

CCO NAME:

Yamhill Community Care

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	0	0
Tier 2	0	0
Tier 3		
Tier 4		
Tier 5		

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
			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	
				N/A
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				N/A

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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) <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
Example: Shared risk arrangement with hospital-based maternity providers APM's with Shared Savings and Downside Risk (Hospital Care), Pay-for-Performance	3B (Risk Sharing Rate: 30%) 3B	90%	1 (FFS) 1, 2A, 2C	\$3,543,231 date to	Timeliness of Prenatal and Postnatal Care Primary Care: Childhood Immunization Status (Combo 3); Immunizations for Adolescents (Combo 2); Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness); Screening for Depression and Follow-Up Plan; Cigarette Smoking Prevalence, Alcohol and Drug Misuse; Screening, Brief Intervention and Referral for Treatment (SBIRT) (2 rates); Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Prenatal & Postpartum Care: Meaningful Language Access to Culturally Responsive Health Care Services Hospital: Plan All-Cause Readmissions; Cesarean Rate for Nulliparous Singleton Vertex; Standardized Healthcare-Associated Infection Ratio - Central line-associated blood stream infections (CLABSIs); Standardized Healthcare-Associated Infection Ratio - Catheter-associated urinary tract infections (CAUTI); Standardized Healthcare-Associated	the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/gynecologic population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
Condition-Specific (Primary Care Capitation) Population-Based Payment, Pay for-Performance	4A		1, 2A, 2C, 3B	date to	Primary Care: Childhood Immunization Status (Combo 3); Immunizations for Adolescents (Combo 2); Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness); Screening for Depression and Follow-Up Plan; Cigarette Smoking Prevalence, Alcohol and Drug Misuse; Screening, Brief Intervention and Referral for Treatment (SBIRT) (2 rates); Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Prenatal & Postpartum Care: Meaningful Language Access to Culturally Responsive Health Care Services Hospital: Standardized Healthcare-Associated Infection Ratio - Surgical site infections (SSI) from colon surgery; Standardized Healthcare-Associated Infection Ratio - Clostridium difficile laboratory-identified events (C-Diff); Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)		
Pay-for-Performance (Hospital Care)	2C		1, 3N	date to	Standardized Healthcare-Associated Infection Ratio - HAI-1 Central line-associated blood stream infections (CLABSIs); Standardized Healthcare-Associated Infection Ratio - HAI-2 Catheter-associated urinary tract infections (CAUTI)Standardized Healthcare-Associated Infection Ratio - HAI-5 Methicillin-resistant Staphylococcus aureus blood laboratory-identified events (MRSA); Standardized Healthcare-Associated Infection Ratio - HAI-6 Clostridium difficile laboratory-identified events (C-Diff)		
Condition-Specific (Oral Health) Population-Based Payment, Pay-for-Performance	4A		2C	date to	Percent of all enrolled adults who received at least one dental service; Percent of all enrolled children ages 1-5 who received at least one dental service; Percent of all enrolled children ages 6-14 who received at least one dental service; Percent of all enrolled adults identified as having diabetes who received at least one dental service; Percent of all enrolled pregnant members who received at least one dental service before 9/30; Percent of all enrolled Children in DHS custody that received an Oral Health Assessment within 60 days; Percent of member visits with interpreter need in which interpreter services were provided		
Condition-Specific (Primary Care Capitation) Population-Based Payment, Pay for-Performance	4A		1, 2C	date to	Disparity Measure: ED Utilization among Members with Mental Illness; Meaningful Language Access to Culturally Responsive Health Care; Initiation and Engagement of Alcohol and Other Drug abuse or Dependence Treatment: Rates 1 and 2		

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:	Yamhill Community Care
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, Maternity
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)	APM with Shared Savings and Downside Risk with Type A/B hospital provider [REDACTED], 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	[REDACTED]
Total unduplicated members served by the providers	[REDACTED]
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	[REDACTED]
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	[REDACTED]

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)
Plan All-Cause Readmissions	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]
Cesarian Rate for Nulliparous Singleton Vertex	The Joint Commission (TJC)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]
Standardized Healthcare-Associated Infection Ratio - HAI-1 Central line-associated blood stream infections (CLABSI)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]
Standardized Healthcare-Associated Infection Ratio - HAI-2 Catheter-associated urinary tract infections (CAUTI)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]
Standardized Healthcare-Associated Infection Ratio - HAI-5 Methicillin-resistant Staphylococcus aureus blood laboratory-identified events (MRSA)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]
Standardized Healthcare-Associated Infection Ratio - HAI-6 Clostridium difficile laboratory-identified events (C-Diff)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[REDACTED]

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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 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)

Maternal Medical Home VBP with OB/GYN provider that includes both Pay-For-Performance incentives and case rate payments based upon prenatal engagement.

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

Maternal Medical Home criteria includes components to ensure prenatal family wellbeing assessments, behavioral health risk screenings inclusive of access to behaviorist services, tobacco cessation efforts inclusive of tracking pregnant members using tobacco products, and access to language/cultural interpretation for members.





Total dollars paid	
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Total unduplicated members served by the providers	1,000
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)

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

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	National Committee for Quality Assurance (NCQA)	YCCO Benchmark/Improvement Target	
Screening for Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	YCCO Benchmark/Improvement Target	
Cigarette Smoking Prevalence	Oregon Health Authority (OHA)	YCCO Benchmark/Improvement Target	
Meaningful Language Access to Culturally Responsive Health Care	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	

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.

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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.	Behavioral Health
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)	Expanded Quality Incentive VBP payment to behavioral health outpatient clinic 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	
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)
Disparity Measure: ED Utilization among Members with Mental Illness	Homegrown CCO	YCCO Benchmark/Improvement Target	
Follow-up After Hospitalization for Mental Illness	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Meaningful Language Access to Culturally Responsive Health Care	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Initiation and Engagement of Alcohol and Other Drug abuse or Dependence Treatment: Rates 1 and 2	National Committee for Quality Assurance (NCQA)	YCCO Benchmark/Improvement Target	

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.

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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.	Oral 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 (b) for direct oral 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	
Total dollars paid	(b) (b)
Total unduplicated members served by the providers	(b) (b)
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	(b) (b)
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	(b) (b)

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)
Percent of all enrolled adults who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percent of all enrolled children ages 1-5 who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percent of all enrolled children ages 6-14 who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percent of all enrolled adults identified as having diabetes who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percent of all enrolled pregnant members who received at least one dental service before 9/30	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percent of all enrolled Children in DHS custody that received an Oral Health Assessment within 60 days	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Percentage of member visits with interpreter need in which interpreter services were provided.	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	

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.

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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.	Behavioral Health, Children's Health
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LAN category (most advanced category)	4A
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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)	Monthly PMPM risk adjusted capitation payment for primary care services to the clinic specific portion of PCP assigned YCCO population. Capitation payments include a children specific cohort, risk stratification, PCPCH tier status payments, and base primary care services payment rates. Providers included are primary care providers, inclusive of pediatricians. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks.
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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	
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Total dollars paid		
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Total unduplicated members served by the providers		
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If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	
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If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	
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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:

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)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Immunizations for Adolescents (Combo 2)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Screening for Depression and Follow-Up Plan	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Cigarette Smoking Prevalence	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT) (2 rates)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	
Meaningful Language Access to Culturally Responsive Health Care Services	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	