



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

CONTRACTOR/CCO NAME: IHN-CCO
 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	\$ 0.51		No Clinics in Tier 1
Tier 2 clinics	1	\$ 1.02		
Tier 3 clinics	9	\$ 2.04		
Tier 4 clinics	36	\$ 3.06		
Tier 5 clinics	10	\$ 4.08		

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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
Rate of Growth target [REDACTED]	3	N/A	Total cost of care for [REDACTED] attributed members	This model addresses Rate of Growth, and managing costs of those with complex needs.
Capitation Payment - Dental	4	N/A	IHN contracts with 4 DCOs to provide all Dental services	The model is a comprehensive capitation that takes into account the full risks of the population.
Capitation Payment - Mental Health	4	N/A	IHN contracts with 3 counties to provide comprehensive MH treatment	Each Agreement takes into account the unique regional complexity of the county. Historical data is trended forward to ensure all SDoH and MH risks are covered.
Capitation Payment - Non Emergent Transportation	4	N/A	IHN contracts with C [REDACTED] to provider NEMT for all IHN members.	The full capitation for transportation flexes up and down to account for changes in health care needs.
Capitation Payment - PCP	4	N/A	All PCP clinical costs.	Capitation payments are based on Risk Tiers, with higher complexity cohorts receiving greater payments

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:	IHN-CCO
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.	Children's Health Care
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)	The [REDACTED] Program is paid a Per Member Per Month Case Management Fee. The program has a physician, a nurse and a team of THW's.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	The program provides care coordination to children in DHS custody. These are the populations most vulnerable children and are often high risk cases.
Total dollars paid	\$249,150.00
Total unduplicated members served by the providers	229
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)
Assessments for Children in DHS Custody	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Childhood Immunization Status	HEDIS	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Immunizations for Adolescents	HEDIS	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Preventive Dental or Oral Health Services Ages 1-5	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.
Preventive Dental or Oral Health Services Ages 6-1	OHA State Quality Measure	CCO uses the OHA improvement target	This is a new measure for the provider in 2022.

