

CONTRACTOR/CCO NAME: Yamhill Community Care  
 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 dollar amount or range	Average PMPM dollar amount	If a PMPM range (rather than a fixed dollar amount) is provided in column C, please explain.	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	-			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	No payments to tier 1 clinics because there are none in the CCO service area.
Tier 2 clinics	-			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	No payments to tier 2 clinics because there are none in the CCO service area.
Tier 3 clinics	1			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	N/A
Tier 4 clinics	1			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	N/A
Tier 5 clinics	1			YCCO pays higher rates for additional clinic integrations, related to having a full-time behavioral health provider, case manager, and/or clinical pharmacist on staff within the clinic.	N/A

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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) <i>Note: For models listed at a LAN category 3B or higher, please list the risk sharing rate.</i>	Percentage of payments made through this model at the highest indicated LAN category Est: [redacted]	Additional LAN categories within arrangement	Total dollars involved in this arrangement TBD: [redacted] to [redacted] date	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
Condition-Specific (Hospital Care) Pay-for-Performance	2C	Est: [redacted]	1	TBD: [redacted] to [redacted] date	Plan All-Cause Readmissions; Cesarean Rate for Nulliparous Singleton Vertex; Standardized Healthcare Associated Infection Ratio - HAI-1 Central line-associated blood stream infections (CLABSI); Standardized Healthcare Associated Infection Ratio - HAI-2 Catheter-associated urinary tract infections (CAUTI); Standardized Healthcare Associated Infection Ratio - HAI-5 Methicillin-resistant Staphylococcus aureus blood laboratory-identified events (MRSA); Standardized Healthcare Associated Infection Ratio - HAI-6 Clostridium difficile laboratory-identified events (C-Diff)	[redacted]	
Condition-Specific (Hospital Care) Pay-for-Performance	2C	Est: [redacted]	1	TBD: [redacted] to [redacted] date	Standardized Healthcare Associated Infection Ratio - HAI-6 Clostridium difficile laboratory-identified events (C-Diff); Standardized Healthcare Associated Infection Ratio - HAI-3 Surgical site infections from colon surgery (SSI); HCAHPS Survey How often did doctors communicate well with patients?; HCAHPS Survey Pts give info about what to do during recovery?; HCAHPS Survey Did pts understand type of care needed after leaving hospital?; HCAHPS Survey How do patients rate the hospital?; HCAHPS Survey Would pts recommend hospital to friends and family?	[redacted]	
Condition-Specific (Primary Care Capitation) Population-Based Payment, Pay-for-Performance	4A	Est: [redacted]	1, 2C, 2Ai	TBD: [redacted] to date	Childhood Immunization Status (Combo 3); Immunizations for Adolescents (Combo 2); Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness); Screening for Depression and Follow-Up Plan; Cigarette Smoking Prevalence; Alcohol and Drug Misuse; Screening, Brief Intervention and Referral for Treatment (SBIRT) (2 rates); Comprehensive Diabetes Care; Hemoglobin A1c (HbA1c) Poor Control (>9.0%); Meaningful Language Access to Culturally Responsive Health Care Services	[redacted]	
Condition-Specific (Oral Health) Population-Based Payment, Pay-for-Performance	4A	Est: [redacted]	2C	TBD: [redacted] to date	Percent of all enrolled adults who received at least one dental service; Percent of all enrolled children ages 1-5 who received at least one dental service; Percent of all enrolled children ages 6-14 who received at least one dental service; Percent of all enrolled adults identified as having diabetes who received at least one dental service; Percent of all enrolled pregnant members who received at least one dental service before 9/30; Percent of all enrolled Children in DHS custody that received an Oral Health Assessment within 60 days	[redacted]	
Condition-Specific (Outpatient Behavioral Health) Population-Based Payment, Pay-for-Performance	4A	Est: [redacted]	2C	TBD: [redacted] to date	Disparity Measure: ED Utilization among Members with Mental Illness; Meaningful Language Access to Culturally Responsive Health Care; Initiation and Engagement of Alcohol and Other Drug abuse or Dependence Treatment; Rates 1 and 2	[redacted]	

**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:	Yamhill Community Care
Describe Care Delivery Area (CDA) <b>Note:</b> 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.	Hospital, Maternity
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)	Pay-for-Performance VBP with Type A/B hospital provider [redacted] serving all YCCO members who, self refer, are referred, or engage in emergent/urgent care for various inpatient, outpatient, and specialty care services. This payment arrangement will progress to a LAN 3B in 2023, with the addition of [redacted] downside provider risk.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	TBD: [redacted] to date
Total unduplicated members served by the providers	[redacted]
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	[redacted]
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$0

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)
Plan All-Cause Readmissions	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[redacted]
Cesarian Rate for Nulliparous Singleton Vertex	The Joint Commission (TJC)	Blend of comparing to providers' previous performance and national benchmarks.	[redacted]
Standardized Healthcare Associated Infection Ratio - HAI-1 Central line-associated blood stream infections (CLABSI)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[redacted]
Standardized Healthcare Associated Infection Ratio - HAI-2 Catheter-associated urinary tract infections (CAUTI)	National Committee for Quality Assurance (NCQA)	Blend of comparing to providers' previous performance and national benchmarks.	[redacted]

**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.

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Describe Care Delivery Area (CDA) <b>Note:</b> 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)	3A
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Maternal Medical Home VBP with OB/GYN provider that includes both Pay-For-Performance incentives and case rate payments based upon prenatal engagement.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	Maternal Medical Home criteria includes components to ensure prenatal family wellbeing assessments, behavioral health risk screenings inclusive of access to behaviorist services, tobacco cessation efforts inclusive of tracking pregnant members using tobacco products, and access to language/cultural interpretation for members.
Total dollars paid	TBD: ████████ to date
Total unduplicated members served by the providers	██████
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	TBD
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	\$0

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)
Prenatal & Postpartum Care - Postpartum Care	National Committee for Quality Assurance (NCQA)	YCCO Benchmark/Improvement Target	██████
Screening for Depression and Follow-Up Plan	Centers for Medicare & Medicaid Services (CMS)	YCCO Benchmark/Improvement Target	██████
Cigarette Smoking Prevalence	Oregon Health Authority (OHA)	YCCO Benchmark/Improvement Target	██████
Meaningful Language Access to Culturally Responsive Health Care	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	██████

**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.

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Describe Care Delivery Area (CDA) <b>Note:</b> 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)	3A
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Monthly capacity payments [redacted] for direct outpatient mental health services serving all YCCO members. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	TBD: [redacted] to date
Total unduplicated members served by the providers	[redacted]
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	TBD
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	No maximum set on losses via capacity payments.

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)
Disparity Measure: ED Utilization among Members with Mental Illness	Homegrown CCO	YCCO Benchmark/Improvement Target	[redacted]
Meaningful Language Access to Culturally Responsive Health Care	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[redacted]
Initiation and Engagement of Alcohol and Other Drug abuse or Dependence Treatment: Rates 1 and 2	National Committee for Quality Assurance (NCQA)	YCCO Benchmark/Improvement Target	[redacted]



**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) **4A**

Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children) **Monthly PMPM capitation payments [redacted] for direct oral health services serving all YCCO members. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks.**

If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities

Total dollars paid **TBD: [redacted] to date**

Total unduplicated members served by the providers [redacted]

If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment) [redacted]

If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment) **No maximum set on losses via capitation.**

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)
Percent of all enrolled adults who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[redacted]
Percent of all enrolled children ages 1-5 who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[redacted]
Percent of all enrolled children ages 6-14 who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[redacted]
Percent of all enrolled adults identified as having diabetes who received at least one dental service	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[redacted]

**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) <b>Note:</b> 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.	<b>Primary Care, Children's Primary Care, Behavioral Health</b>
LAN category (most advanced category)	<b>4A</b>
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	Monthly PMPM risk adjusted capitation payment for primary care services to the clinic specific portion of PCP assigned YCCO population. Capitation payments include a children specific cohort, risk stratification, PCPCH tier status payments, and base primary care services payment rates. Providers included are primary care providers, inclusive of pediatricians. In addition, a Quality Incentive VBP Payment in place for meeting set of metric benchmarks.
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	<b>TBD: [REDACTED] to date</b>
Total unduplicated members served by the providers	[REDACTED]
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	<b>TBD</b>
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	<b>No maximum set on losses via capitation.</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)
Childhood Immunization Status (Combo 3)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[REDACTED]
Immunizations for Adolescents (Combo 2)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[REDACTED]
Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[REDACTED]
Screening for Depression and Follow-Up Plan	Oregon Health Authority (OHA) - CCO Level Reporting	YCCO Benchmark/Improvement Target	[REDACTED]