

CONTRACTOR/CCO NAME: AllCare Health
 REPORTING PERIOD: 1/1/2022 - 12/31/2022

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	0	N/A	N/A	No contracts with tier 1 clinics
Tier 2 clinics	0	N/A	N/A	No contracts with tier 2 clinics
Tier 3 clinics	3	\$3.50-\$4.45	\$3.60	
Tier 4 clinics	29	\$3.50-\$5.00	\$4.91	
Tier 5 clinics	4	\$4.50-\$6.95	\$5.97	

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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) Note: For models listed at a LAN category 3B or higher, please list the risk sharing	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	3B (Risk Sharing Rate: 30%)	90%	1 (FFS)	\$3,543,231	Timeliness of Prenatal and Postnatal Care	A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/obstetric 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 expected spending.	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
Behavioral Health (MHO and Addictions)	4N - Base Payment	100%	2C - Incentive	\$897,025	MH Exam for Children in DHS Custody Follow up visit within 30 days of Inpatient Rehab discharge Assertive Community Treatment IET Wraparound Program Utilization of HIE or CIE Language Access Appointment within 30 days of Assessment ED Visits for Substance Use Disorder Follow up within 7 Days of SUD Discharge Follow up within 30 Days of MH Discharge	Providers include Psychologists, Counselors, Clinicians, Therapists. Services include individual therapy, family therapy, inpatient and outpatient addictions treatment, medication assisted treatment.	
Dental	4N - Base Payment	100%	2C - Incentive	\$483,013	Oral Health Exam for Children in DHS Custody Oral Eval for Adults with Diabetes Preventive visits for 1-5, 6-14 Tobacco Use: Screening and Cessation Counseling Dental Services Utilization Language Access	Providers include dentists, hygienists, and support staff. Services include all outpatient oral healthcare.	
Primary Care / Pediatrics	4B - Base Payment	100%	2C - Incentive	\$3,450,097	Childhood immunization status Depression Screen SBIRT Adolescent Immunizations WellChild Visits 3-6 Cigarette Smoking Prevalence IET HbA1c Poor Control Language Access	Providers include doctors, nurse practitioners, physician assistants, nurses, and support staff. Services include all outpatient primary care and pediatric healthcare.	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.
Specialty - Surgical	2C	100%	1 - FFS	\$694,617	Wait time from Auth to appointment Severe Adverse Events within 30 Days Opioid Prescriptions Lower Cost Settings Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Language Access	Providers include surgeons, nurses, and support staff. Services include all inpatient and outpatient surgical care in provider field of specialty.	
Specialty - Maternal Care	2C	100%	1 - FFS	\$694,383	Timeliness of Prenatal Care Documentation of Current Medications Tobacco Use: Screening and Cessation Counseling Utilization of HIE or CIE SBIRT Timeliness of Postpartum Care Language Access	Providers included are OB/GYNs, Nurse Practitioners, and Midwives. Services include all maternal care in provider field of specialty.	

Required implementation of care delivery areas by January 2023: 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.

CONTRACTOR/CCO NAME:	AllCare Health
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)	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 out [REDACTED] also have a Maternal Medical Home (MMH) program. Under this program they have primary responsibility of coordinating the care (both internal and external to [REDACTED]) 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"> 1. Co-located mental health services; 2. Co-located Maternal Fetal Medicine physician; 3. Medical High Risk OB Care Coordination <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	\$694,383
Total unduplicated members served by the providers	5,202
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$150,606
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. 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)
Timely Postpartum Visit	NQF	Measure against OHA CCO Target	Half of the participants met the measure target
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
Utilization of Health and/or Community Information Exchange	N/A (In house metric)	Provider attests to meeting the requirements of the measure	New Measure
Language Access	OHA	Provide responses to Language Access Surveys	New Measure
Timely Prenatal Visit	NQF	Measure against OHA CCO Target	Average score was 17 percentage points below target
SBIRT	OHA	Attestation of performing screening	40 percent of providers met measure target

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Evaluation criteria for this worksheet: Response required for each highlighted cell. If questions on rows 18 and 20 are not applicable, write N/A.

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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)	4N with 2C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Mental Health organizations are under a capitated arrangement and Alcohol & Drug organizations are paid on a fee-for-service basis. Providers include Psychologists, Counselors, Clinicians, Therapists.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Patients receiving treatment through a contracted Mental Health or Alcohol & 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.
Total dollars paid	\$897,025
Total unduplicated members served by the providers	7,533
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$718,754
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	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.

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	Average performance decreased by 4 percentage points
Mental Health Assessment for DHS Children	OHA	Measure against OHA CCO Target	Performance decreased by 6 percentage points but target was still met
ED Visits for Substance Use Disorder (SUD)	N/A (in house metric)	Targets set based on previous year's baseline	New Measure
Follow up within 7 Days of SUD Discharge	N/A (in house metric)	Targets set based on previous year's performance	Half of the participants met the measure target
Follow up within 30 Days of Mental Health Discharge	NQF	Targets set based on previous year's performance	Performance increased by 17 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	Average performance increased by 4 percentage points
Assertive Community Treatment	Oregon Center of Excellence for Assertive Community Treatment	Provider attests to meeting the requirements of the measure	Performance stayed the same
Initiation and Engagement of AOD Treatment	NQF	Measure against OHA CCO Target	75% of participants met measure target
Wraparound Program	N/A (in house metric)	Provider attests to meeting the requirements of the measure	Performance stayed the same
Utilization of Health and/or Community Information Exchange	N/A (In house metric)	Provider attests to meeting the requirements of the measure	New Measure
Language Access	OHA	Provide responses to Language Access Surveys	New Measure

Required implementation of care delivery areas by January 2023: In 2022, CCOs were required to implement three new or expanded CDA VBP arrangements from an existing contract (in hospital care, maternity care, and behavioral health care). In 2023 and 2024, CCOs are required to implement a new or expanded VBP at the beginning of each year in each of the remaining CDAs (children's health care and oral health care). VBP contracts in all five CDAs must be in place by the beginning of 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: CCO must fill out a worksheet for either oral health or children's health. The remaining worksheet (for the remaining CDA) is optional.

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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)	4N with 2C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Dental Health organizations are under a capitated arrangement Providers include Dentists, Oral Hygenists, Dental Assistants
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Dental Health Organizations provide dental assessments and services for members who are more likely to have elevated risk of poor oral health such as children in DHS custody, those with diabetes and members with mental health or substance use diagnoses. Metrics in the VBP program focus on preventive care (Dental exam for children in DHS custody, tobacco cessation counseling, Oral evaluations for Diabetic patients and Preventive visits for 1 - 14 year olds).
Total dollars paid	\$483,013
Total unduplicated members served by the providers	60,071
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	\$266,171
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. 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)
Dental exam for DHS Children within 60 days	OHA	Measure against OHA CCO Target	Performance score increased by 2 percentage points
Oral Evaluations for Diabetic Patients	DQA	Measure against OHA CCO Target	Performance score decreased by 1 percentage point
Preventive Visits 1-5 Year olds	OHA	Measure against OHA CCO Target	Performance score increased by 6 percentage points
Preventive Visits 6-14 Year olds	OHA	Measure against OHA CCO Target	Performance score increased by 8 percentage points
Dental Services Utilization	N/A (in house metric)	Targets set based on previous year's performance	Performance score decreased by 1 percentage point
Tobacco Use: Screening and Cessation Intervention	MIPS	Provider attests to meeting the requirements of the measure	Performance remained the same
Language Access	OHA	Provide responses to Language Access Surveys	New Measure

