CONTRACTOR/CCO NAME: 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	-	\$7.70	\$7.70	N/A
Tier 2 clinics	-	\$8.79	\$8.79	N/A
Tier 3 clinics	2	\$9.87	\$9.87	N/A
Tier 4 clinics	11	\$10.96	\$10.96	N/A
Tier 5 clinics	3	\$12.04	\$12.04	N/A

CONTRACTOR/CCO NAME: REPORTING PERIOD:

0 1/1/2021 - 12/31/2021

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 spent, VBPs implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within 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
Pay-for-Performance	2C		Type A/B Hospital: Willamette Valley Medical Center	
Pay-for-Performance	2C		Type A/B Hospital: Providence Newberg Medical Center	
Condition-Specific (Primary Care Capitation) Population-Based Payment, Pay-for-Performance	4A	2C, 2Ai	Primary Care: Virginia Garcia Memorial Health Center	
Condition-Specific (Oral Health) Population-Based Payment, Pay-for- Performance	4A	2C	Oral Health: Capitol Dental Care	
Condition-Specific (Outpatient Behavioral Health) Population-Based Payment, Payfor-Performance	4A	2C	Outpatient Behavioral Health Services: Yamhill County Health & Human Services	

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 each highlighted cell. If question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

not applicable, include that as a response of it will not be approved.				
CONTRACTOR/CCO NAME:	Yamhill Community Care			
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			
LAN category (most advanced category)	2C			
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Pay-for-Performance VBP with Type A/B hospital provider (Providence Newberg Medical Center), serving all YCCO members who, self refer, are referred, or engage in emergent/urgent care for various inpatient, outpatient, and specialty care services.			
If applicable, describe how this CDA serves populations with				
complex care needs or those who are at risk for health disparities				
Total dollars paid	\$13,638,940			
Total unduplicated members served by the providers	5,974			
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$300,000			
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$150,000			
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)
Standardized Healthcare Associated Infection Ratio - Surgical site infections (SSI) from colon surgery	CMS Hospital Compare	Must achieve "no different than national benchmark," or achieve the national benchmark target of 1.0% or less	тво
Standardized Healthcare Associated Infection Ratio - Clostridium difficile (C. diff.) intestinal infections	CMS Hospital Compare	Must achieve "no different than national benchmark," or achieve the national benchmark target of 1.0% or less	TBD
Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey	CMS Hospital Compare	Must achieve target scores at or above the Oregon State average benchmarks	TBD

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 each highlighted cell. If question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

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CONTRACTOR/CCO NAME:	Yamhill Community Care			
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.	Maternity Care			
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)	APM with Shared Savings for Maternal Medical Home (Women's Healthcare Associates)			
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Maternal Medical Home (MMH) model is intended to improve birth outcomes by focusing on those YCCO pregnant women at the highest risk			
Total dollars paid	\$185,537			
Total unduplicated members served by the providers	824			
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$750 per deliverary dependent on date the member was first seen for prenatal care			
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:	\$300 per delivery dependent on the date the members was first seen for prenatal care			

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	YCCO Benchmark/Improvement Target	TBD
Screening for Depression and Follow-Up Plan	CMS	YCCO Benchmark/Improvement Target	TBD
Cigarette Smoking Prevalence	OHA	YCCO Benchmark/Improvement Target	TBD
Meaningful Language Access to Culturally Responsive Health Care	OHA - CCO Level Reporting	YCCO Benchmark/Improvement Target	TBD

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 each highlighted cell. If question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:

CONTRACTOR/CCO NAME:	Yamhill Community Care
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
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)	Monthly PMPM capitation payments made to Lutheran Community Services Northwest for direct outpatient mental/behavioral health services serving all YCCO members. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Medically necessary and short-term outpatient family and individual therapeutic services including case management for YCCO members in need of mental and behaviorial health services
Total dollars paid	\$626,470
Total unduplicated members served by the providers	591
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	TBD
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	TBD
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)
Disparity Measure: ED Utilization among Members with Mental Illness	Homegrown CCO	YCCO Benchmark/Improvement Target	TBD
Mental and Physical Health and Oral Health Assessment Within 60 Days for Children in DHS Custody	ОНА	YCCO Benchmark/Improvement Target	TBD
Meaningful Language Access to Culturally Responsive Health Care	ОНА	YCCO Benchmark/Improvement Target	TBD

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.				
CONTRACTOR/CCO NAME:	0			
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.				
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)
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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.				
CONTRACTOR/CCO NAME:	0			
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.				
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)
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