



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</p> <p>FEE FOR SERVICE – NO LINK TO QUALITY & VALUE</p>	<p>CATEGORY 2</p> <p>FEE FOR SERVICE – LINK TO QUALITY & VALUE</p> <p>A</p> <p>Foundational Payments for Infrastructure & Operations</p> <p>(e.g., care coordination fees and payments for HIT investments)</p> <p>B</p> <p>Pay for Reporting</p> <p>(e.g., bonuses for reporting data or penalties for not reporting data)</p> <p>C</p> <p>Pay-for-Performance</p> <p>(e.g., bonuses for quality performance)</p>	<p>CATEGORY 3</p> <p>APMS BUILT ON FEE -FOR-SERVICE ARCHITECTURE</p> <p>A</p> <p>APMs with Shared Savings</p> <p>(e.g., shared savings with upside risk only)</p> <p>B</p> <p>APMs with Shared Savings and Downside Risk</p> <p>(e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p>CATEGORY 4</p> <p>POPULATION – BASED PAYMENT</p> <p>A</p> <p>Condition-Specific Population-Based Payment</p> <p>(e.g., per member per month payments payments for specialty services, such as oncology or mental health)</p> <p>B</p> <p>Comprehensive Population-Based Payment</p> <p>(e.g., global budgets or full/percent of premium payments)</p> <p>C</p> <p>Integrated Finance & Delivery System</p> <p>(e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p>3N</p> <p>Risk Based Payments NOT Linked to Quality</p>	<p>4N</p> <p>Capitated Payments NOT Linked to Quality</p>

CCO NAME:

Umpqua Health Alliance

REPORTING PERIOD:

1/1/2024 - 12/31/2024

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. If a question is not applicable, write N/A. Non-response in a highlighted cell will not be approved. Add or subtract additional rows as needed. Guidance can be found on page 12 of the *VBP Technical Guide*: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/VBP-Technical-Guide-for-CCOs.pdf>

Tier level	Number of contracted clinics	Average PMPM payment
Tier 1		
Tier 2		
Tier 3	5	\$4.24
Tier 4	13	\$5.27
Tier 5	3	\$8.00

Medical group or clinic name (Optional: report medical groups with more than one clinic location, operating at the same tier level, receiving the same PMPM amount as a single line item)	Tier level (1-5)	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
Aviva Health, Glde				
Aviva Health, Myrtle Creek				
Aviva Health, Roseburg				
Aviva Health, Sutherlin				
Canbyville Health And Urgent Care				
Cow Creek Health & Wellness Center - South				
Cow Creek Health & Wellness Center - North				
Evergreen Family Medicine				
Evergreen Family Medicine- Harvard				
Evergreen Family Medicine- South				
Evergreen Family Medicine- Sutherlin				
Family Tree Medical Clinic				
Jorgensen Family Medicine				
Kids Docs				
North River Pediatrics				
Peacehealth Medical Group - Cottage Grove				
Valley Ridge Family Medicine				
Southriver Med Clinic-Winston			Changed Tiers in reporting year	
Southriver Med Clinic-Roseburg			Changed Tiers in reporting year	
Umpqua Health Newton Creek				
White Oak Medical Clinic				

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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) <i>Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.</i>	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
	4A-(100% Risk Sharing Rate)		2A,2C,4N		ED Follow Up for dental pain; Dental Utilization; Dental care for pregnant women; Members Receiving Preventive Dental Services (aged 1-14); Oral Evaluation for Adults w/ Diabetes; 60 Day DHS Measure; Access to culturally responsive healthcare Emergent Availability(Days between crises and follow up 1 day);Urgent Availability(Days between crises and follow up 2 days) .Crises Services; Youth IIBHT;Youth Wraparound; Adult(18+) ACT; Adult (18+) Supported Employment	Dental Care Organization contract; renders all dental related services for CCO membership	
	4A-(100% Risk Sharing Rate)		1,2A,2C,3B,4N		Outpatient Access of Care; Initiation of Treatment Following Dx; Member Engagement; Member Retention; Residential Access of Care; Engagement of Members Admitted to Detox; Post-Detox Retention in Treatment; Residential Retention; Decrease in detox; Decrease in residential episode Cigarette Smoking Prevalence; SUD InitiationEngagement Metric		
	4A-(100% Risk Sharing Rate)		2A,2C,3B,4N		Grievance per 1,000; Average wait time for hospital transport; Unfulfilled trip rate; Late pick ups	Bay Cities renders Non-Emergent Medical Transportation (NEMT) services for UHA's population.	
	4A-(100% Risk Sharing Rate)		4N		Reduction in percentage of members who re-visit the ED ;Initiation of Substance Use Disorder Treatment	CEP America renders emergency services for members seen within the sole community hospital in Douglas County.	
	4A-(100% Risk Sharing Rate)		2C,4N				

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:	Umpqua Health Alliance
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 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	UHA is dedicated to improving health equity. According to the CDC, black women are significantly more likely to experience conditions such as a weakened heart muscle, thrombotic pulmonary embolism, and high blood pressure, which can contribute to a significantly higher proportion of pregnancy-related deaths in comparison to white women. Addressing these issues with the mother during prenatal care could potentially improve the mother's safety and well-being, but also help eliminate unnecessary costs. In addition, preterm birth rates for minorities are disproportional against their white counterparts. According to the March of Dimes, in 2015, the overall preterm rate was 9.6%, but 13.4% of black infants were preterm, as compared to the 8.9% rate for white infants. Furthermore, non-white infant mortality caused by preterm birth and related complications was significantly higher (44.2% for black infants compared to 31.5%).
Total dollars paid	
Total unduplicated members served by the providers	417
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)	

[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.

CCO NAME:	Umpqua Health Alliance
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 Case Rate w/ WH
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	UHA is dedicated to improving health equity. According to the CDC, black women are significantly more likely to experience conditions such as a weakened heart muscle, thrombotic pulmonary embolism, and high blood pressure, which can contribute to a significantly higher proportion of pregnancy-related deaths in comparison to white women. Addressing these issues with the mother during prenatal care could potentially improve the mother's safety and well-being, but also help eliminate unnecessary costs. In addition, preterm birth rates for minorities are disproportional against their white counterparts. According to the March of Dimes, in 2015, the overall preterm rate was 9.6%, but 13.4% of black infants were preterm, as compared to the 8.9% rate for white infants. Furthermore, non-white infant mortality caused by preterm birth and related complications was significantly higher (44.2% for black infants compared to 31.5%).
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[illegible]

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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]

[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.

Umpqua Health Alliance

Added third quality metric to current VBP arrangement with DCO: Oral Health evaluation for pregnant women

4A

Additional metric to cover our pregnant population's dental needs

Cover members who are pregnant

684

[illegible]