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

1. Complete all yellow highlighted cells on the "PCPCH" tab, the "Model_descriptions" and the "CDA VBP Data" tab/s. CDA tabs are voluntary for this reporting year.

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 the following URL: https://www oregon.gov/oha/HPA/dsi-tc/Documents/OHA-CCO-VBP-Technical-Guide.pdf

4. Note: Due to disruptions in the health care delivery system as a result of COVID -19, CCOs are now required to develop care delivery area (CDA) VBPs in 2021 but NOT required to implement them until 2022. If your CCO did not implement a CDA in 2020, you may leave CDA worksheets blank.

5. The completed VBP PCPCH Data and CDA VBP data template must be submitted to the following email address: OHA.VBP@dhsoha or.us no later than May 6, 2021. 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).

CONTRACTOR/CCO NAME: Jackson Care Connect
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 x 0.75 + $10.00 x 0.25 = $9.625). The weighting may be calculated using number of members or number of member months.

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			No Tier 1 clinics currently participate in the program
Tier 2 clinics	0			No Tier 1 clinics currently participate in the program
Tier 3 clinics	9	$1.00 - $11.47	$	No deviations
Tier 4 clinics	39	$0.85 - $16.10	$	No deviations
Tier 5 clinics	7	$7.50 - $16.75	$	No deviations

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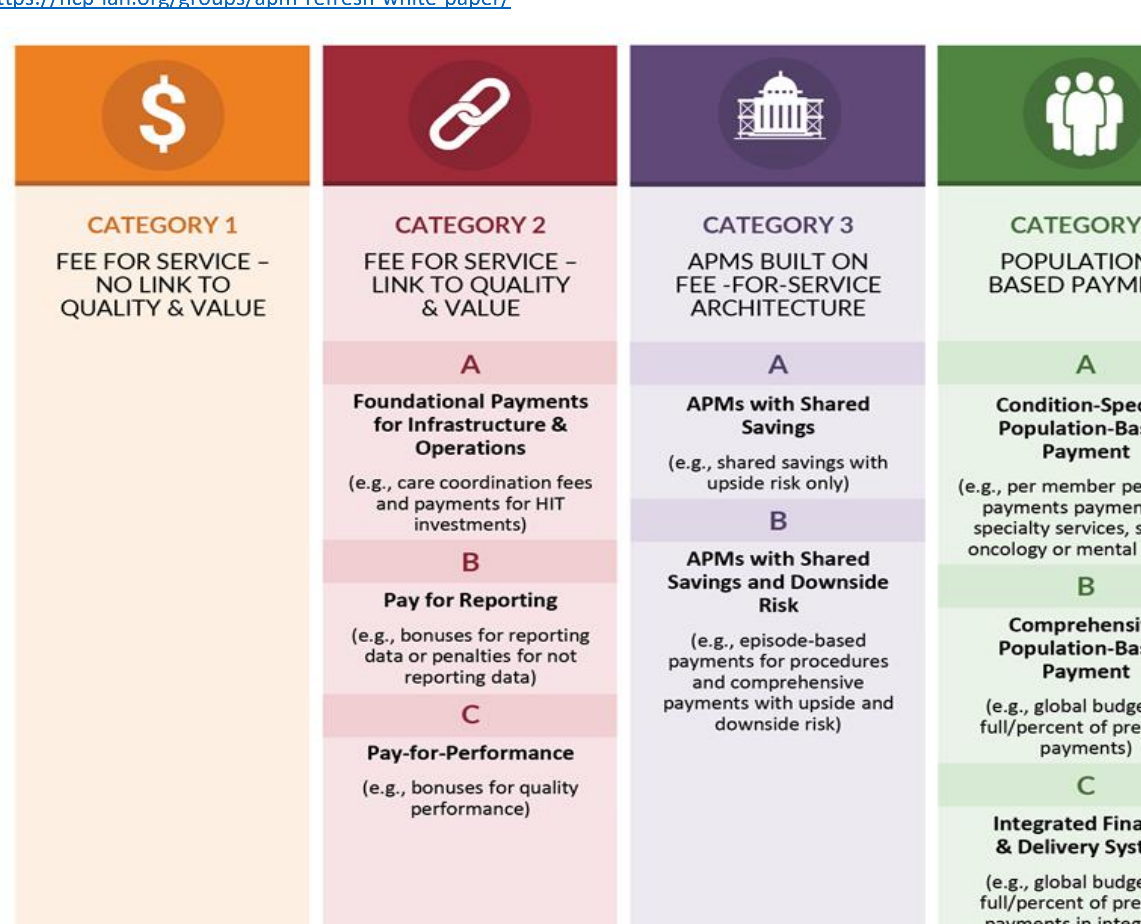
Brief Description of VBP implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within arrangement	Brief description of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; & - individuals with complex health care needs
Behavioral Health Capitation	4B	N/A	OP MH, Transitional Housing, Residential, Crisis, ACT, and Wraparound Services paid via monthly capitation payments with quality metric submissions from participating providers required	These models are meant to support members with complex behavioral health needs
SUD Residential Quality Withhold	2C	N/A	Services paid via FFS model, with percentage withheld and earned back if quality metric targets are achieved	These models are meant to support members that need SUD services and support with other related health needs
Total Cost of Care Risk Agreement	3B	3A	Primary Care providers participating in a risk adjusted total cost of care risk agreement. All physical health costs are included for assigned members, with limited exclusions (e.g., Hep C drugs) as negotiated with provider partners. Upside/downside payments are limited by a risk corridor and min/max risk exposure levels. Shared savings are gated by quality metric performance. Glidepath includes some providers only having upside for 2021.	Analytics available to providers help identify members with chronic conditions for targeted outreach and population health management.
PCPCH PMPM Payment Program	2C	N/A	Numerically described in the PCPCH tab. Incorporates providers that achieve PCPCH tier recognition, and provides payments based on quality, behavioral health and oral health integration, and cost of care performance.	The quality component includes a health equity/language access requirement to advance work to mitigate health disparities.
PCP Behavioral Health Integration	2C	N/A	Primary Care providers receive PMPM payments for directly integrating behavioral health services. Not intended to provide specialty behavioral support, but same day access for immediate care needs.	Supports members unique behavioral health needs while receiving standard primary care services
PCP Oral Health Integration	2C	N/A	Primary Care providers receive PMPM payments for achieving performance benchmarks relative to oral health integration related quality metrics	

https://hcp-lan.org/groups/apm-refresh-white-paper/



Due to disruptions in the health care delivery system as a result of COV D -19, care delivery areas (CDA) VBPs are now required to be developed in 2021 and implemented in 2022 (i.e. pushing the requirement back a year). If your CCO did not implement a CDA in 2020, you may leave this blank. Required implementation of care delivery areas for 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 2024.	
CONTRACTOR/CCO NAME:	Jackson Care Connect
REPORT NG PERIOD:	1/1/2021 - 12/31/2021
Care Delivery Area (CDA) (may be multiple)	Hospital Care
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)	FQHC Total Cost of Care Risk Share agreement, with upside and downside risk. The agreement includes all assigned members, including those with chronic conditions and specific health needs
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	The agreement incentivize better care coordination for those with chronic conditions by taking into consideration risk adjustment to better document diagnosis and quality metrics.
Total dollars paid	* total FFS claims paid through March '22
Total unduplicated members served by the providers	24,997
If applicable, maximum potential provider gain in dollars (i e., maximum potential quality incentive payment)	TBD - financial settlement calculations for 2021 currently in progress
If applicable, maximum potential provider loss in dollars (e g. maximum potential risk in a capitated payment)	TBD - financial settlement calculations for 2021 currently in progress
List the quality metrics used in this payment arrangement:	

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)
Coordination between Primary Care and Hospitals	Developed with hospital partners	Comparison to previous years performance and agreed targets.	Narrative report
Medication reconciliation upon Inpatient discharge	HEDIS	Comparison to previous years performance and agreed targets.	new measure for 2022 contract
Patient Engagement after Discharge from Inpatient Facilities	HEDIS	Comparison to previous years performance and agreed targets.	new measure for 2022 contract

Due to disruptions in the health care delivery system as a result of COV D -19, care delivery areas (CDA) VBPs are now required to be developed in 2021 and implemented in 2022 (i.e. pushing the requirement back a year). If your CCO did not implement a CDA in 2020, you may leave this blank. Required implementation of care delivery areas for 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 2024.

CONTRACTOR/CCO NAME:	Jackson Care Connect
REPORT NG PERIOD:	1/1/2021 - 12/31/2021
Care Delivery Area (CDA) (may be multiple)	Maternity 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)	PMPM payments made to providers to support MAT services, and the necessary coordination and supports in a primary care setting. This program specifically focuses on pregnant people.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	This program is specifically focused on the intersection of behavioral health and physical health needs. Members served represent the pregnant population that have been identified as benefitting from MAT services.
Total dollars paid	
Total unduplicated members served by the providers	156
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:	

Metric	Metric Steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
Agreements are currently reporting only, with data sharing between partners. Agreements will continue to evolve to include quality metrics with performance directly influencing payment. CareOregon is also planning to work to implement broader VBP agreements covering maternity services more comprehensively.	N/A	N/A	N/A

Due to disruptions in the health care delivery system as a result of COVID -19, care delivery areas (CDA) VBPs are now required to be developed in 2021 and implemented in 2022 (i.e. pushing the requirement back a year). If your CCO did not implement a CDA in 2020, you may leave this blank. Required implementation of care delivery areas for 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 2024.

CONTRACTOR/CCO NAME:	Jackson Care Connect
REPORT NG PERIOD:	1/1/2021 - 12/31/2021
Care Delivery Area (CDA) (may be multiple)	Behavioral Health
LAN category (most advanced category)	4B and 2C
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	OP MH Capitation with quality incentive
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	This model is meant to support members with complex behavioral health needs
Total dollars paid	
Total unduplicated members served by the providers	8,868
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:	

Metric	Metric Steward (e.g. HPQMC, NQF, etc.)	Briefly describe how CCO assesses quality (e.g. measure against national benchmark, compare providers' previous performance, etc.)	Describe providers' performance (e.g. quality metric score increased from 8 to 10)
OP MH Adult and Youth - Monthly staff productivity reports	N/A	Productivity >	Pending quartely reports
OP MH Adult and Youth - Daily open access reports (# of individuals requesting access, # seen per day, # prioritized for another day)	N/A	Track and share quarterly	Pending quartely reports
OP MH Adult and Youth - No Show Reduction	N/A	Track no show rates and share quarterly	Pending quartely reports
OP MH Adult and Youth - Narrative report - analysis of open access, and no show progress	N/A		Pending quartely reports