

CONTRACTOR/CCO NAME: AllCare Health  
 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. ( $\$9.50 \times 0.75 + \$10.00 \times 0.25 = \$9.625$ ). 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	N/A	\$ -	\$ -	No payments to Tier 1 clinics because there are none in CCO service area
Tier 2 clinics	N/A	\$ -	\$ -	No payments to Tier 2 clinics because there are none in CCO service area
Tier 3 clinics	5	\$2.50 - \$4.10	\$3.51	N/A
Tier 4 clinics	28	\$3.50 - \$5.60	\$4.53	N/A
Tier 5 clinics	5	\$4.50 - \$6.60	\$5.77	N/A

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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
Behavioral Health (MHO and Addictions)	4N - Base Payment	2C - Incentive	<p>Providers include Psychologists, Counselors, Clinicians, Therapists.</p> <p>Services include individual therapy, family therapy, inpatient and outpatient addictions treatment, medication assisted treatment.</p>	<p>Patients receiving treatment through a contracted provider and organization typically have a complex care issue associated with that area of care. The AllCare VBP measures are focused on improving access for these vulnerable patients with an emphasis on rewarding engagement in ongoing services of need.</p> <p>All AllCare VBP include a health equity metric designed to promote staff awareness in a number of health equity related training courses.</p>
Dental	4N - Base Payment	2C - Incentive	<p>Providers include dentists, hygienists, and support staff.</p> <p>Services include all outpatient oral healthcare.</p>	
Primary Care / Pediatrics	4B - Base Payment	2C - Incentive	<p>Providers include doctors, nurse practitioners, physician assistants, nurses, and support staff.</p> <p>Services include all outpatient primary care and pediatric healthcare.</p>	
Specialty - Surgical	2C		<p>Providers include surgeons, nurses, and support staff.</p> <p>Services include all inpatient and outpatient surgical care in provider field of specialty.</p>	
Specialty - Medical	2C		<p>Providers include doctors, nurse practitioners, physician assistants, nurses, and support staff.</p> <p>Services include all medical specialty healthcare.</p>	



**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/IdI-to/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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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 CDA requirement.	Maternity 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)	<p>Payment is primarily fee-for-service. With our largest maternal care provider Women's Health Center of S. OR (WHCOSO) we also have a Maternal Medical Home (MMH) program. Under this program they have primary responsibility of coordinating the care (both internal and external to WHCOSO) that a woman receives from conception through 60 days post-partum. Reimbursement for the enhanced care received under the MMH program is based on a PMPM payment reflecting the risk level of the patient. Metrics in this care delivery area are principally focused on maternal care.</p> <p>Providers included are OB/GYNs, Nurse Practitioners, and Midwives.</p>
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	<p>Care for the most vulnerable women, as defined by AllCare, is coordinated appropriately and timely between internal and external partners.</p> <ol style="list-style-type: none"> <li>1. Co-located mental health services;</li> <li>2. Co-located Maternal Fetal Medicine physician;</li> <li>3. Medical High Risk OB Care Coordination</li> </ol> <p>Metrics in the VBP program focus on timely delivery of important services during pregnancy with emphasis on reducing risk factors (smoking cessation, SBIRT, and medicine coordination).</p>
Total dollars paid	\$2,856,213.34
Total unduplicated members served by the providers	3,501
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	Unknown, incentive payout is in June 2022 for 2021 performance.
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. At least one quality component is needed to meet requirement.	

Metric	Metric Steward (e.g. HPO/MC, 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)
Timely Postpartum Visit	NGF	Measure against OHA CCO Target	Average score increased by 20 percentage points
Documentation of Current Medications	MIPS	Provider attests to meeting the requirements of the measure	Performance remained the same
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements of the measure	Performance remained the same
Next Available Appointment	N/A (in house metric)	Provider submits average days until next available appointment for their patients seen during the year.	The number of providers who submitted their information decreased by 3.
Health Equity	N/A (in house metric)	Provider attests to meeting the requirements of the measure	Performance remained the same
Timely Prenatal Visit	NGF	Measure against OHA CCO Target	Average score was 9 percentage points below target
SBIRT	OHA	Attestation of performing screening	26 percent of providers met measure target

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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.	<b>Behavioral Health</b>
LAN category (most advanced category)	<b>4N with 2C</b>
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	<b>Mental Health organizations are under a capitated arrangement and Alcohol &amp; Drug organizations are paid on a fee-for-service basis. Providers include Psychologists, Counselors, Clinicians, Therapists.</b>
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	<b>Patients receiving treatment through a contracted Mental Health or Alcohol &amp; Drug organization typically have a complex care issue associated with that area of care. The AllCare VBP measures are focused on improving access for these vulnerable patients with an emphasis on rewarding engagement in ongoing services of need.</b>
Total dollars paid	<b>\$32,972,276.18</b>
Total unduplicated members served by the providers	<b>7,253</b>
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	<b>Unknown, incentive payout is in June 2022 for 2021 performance.</b>
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	<b>MHO's have downside risk to the extent they are provided a fixed PMPM budget. If the cost of provision of those services exceeds the budgeted payment they are at risk.</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)
Appointment within 30 days of assessment	N/A (in house metric)	Targets set based on previous year's performance	Overall Performance decreased by 1 percentage point
Three Treatment Episodes within 90 days of assessment	N/A (in house metric)	Targets set based on previous year's performance	Overall Performance remained the same
Mental Health Assessment for DHS Children	OHA	Measure against OHA CCO Target	Overall Performance remained the same
Severity Level 1 & 2 ER Visits/1000 (Lower is better)	N/A (in house metric)	Targets set based on previous year's performance	Overall Performance decreased by 82 visits/1000
Follow up within 7 Days of Mental Health Discharge	NQF	Targets set based on previous year's performance	Overall Performance decreased by 23 percentage points
Follow up within 30 Days of Mental Health Discharge	NQF	Targets set based on previous year's performance	Overall Performance decreased by 15 percentage points
Follow up within 30 Days of Alcohol or Drug Inpatient Rehab Discharge	N/A (in house metric)	Targets set based on previous year's performance	Overall Performance increased by 29 percentage points
Peer Services	N/A (in house metric)	Targets set based on previous year's performance	Overall Performance decreased by 2 percentage points
Health Equity	N/A (in house metric)	Provider attests to meeting the requirements of the measure	Performance remained the same
Initiation and Engagement of AOD Treatment	NQF	Measure against OHA CCO Target	All participants met measure target
Patient Satisfaction Survey Results	N/A (in house metric)	Provider submits Patient Satisfaction results	Performance remained the same



