CONTRACTOR/CCO NAME: Umpqua Health Alliance, LLC

REPORTING PERIOD: 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	-	\$		All clinics are above a
Tier 2 clinics	-	\$ 3.00		Tier 3
Tier 3 clinics	3.00	\$ 4.00		
Tier 4 clinics	15.00	\$ 5.00		
Tier 5 clinics	3.00	\$ 6.00		

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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	Most Advanced LAN Category in the VBP	Additional LAN categories		Please describe if and how these models take into account:
spent, VBPs implemented (e.g.		within		- racial and ethnic disparities; &
condition-specific (asthma)	(4 - 3 - 20)			
		arrangement		- individuals with complex health care needs
population-base payment)  Mercy Medical Center				
waty would cental			***************************************	
				Both of the groups mentioned above described
				present greater challenges to ensure proper discharge
				planning, outpatient follow-up and ER management. If
	4C			these are not addressed, then metrics will not be met.
				Both of the groups mentioned above described
				present greater challenges to ensure proper discharge
				planning, outpatient follow-up and ER management. If
DCIPA, Inc	4C			these are not addressed, then metrics will not be met.
				Both populations noted above are more at risk for
				substance use disorder, in which Adapt provides
			Adapt provides the entire realm of substance use disorder services for UHA. This includes residential, detox, MAT services, and	significant services to address those populations
ADAPT, Inc	4A		outpatient services. Adapt is paid on a PMPM which has certain financial and quality target that it is at risk for.	needs.
			Advantage Dental provides global capitation services for UHA members seeking Dental Care. Advantage provides the whole spectrum	
Advantage Dental	4A		services to UHA members, and are awarded for achieving certain quality targets	######################################
				Both populations noted above are more at risk for
				substance use disorder, in which Compass provides
				significant services to address those populations
Compass Care Coordination	4A			needs.

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 earesponse or it will not be approved.	ch highlighted cell. If question on row 18 and 20 are not applicable, include that as a			
CONTRACTOR/CCO NAME:	Umpqua Health Alliance, LLC			
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.	Hospital Care and Maternity Care			
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)	A combined hospital/maternity case rate with the sole community hospital			
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	***************************************			
Total dollars paid	\$ 409,359.69			
Total unduplicated members served by the providers	103			
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$ 71,391.00			
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. At least one quality component is	\$ 71,391.00			
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)
o Acute Care Quality: Perinatal Hypertension Management Bundle	смосс	The sole community hospital in Douglas County, Mercy Medical Center, is owned by	The hospital has been progressively approving year over year.
Components of Bundle to be met:	Components of Bundle to be met:		
Antihypertensive medication after confirmed	severe range of BP: SBP > = 160 and/or DBP	>=110	
<ol><li>IV Magnesium for seizure prophylaxis</li></ol>	2. IV Magnesium for seizure prophylaxis		
<ol> <li>Follow up appointment <!--= 7 days after disch</li--> </li></ol>	narge		
2021 baseline performance= 0%; Target Performance for CY 2	2022= 20%		

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 e not applicable, include that as a response or it will not be approve						
CONTRACTOR/CCO NAME: Umpqua Health Alliance, LLC						
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.	Combined with Hospital so it is Maternity and Hospital					
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:						

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)

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 CCD 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 18 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Umpqua Health Alliance, LLC
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.	Behavioral Health Access Program
LAN category (most advanced category)	3A

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

PCPCH Tier 3 or higher clinics. Members with MMMI/SUD diagnosis in the past 12 months

12,237

If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities

Total dollars paid 48,950 Total unduplicated members served by the providers 4,514 If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) 12,237

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:

	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)
3 or	Behavioral Health Integration Checkilst		UHA is using integrated care as a model to improve access to specialty behavioral health. By encouraging clinics that invest in integrated care models, it allows for whole person care in their PCPCH. UHA uses claims data to review previous provider claims for PCP and BH. The goal is to treat mild to moderate behavioral health in the PCP office when appropriate. Freeing up access to specialty Behavioral Health. Historically what you see is when a person is referred to behavioral health, they tend to stay in the specialty services and not be referred back to the PCP for continued treatment. UHA uses DX codes from the PCP claims to reward them for treatment of mild to moderate mental illness (MMMI) or substance use disorders (SUD). PCPs treating MMMI and/or SUD frees up access to specialty behavioral health for more severe needs.	Year one was opt-in to the metric and year two added more providers increasing access to specialty care. Over 90% of UHA membership is assigned to PCPCHs participating in the VBP.
	Denavioral Realth Integration Checklist	IBHC Atlas	severe needs.	rerens participating in the VDF.

Behavorial Health Services provided to assigned members of PCPCH Tier 3

higher participating clinics with a MMMI/SUD diagnosis.

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.				
This worksheet is voluntary for this reporting year.				
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CONTRACTOR/COC NAME.	Umpqua Health Alliance, LLC			
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combined to meet 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:				
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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)
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Total dollars paid				
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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)
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