



### **OHA VBP PCPCH Data and CDA VBP data template - General Instructions**

1. **Required:** Complete all yellow highlighted cells on the following worksheets:

"PCPCH"

"Model Descriptions"

"Hospital care CDA VBP Data"

"Maternity care CDA VBP Data"

"Behavioral care CDA VBP Data"

#### **Voluntary for this reporting year:**





"Childrens H.care CDA VBP Data"

"Oral H.care CDA VBP Data"

2. For payments that span multiple HCP-LAN categories, use the most advanced category. If for example 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 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 VBP PCPCH Data and CDA VBP data template must be submitted to the following email address: OHA.VBP@dhsosha.or.us no later than May 6, 2022. 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 2020 VBP PCPCH Data and CDA Template).

			
<p><b>CATEGORY 1</b> FEE FOR SERVICE – NO LINK TO QUALITY &amp; VALUE</p>	<p><b>CATEGORY 2</b> FEE FOR SERVICE – LINK TO QUALITY &amp; VALUE</p> <p><b>A</b> <b>Foundational Payments for Infrastructure &amp; Operations</b> (e.g., care coordination fees and payments for HIT investments)</p> <p><b>B</b> <b>Pay for Reporting</b> (e.g., bonuses for reporting data or penalties for not reporting data)</p> <p><b>C</b> <b>Pay-for-Performance</b> (e.g., bonuses for quality performance)</p>	<p><b>CATEGORY 3</b> APMS BUILT ON FEE-FOR-SERVICE ARCHITECTURE</p> <p><b>A</b> <b>APMs with Shared Savings</b> (e.g., shared savings with upside risk only)</p> <p><b>B</b> <b>APMs with Shared Savings and Downside Risk</b> (e.g., episode-based payments for procedures and comprehensive payments with upside and downside risk)</p>	<p><b>CATEGORY 4</b> POPULATION – BASED PAYMENT</p> <p><b>A</b> <b>Condition-Specific Population-Based Payment</b> (e.g., per member per month payments payments for specialty services, such as oncology or mental health)</p> <p><b>B</b> <b>Comprehensive Population-Based Payment</b> (e.g., global budgets or full/percent of premium payments)</p> <p><b>C</b> <b>Integrated Finance &amp; Delivery System</b> (e.g., global budgets or full/percent of premium payments in integrated systems)</p>
		<p><b>3N</b> Risk Based Payments NOT Linked to Quality</p>	<p><b>4N</b> Capitated Payments NOT Linked to Quality</p>

CONTRACTOR/CCO NAME: **Cascade Health Alliance**  
 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	0	\$	\$	None in our service area
Tier 2 clinics	0	\$	\$	None in our service area
Tier 3 clinics	1	\$	\$	
Tier 4 clinics	3	\$	\$	
Tier 5 clinics	1	\$	\$	

CONTRACTOR/CCO NAME:  
REPORTING PERIOD:

Cascade Health Alliance  
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
Risk sharing with local hospital including VBP's on hypoglycemic inpatients, early elective delivery rates and rate of adverse drug events associated with opioids.	3B	2C, 1A	All hospital services at local hospital.	Does not take these factors into account.
Risk sharing with local IPA of specialists including VBP attached to adjusting payment based on risk scores	3B	2C, 1A	All services provided by the Klamath Falls IPA.	The capitation portion on the VBP is adjusted based on complexity.
Risk sharing with local behavioral health facility including VBP's on improvement of number of patients receiving billable services within 30 days of initial evaluation, improvement of ED utilization for SPMI population.	3B	2C, 1A	All services provided by the behavioral health provider.	Does not take these factors into account.
Capitation and risk sharing with local PCPCH offices including VBP's on percentage of panel seen, risk adjusting capitation payment based on acuity of the panel, and increasing panel size from prior year.	4A	3B, 2C, 2Ai, 1A	All services provided by the contracted PCPCH.	The capitation portion on the VBP is adjusted based on complexity.
Capitation and risk sharing with local dental offices including VBP's on oral evaluations for children in DHS custody, annual oral health evaluations of adults, preventive dental for children, percentage of panel seen.	4A	3B, 1A	All services provided by the contracted dental provider.	Does not take these factors into account.





