.	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)
Initiation and Engagement of Substance Use Disorder Treatment	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
Assessments for Children in DHS Custody	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral to Treatment (SBIRT)	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
Screening for Depression and Follow-Up Plan	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	

Required implementation of care delivery areas by January 2025: 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 questions on rows 18 and 20 are not applicable, write N/A. CCO NAME: PacificSource Community Solutions (Marion-Polk) 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) 4A 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 dispari \$37,602,824.8 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) \$1,981,123.6 List the quality metrics used in this payment arrangement using the table provide in below. A least one quality component is needed to 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) Metric steward (e.g. HPQMC, NQF, etc.) meet requirement: Metric Members Receiving Prevent Services ages 1-5 and 6-14 stablished CCO target or benchmark. Oral Evaluation for Adults with Diabetes Measure DCO performance against the OHA-established CCO target or benchmark. AHC Assessments for Children in DHS Custody Measure DCO performance against the CCO established CCO target or benchmark. Utilization of Services for Children and Adults Measure DCO performance against the CCO-established CCO target or benchmark. Dental Quality Alliance Utilization of Dental Services During Pregnancy Dental Quality Alliance Measure DCO performance against the CCO-established CCO target or benchmark.

ental Quality Alliance

Measure DCO performance against the CCO established CCO target or benchmark.

Required implementation of care delivery areas by January 2025: 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 questions on rows 18 and 20 are not applicable, write NIA.

CCO NAME:

PacificSource Community Solutions (Marion-Polk)

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)

48

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

\$6,925,106.36

Total unduplicated members served by the providers

74,171

If applicable, maximum potential provider gain in dollars (i.e., maximum potential visit in a capitated payment)

If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)

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:

o O	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)
I	Childhood Immunizations Status (Combo 3)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
	Immunizations for Adolescents (Combo 2)	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
	Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of ife	NCQA	Comparison to providers' historical performance using OHA quality metric target methodology	
	Members Receiving Preventative Dental or Oral Health Services	ОНА	Comparison to providers' historical performance using OHA quality metric target methodology	
t				
ŀ				
ı				
ŀ				