2022 AMENDMENT
to the
PARTICIPATING PROVIDER AGREEMENT

Effective April 1, 2022 the Participating Provider Agreement (the "Agreement") between PacificSource Community Solutions ("Health Plan") and Central Oregon Community Mental Health Programs ("Provider") is amended to include the following:

1. New Attachments G and H.

Except for the changes described herein, the Participating Provider Agreement, and all other Exhibits, remain unchanged.

IN WITNESS WHEREOF, the Parties have entered into this Agreement as of the date first set forth above.

PACIFICSOURCE COMMUNITY SOLUTIONS		**DESCHUTES COUNTY HEALTH SERVICES**	
By:	______________________________ PETER MCGARRY	By:	______________________________ PATTI ADAIR, CHAIR
			______________________________ ANTHONY DEBONE, VICE CHAIR
			______________________________ PHIL CHANG, COMMISSIONER
Title:	VP PROVIDER NETWORK_____	Title:	BOARD OF DESCHUTES COUNTY COMMISSIONERS
Date:	______________________________	Date:	______________________________
Address:	PO Box 7469 Bend, OR 97701	Address:	2577 NE Courtney Drive Bend, OR 97701

JEFFERSON COUNTY HEALTH SERVICES BOARD OF COUNTY COMMISIONERS

By:_____________________________

Name: WAYNE FORDING________

Title: COMMISSIONER_________

Date:___________________________

JEFFERSON COUNTY HEALTH SERVICES BOARD OF COUNTY COMMISSIONERS

By:___________________________________

Name: KELLY SIMMELINK____________

Title: COMMISSIONER_______________

Date:_________________________________

JEFFERSON COUNTY HEALTH SERVICES BOARD OF COUNTY COMMISSIONERS

By:_____________________________

Name: MAE HUSTON___________

Title: COMMISSIONER_________

Date:___________________________

PACIFICSOURCE COMMUNITY SOLUTIONS

By:_____________________________

Name: PETER MCGARRY________

Title: VP PROVIDER NETWORK

Date:___________________________

CROOK COUNTY HEALTH SERVICES
BOARD OF COUNTY COMMISIONERS

By:______________________________

Name: SETH CRAWFORD

Title: COUNTY JUDGE

Date:____________________________

CROOK COUNTY HEALTH SERVICES
BOARD OF COUNTY COMMISIONERS

By:______________________________

Name: JERRY BRUMMER

Title: COUNTY COMMISSIONER

Date:____________________________

CROOK COUNTY HEALTH SERVICES
BOARD OF COUNTY COMMISIONERS

By:______________________________

Name: BRIAN BARNEY

Title: COUNTY COMMISSIONER

Date:____________________________

PACIFICSOURCE COMMUNITY SOLUTIONS

By:______________________________

Name: PETER MCGARRY

Title: VP PROVIDER NETWORK

Date:____________________________

ATTACHMENT G

RISK MODEL

1.0 RISK MODEL

The 2022 Risk model agreed upon by Health Plan and Central Oregon Community Mental Health Programs ("Provider(s)") or ("CMHP(s)") shall contain the following:

(A) A construct involving two (2) main Coordinated Care Organization (CCO) territories (Central Oregon CCO and Columbia Gorge CCO) and settlements within each CCO for OHP Members, as well as the potential for settlement impacts for CMHPs should CMHPs provide services to OHP Members from the Lane, Marion/Polk or Portland area CCOs. In the Central Oregon CCO, the single community budget settlement shall be for those OHP Members who are assigned to primary care providers of SCMG, Mosaic Medical and COIPA. In the Central Oregon CCO, there are some OHP Members who are assigned to primary care providers other than SCMG, Mosaic Medical and COIPA, for whom there is no settlement as of the Effective Date of this amendment.

(B) A Hospital Capitation Payment to St. Charles Health System (SCHS) for certain hospital services in the Central Oregon CCO as a component of the single community budget settlement, and for which there is a Hospital Capitation Withhold (HCW) which shall be settled for SCMG, Mosaic Medical, COIPA, SCHS and the CMHPs in Central Oregon and distributed independently of any single community Health Care Budget (HCB) settlement determining a surplus or deficit.

(C) Capitated payment for primary care providers of SCMG, Mosaic Medical and COIPA for certain primary care services provided to any assigned OHP Members from any CCO, for which there will be no withhold and no independent settlement.

(D) Fee-for-service payment for all other professional services provided by SCMG, Mosaic Medical and COIPA for any CCO members not designated as capitated primary care services per (D) above.

(E) Capitated and fee-for-service payment to the CMHPs for services provided as detailed in Attachment H. Fee-for-service payments shall have a Claims Risk Withhold.

(F) Patient-Centered Primary Care Home (PCPCH) and Behavioral Health Integration (BHI) per member per month payments for which primary care providers can qualify.

(G) Payment allocations for (B), (C), (D), (E), and (F) above, and a single community settlement for all overall health care expenses, as compared to a single community HCB to determine Claims Risk Withhold and Surplus returns for SCMG, Mosaic Medical, COIPA, other providers, hospital providers, Community Mental Health Programs (CMHPs) and Health Plan.

(H) A single-community risk model which features Revenue and Expenses for physical health, behavioral health/Chemical Dependency (CD), Alcohol/Drug – Residential, and Behavioral Health – Residential services under OHP, paid by the state of Oregon to Health Plan as a global capitation payment, and not otherwise designated as revenue contingent on innovation grants, and the exclusion of Revenue and Expenses in the following OHP categories:

--- "Dental Care" premium allocation and expenses.
--- "Non-Emergent Medical Transportation" premium allocation and expenses.
--- Payments to Central Oregon Health Council (COHC), taxes, adjustments and premium transfers.

If there are significant fluctuations (+/-10%) in the revenue allocations/adjustments for Dental, NEMT, or taxes/adjustments/premium transfers, Health Plan will discuss such fluctuations with CMHPs as soon as possible to gain a mutual understanding of the fluctuation, and whether it was due to membership fluctuation by benefit category, or some other cause.

(I) Contract terms that are consistent with the Joint Management Agreement (JMA) and JMA budget signed between Health Plan and the COHC which specifies the rules, duties, obligation, limitations on Health Plan margin, "Health Services" allocations, and other obligations and expenses for Health Plan as a CCO for Central Oregon.

(J) Utilization and Process Metrics which specify the return of any HCW, and metrics which specify the return of part of the Surplus and Claims Risk Withhold which may result from health care costs measured against a single community HCB.

2.0 CAPITATION

2.1 Hospital Capitation Rate (HCR) paid to SCHS: The HCR shall be **$107.50** per member, per month (PMPM), which has been calculated for the membership in the month of November 2020, and will fluctuate with membership fluctuations in each Rate Category, consistent with the revenue components listed in Section 1,H above. The HCR and the resulting Hospital Capitation Payment to SCHS may vary as Estimated Earned Net Premium Revenue payments from the state of Oregon to Health Plan increase or decrease, and is a weighted average of the following Central Oregon CCO membership in various benefit categories (which will change each month with membership) and PMPM Capitation Rates specific to each Rate Category as indicated below:

Rate Category	PMPM Capitation Rate	Nov. 2020 Membership
Aid to Blind/Disabled & OAA with Medicare	$20.12	3,474
Aid to Blind/Disabled & OAA w/o Medicare	$389.97	2,132
CAF Children	$27.66	820
ACA Ages 19-44	$94.35	15,411
ACA Ages 45-54	$186.29	4,089
ACA Ages 55-64	$209.14	4,183
PLM, TANF and CHIP Children age < 1	$425.93	1,217
PLM, TANF and CHIP Children age 1-5	$26.36	6,333
PLM, TANF and CHIP Children age 6-18	$27.11	14,990
PLM Adults (includes pregnancy)	$654.94	420
TANF (Adults only)	$170.58	5,042
BCCP	$433.42	18

Weighted Average	**$107.50**
Total Average Membership, Central Oregon CCO	**58,128**

2.2 **Hospital Capitation Withhold (HCW):** The Hospital Capitation Payment will have a twelve percent (12%) Hospital Capitation Withhold.

2.3 **Hospital Capitation Services:** The following hospital services provided to Central Oregon CCO OHP members will be reimbursed via the Hospital Capitation Payment paid to SCHS for services provided at St. Charles Medical Center – Bend, St. Charles Medical Center – Redmond, St. Charles Medical Center – Prineville, and St. Charles Medical Center – Madras:

- Hospital Inpatient Services, including swing beds and rehabilitation.
- Hospital Outpatient Services, including therapies.
- Home Health/Hospice Services billed by St. Charles Medical Center or its owned entities.

In the event of a significant shift in central Oregon community patterns-of-care that increase or decrease by more than five percent (5%) inpatient care, outpatient surgery, outpatient care, or the proportion of hospital care provided by out-of-area providers for any twelve-month period compared to a prior twelve-month period, the HCR may, upon mutual agreement by SCMG, Mosaic Medical, SCHS, COIPA, CMHPs and Health Plan, be adjusted by Health Plan to account for such shifts in community patterns-of-care.

Both parties acknowledge the Hospital Capitation Payment is not intended to include reimbursement for behavioral health services funded via behavioral health/CD Residential or other OHP revenue. In the event of a duplicate payment to SCHS for such services paid under the Hospital Capitation Payment, Health Plan will present such information to all risk model entities adjust for such duplicate payment.

2.4 Other Hospital Services: The following hospital services provided to Central Oregon CCO OHP members will be reimbursed via methods other than the Hospital Capitation Payment:

- Professional Services billed by SCHS professional and hospital-based providers and billed on a CMS 1500 form or UB-04 or other form, which, unless covered under a separate agreement, will be reimbursed at one hundred percent (100%) of current OHP allowable amounts and eight percent (8%) claims risk withhold.
- Services provided by and billed under St. Charles Medical Group and St. Charles Family Care.
- Services provided by and billed under Sageview Behavioral Health.
- Inpatient and outpatient Behavioral Health/CD, Alcohol/Drug – Residential, or Behavioral Health – Residential services funded via OHP's Behavioral Health/CD, Alcohol/Drug - Residential or Behavioral Health – Residential revenue.
- Inpatient and outpatient Dental Services funded as the Oregon Health Plan and OHA's Dental revenue via dental care providers and Dental Care Organizations (DCOs).

2.5 Primary Care Capitation Rate. For services provided by SCMG, Mosaic Medical and COIPA who is providing certain primary care services for SCMG, Mosaic Medical and COIPA-assigned OHP Members, reimbursement will be made on or around the 15th of every month, and shall be:

Primary Care Capitation Rate **$26.53 per member per month**

This Primary Care Capitation rate will be **$26.53** per member per month for any Federally Qualified Health Centers or Rural Health Centers, upon identification as such by Health Plan.

This Primary Care Capitation Rate will be applied to the following PCP Adjustment Factors attributed to the individual rate categories, which are:

Rate Category	PCP Adjustment Factor
Aid to Blind/Disabled & OAA with Medicare	0.3475
Aid to Blind/Disabled & OAA without Medicare	2.2243
CAF Children	1.0280
ACA Ages 19-44	0.9551
ACA Ages 45-54	1.4266
ACA Ages 55-64	1.4900
PLM, TANF and CHIP Children age < 1	1.5641
PLM, TANF and CHIP Children age 1-5	0.9435
PLM, TANF and CHIP Children age 6-18	0.6882
Poverty Level Medical Adults (includes pregnancy)	0.9551
TANF (Adults only)	0.9551
BCCP	0.9551

Primary care providers shall submit a claim to Health Plan for every service provided, including capitated primary care services.

2.6 Covered Services Paid By Primary Care Capitation Rate

This Primary Care Capitation Rate, multiplied by the PCP Adjustment Factors, will be considered payment in full for the following CPT code services which are provided by primary care providers for their assigned OHP Members:

Services	CPT Codes
Office Visits	99201-99205, 99211-99215, 99241-99245
Home Services	99341-99345, 99347-99350
Other Office Services	92551, 92552, 93000, 93005, 93010, 93790, 95115-95134, 99000-99002, 99050, 99051, 99053, 99056, 99058, 99070, 99080, 99366-99368, 99429, 99441-99443
Minor Surgical Services	10060, 10061, 10080, 10120, 10140, 10160, 11720, 11721, 11740, 16000, 16020, 17110, 17111, 20550, 20600, 20605, 20610, 30300, 36415, 45300, 45303, 46600, 46604, 51701, 54050, 54055, 54056, 56501, 65205, 65220, 69200, 69210

3.0 COMPENSATION – ALL OTHER PROFESSIONAL SERVICES

For non-capitated primary care services and all specialty/ancillary services provided to OHP Members irrespective of primary care provider assignment, SCMG, Mosaic Medical and COIPA shall be compensated based on Resource Based Relative Value Scale ("RBRVS") conversion factors or a percentage of the current OHP fee schedule. Payment will be less an established Claims Risk Withhold. On an annual basis, this Claims Risk Withhold will be returned in whole, in part, or not returned, based upon (a) the comparison of paid and incurred claims expenses and other costs, to an established single community HCB in Sections 7.5 and 7.6 of this Exhibit B as well as the performance of quality metrics in Section 7.6, or (b) per the contract of the OHP Member's primary care provider, if other than SCMG, Mosaic Medical or COIPA.

3.1 CCO Fee For Service

SERVICE/PROCEDURE	MAXIMUM ALLOWABLE	Risk Withhold
Services listed in the CMS Physicians Fee Schedule: OHA GPCI Adjusted RVUs for services listed in the July 2019 Medicare Physician Fee Schedule	$39.98 conversion factor[1, 2, 3]	8%
Labor and Delivery: CPT Codes 59400-59622	$60.82 conversion factor[1, 2, 3]	8%
Laboratory: Services classified by CMS using OHP Medical-Dental Fee Schedule	100% of OHP Allowable[1, 3]	8%
Anesthesia: Services classified in the American Society of Anesthesiologists Relative Value Guide	$36.91 per unit ASA Conversion Factor[4]	8%
Durable Medical Equipment, Prosthetics, Orthotics and Supplies: Services listed in the OHP Medical-Dental Fee Schedule	100% of OHP Allowable[1, 3]	8%
Injectables, Vaccines, Immunizations: Services listed in the OHP Medical-Dental Fee Schedule	108% of OHP Allowable[1, 3]	8%
Services and procedures without an OHP Allowable	30% of Billed Charges	8%

Note: Payment will be based upon the lesser of the billed amount or Health Plan negotiated rates in effect at the time the service or supplies are rendered or provided as specified above.

1. Updates to the schedules noted above shall be updated in accordance to OHP.
2. Facility and non-facility RVUs shall be used and determined by the setting in which the service occurs.
3. Health Plan will reimburse based on the rates published as of the date of adjudication
4. ASA Basic Unit Value and annual updates as defined by the American Society of Anesthesiologists Relative Value Guide. Time units shall be based on fifteen (15) minute increments.

3.2 Patient Centered Primary Care Home (PCPCH) Program and Behavioral Health Integration

Primary care providers shall be able to opt into Health Plan's Base or Program Participation PCPCH Program.

4.0 ALTERNATIVE PAYMENT MODELS

4.1 Pediatric Hospitalist Program.

SCHS shall be paid one dollar and twenty-five cents ($1.25) per OHP Member, per month, for OHP Members assigned to SCMG, Mosaic Medical and COIPA's primary care providers in Central Oregon, to support a Pediatric Hospitalist Program (the "Program"). This amount will be an expense against the single community HCB, and with payment by Health Plan for any OHP Members assigned to other primary care providers in Central Oregon, to support the costs of the Program. Program revenue and costs, including FTE costs, will be reported showing any deficit/surplus. SCHS will provide, no less than quarterly, the accounting for the Program revenue and costs as described above to Health Plan.

4.2 Provider Incentives for Enhanced Access, Quality Improvement and PCPCH Certification

SCMG, Mosaic Medical and COIPA shall be paid three dollars and thirty cents ($3.30) per OHP Member, per month, for OHP Members assigned to SCMG, Mosaic Medical and COIPA. This amount will be an expense against the single community HCB.

4.3 Deschutes Stabilization Center

Deschutes County shall be paid seventy cents ($0.70) per OHP Member, per month, for OHP Members assigned to SCMG, Mosaic Medical, and COIPA primary care providers in Central Oregon, to support a Deschutes Stabilization Center. This amount will be an expense toward the single community HCB.

5.0 PREMIUM ALLOCATION.

Health Plan and CMHPs have established the following allocation of premium in order to implement the compensation and risk incentive structure:

5.1 Definitions.

Definitions. Estimated Earned Net Premium Revenue. Estimated Earned Net Premium Revenue shall consist of those global capitation payments (including adjustments and reconciliations with the state of Oregon) received by Health Plan from the State of Oregon for OHP Members assigned to SCMG, Mosaic Medical and COIPA's primary care providers in the Central Oregon CCO for health services under OHP, less premium allocations and/or payments for services in Section 1,H, which include: Dental Care premium allocation paid to DCOs, Non-Emergent Medical Transportation premium allocation paid to NEMT vendors, payments to COHC per the agreement with the COHC, taxes, adjustments, premium transfers, innovation grant revenue, OHA-required Hepatitis C reconciliations with OHA as necessary, and any portion of QIM bonus or QIM withhold retained per agreement with the COHC.

5.2 Allocation of Estimated Earned Net Premium Revenue.

After the application of any QDP/GME/MCO/Provider taxes, ACA taxes, OHA-required qualified directed pass-through payments, Health Plan Income Taxes for Medicaid, a payment to fund the COHC in the amount of one percent (1%) of gross premium (not counting pass-through funds), premium transfers for Dual Eligible Medicare premium and excluding: Dental Care premium allocation paid to DCOs, Non-Emergent Medical Transportation premium allocation paid to NEMT vendors, innovation grant revenue, OHA-required Hepatitis C reconciliation adjustments with the OHA/state of Oregon as necessary, and QIM withhold retained per agreement with the COHC, the remaining Estimated Earned Net Premium Revenue will be allocated as follows:

5.2.1 Administration. Eight and seventy hundredths percent (8.70%) of the remaining Estimated Earned Net Premium Revenue shall be allocated to Health Plan for administration.

5.2.2 Amounts Allocated to the single community HCB. Ninety-one and thirty hundredths percent (91.30%) of the remaining Estimated Earned Net Premium Revenue shall be allocated to the single community HCB.

6.0 ALLOCATIONS AND DISBURSEMENT

6.1 Computation of Budget Expenses.

For all OHP Members assigned to primary care providers of SCMG, Mosaic Medical and COIPA, all claims expenses (including Claims Risk Withhold), PMPM fees (including credentialing and any CPC+ expenses), reinsurance/stop loss premium expenses (less recoveries), Pharmacy Expenses (less rebates), Hospital Capitation Payments (including HCW), PCP Capitation Expense, subrogation adjustments, premium/MCO taxes, coinsurance expenses, out-of-area expenses, ancillary expenses, behavioral health/Chemical Dependency (CD) expenses paid to CMHPs, SCHS and other panel providers, Alcohol/Drug Residential expenses, Behavioral Health – Residential expenses, Health Services and other expenses iterated in the Joint Management Agreement (JMA) and JMA budget between Health Plan and the COHC shall be charged to the single community HCB based on the day services were actually rendered with the exception of Late Claims, as defined in Section 6.2 below, which shall be charged to the next year's applicable budget.

6.2 Disposition of Late Claims.

Late Claims are those claims received, processed, and paid later than four months (120 days) after the close of the contract period. Late Claims will be attributed to the next year's applicable budget.

7.0 SETTLEMENT PARAMETERS.

7.1 Settlement Parameters for OHP Members

The following settlement parameters for this Section 7 pertain for OHP Members assigned to SCMG, Mosaic Medical and COIPA's primary care providers. It shall not include the experience of OHP Members assigned to primary care providers of entities other than SCMG, Mosaic Medical and COIPA. CMHPs understand and agree to be subject to the settlement terms of non-provider agreements when CMHPs provide services for OHP Members assigned to non-SCMG, non-Mosaic Medical and non-COIPA entities.

7.2 Time Period.

Annual Claims Risk Withhold and HCW settlement reports will occur for the 2022 calendar year four months (120 days) after the close of the contract period ending December 31st. Any charges/credits to the applicable budgets that have occurred since the settlement of the previous contract period are accounted for in the settlement of the current period.

7.3 Claims Risk Withhold Settlement Summary.

Health Plan shall be responsible for computing, documenting, and reporting annual Claims Risk Withhold settlement summary. This report shall be submitted approximately five months (151 days) after year-end. In the event of a dispute regarding the accuracy and completeness of the data reported by Health Plan, Health Plan agrees to an audit of the data by an independent third party mutually agreed upon between Health Plan and CMHPs, which shall be at the sole cost and expense of CMHPs.

7.4 Settlement Sequence – First Settlement (Hospital Capitation Withhold)

There will be two (2) independent settlements. The first settlement will be the settlement of the HCW for OHP Members assigned to primary care providers of SCMG, Mosaic Medical and COIPA.

7.4.1 Allocation. The HCW of twelve percent (12%) of the Hospital Capitation Payment as allocated for the members assigned to primary care providers of SCMG, Mosaic Medical and COIPA will be held by Health Plan until the time of settlement of the single community HCB. This HCW as allocated for the OHP Members assigned to SCMG, Mosaic Medical and COIPA can be earned by the following parties in the following approximate proportions, with the SCMG, Mosaic Medical and COIPA shares adjusted for actual OHP Members assigned to their primary care providers for 2022:

- **SCMG** **12.25% of HCW**
- **Mosaic Medical** **16.00% of HCW**
- **COIPA** **20.75% of HCW**
- **SCHS** **49.00% of HCW**
- **CMHPs** **2.00% of HCW**

7.4.2 HCW settlement for CMHPs. HCW for OHP Members assigned to primary care providers of SCMG, Mosaic Medical and COIPA will be awarded upon the meeting of performance goals in utilization and process areas as follows and as updated for automatic changes in calendar years or Oregon Health Authority benchmark changes, or as changed via amendment:

2022 **CENTRAL OREGON CCO** ST CHARLES HOSPITAL PERFORMANCE MEASURES FOR HOSPITAL CAPITATION WITHHOLD RETURN

1. Follow-Up After Hospitalization for Mental Illness within 7 days (2022 OHA Aligned Measure #39)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result[1]	PacificSource data, administrative claims only
Target	Greater than or equal to (>=) 88.1%
Population	Central Oregon CCO Members
Measure Specification	OHA Current Specification: Follow-Up after Hospitalization for Mental Illness
Denominator	Per OHA Current Specification. Deviation from Specification: Discharges from Sage View only are included in the Denominator.
Numerator	Per OHA Current Specification
2. Prenatal & Postpartum Care - Postpartum Care (2022 OHA Aligned Measure #14)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result[1]	OHA Central OR CCO 2022 Final Hybrid QIM Results
Target	OHA Central OR CCO 2022 QIM Measure Target
Population	Central Oregon CCO Members
Measure Specification	OHA (QIM) Current Specification: Prenatal and Postpartum Care
Denominator	Per OHA (QIM) Current Specification
Numerator	Per OHA (QIM) Current Specification
3. Follow-up After ED Visit for Mental Illness within 30 days (2022 OHA Aligned Measure #40)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result[1]	PacificSource data, administrative claims only
Target	Greater than or equal to (>=) 69.5%
Population	Central Oregon CCO Members
Measure Specification	HEDIS Current Specification: Follow-Up After Emergency Department Visit for Mental Illness
Denominator	Per HEDIS Current Specification
Numerator	Per HEDIS Current Specification

4. Follow-up After ED Visit for Alcohol or Other Drug Abuse or Dependence within 30 days (2022 OHA Aligned Measure #41)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result[1]	PacificSource data, administrative claims only
Target	Greater than or equal to (>=) 31.3%
Population	Central Oregon CCO Members
Measure Specification	HEDIS Current Specification: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
Denominator	Per HEDIS Current Specification
Numerator	Per HEDIS Current Specification
5. Standardized Healthcare-Associated Infection Ratio (2022 OHA Aligned Measure #47)	
Weighting	*Clostridium difficile* (C. Diff) intestinal infections – 6% Central Line-Associated Bloodstream Infections (CLABSI) – 4% Catheter-associated Urinary Tract Infections (CAUTI) – 6% Methicillin-resistant *Staphylococcus Aureus* (MRSA) blood infections – 4%
Performance Monitoring	St Charles Hospital
Final Result[2]	St Charles Hospital[2] **Final result is subject to review and audit by PacificSource*
Target	Final rate is not statistically significantly worse than the expected rate. Each rate is measured and scored separately.
Population	All St Charles Hospital hospitalizations (entire St Charles Hospital population regardless of location)
Measure Specification	N/A – Measure Steward: NHSN, NCQA
Denominator	As per NHSN Specification for hospitals
Numerator	As per NHSN Specification for hospitals

[1]Final contract performance results will be available after final QIM results are delivered from OHA and will be included in the final reconciliation risk reports.

[2]St Charles Hospital must provide final results for all four (4) Standardized Healthcare-Associated Infection Ratio (SIR) measures by 11:59 PST on March 31, 2023 to be eligible for payout. Performance reporting for each of the four (4) SIR measures must include:

- Standardized Infection Ratio (SIR)
- Count of Observed Infections
- Expected (Predicted) Infections
- 95% Confidence Interval for SIR (low and high)

Final results must be sent via email to the following recipients:
RiskReportAnalytics@pacificsource.com
Beth.Quinlan@pacificsource.com
Peter.McGarry@pacificsource.com

Health Plan and CMHPs acknowledge that the COVID-19 pandemic in 2022 may have an impact on the achievability of these metrics, and that Health Plan, SCMG, Mosaic Medical, SCHS, COIPA and CMHPs may meet to discuss appropriate and mutually agreeable adjustments from time to time as a result. Any modifications made shall be consistent with known state or federal rules, requirements and guidance.

7.4.3 HCW for SCHS. HCW return for SCHS, per Section 7.4.1 above, shall be determined based on the terms in the agreement between Health Plan and SCHS.

7.4.4 Overage Settlement. In addition to the HCW settlement in Section 7.4.1, there shall be a second settlement intended to share any overage of any Hospital Capitation Payment to SCHS beyond the fee-for-service equivalent of 100% of OHP Allowable Amounts (consistent with all OHA/state of Oregon rules/calculations of DRG inclusion/exclusions and other terms used to calculate revenue paid to Health Plan as CCO). The report to be used as a basis for this calculation is Health Plan's Central Oregon CCO "St. Charles OHP Hospital Capitation Report" (see attached example, concluding this amendment).

Health Plan will calculate: (A) The amount of payment which would have been received by SCHS based on its Hospital Capitation Payment, less HCW, plus its full portion/49% share of HCW calculated as if full performance metrics in Section 7.4.2 are achieved, even if they are not.

Health Plan will calculate: (B) The amount of payment SCHS would have received in lieu of Hospital Capitation Payment, had it been paid 100% of OHP Allowable Amounts (consistent with all OHA/state of Oregon rules/calculations of DRG inclusion/exclusions and other terms used to calculate revenue paid to Health Plan as CCO).

If A is greater than B, Health Plan will calculate this differential and distribute it in the following manner, with the Provider and COIPA shares adjusted for actual OHP Members assigned to primary care providers between the two (2) entities for 2021:

- **SCMG** **12.25% of HCW**
- **Mosaic Medical** **16.00 % of HCW**
- **COIPA** **20.75% of HCW**
- **SCHS** **49.00% of HCW**
- **CMHPs** **2.00% of HCW**

If B is greater than A, there will be no additional overage calculation or settlement impact on the HCW settlement.

If there is insufficient amounts in the settlement calculation in Section 7.4.1 to cover the amounts owed by SCHS to other entities in Section 7.4.4., it is understood that SCHS will make such payment to other entities directly.

7.4.5 Unearned HCW

Any HCW not paid shall be considered Unearned HCW. Unearned HCW shall be allocated in the following manner:

1st Used to offset any Deficits for the single community HCB settlement, after the application of Claims Risk Withhold.

2nd Any remaining Unearned HCW will contribute to Health Plan margin, consistent with limitations in the Joint Management Agreement (JMA) between Health Plan and the COHC.

3rd Any remaining Unearned HCW will be treated as shared savings under the terms of the JMA.

7.5 Settlement Sequence – Second Settlement (Health Care Budget, (HCB))

After completion of the HCW settlement, the single community HCB shall be settled.

7.5.1 The single community HCB is established for the following health care expenses for those OHP Members assigned to primary care providers of SCMG, Mosaic Medical and COIPA: Hospital Capitation Payments (including HCW) consistent with Section 2, PCP Capitation payments consistent with Section 2, claims expenses for professional services including those established by the reimbursement terms in Section 3 (including Claims Risk Withhold), Pharmacy expenses (less rebates), out-of-area expenses, and other provider PMPM fees per Sections 4, or other PMPM expenses, ancillary services, reinsurance premium (less recovery amounts), premium/MCO taxes, coinsurance expense, subrogation adjustments, behavioral health/Chemical Dependency (CD) expenses paid to CMHPs, SCHS and other panel providers, Alcohol/Drug – Residential expenses, Behavioral Health-residential expenses, and Health Services and other expenses iterated in the JMA and JMA budget between Health Plan and COHC.

7.6 Budget Surplus or Deficit.

For the contract period for the experience of OHP Members assigned to SCMG, Mosaic Medical and COIPA, the single community HCB will be compared to actual expenses incurred per Section 7.5 to determine whether a Surplus or Deficit exists.

7.6.1 Surplus. If the total value of total covered claims and expenses, including HCW and Claims Risk Withhold, is less than the HCB, a Surplus exists. Surplus will be limited to seventy percent (70%) of the Surplus amount, with any increase beyond this amount contingent on a review of the one percent (1%) of gross premium allocated to COHC for community reinvestment. In the event of a Surplus, Claims Risk Withhold and Surplus share amounts will be returned/paid based on the below contingencies by approximately August 30 following the contract year. Any unknown final OHA determinations of QIM revenue or any OHA decisions on any revenue reductions will be applied and adjusted for the following contract year. Surplus amounts may be offset against amounts owed to Health Plan, if amounts owed are not otherwise paid to Health Plan. Surplus payment amounts are additionally determined according to the following:

Surplus and Claims Risk Withhold Contingent on Quality. Fifty percent (50%) of the Surplus from the single community HCB will be contingent on quality performance. Twenty-five percent (25%) of any accumulated Claims Risk Withhold return will be contingent on quality performance.

Approximately twelve and six-tenths percent (12.6%) of the Surplus will be earnable by SCMG, eighteen percent (18%) of the Surplus will be earnable by Mosaic Medical, twenty-four and a four-tenths percent (24.4%) of the Surplus will be earnable by COIPA, forty percent (40%) of the Surplus will be earnable by SCHS, and five percent (5%) of the Surplus will be earnable by the CMHPs and allocated proportionate to CMHP-represented county populations of OHP Members. SCMG, Mosaic Medical and COIPA shares shall be adjusted for actual OHP Members assigned to primary care providers between the two (2) entities for 2022. Fifty percent (50%) of the Surplus and twenty-five percent (25%) of the Claims Risk Withhold are paid contingent on the performance of the below metrics, the majority of which are established and measured by the state of Oregon for the entire Central Oregon CCO, which are based on the final target setting for the Central Oregon CCO by OHA, and will be awarded based on such state of Oregon measurement and state of Oregon final payment. Any other metric not established by the state of Oregon is an alternative metric and indicated with a (*), and is designed and measured by Health Plan. The following metrics will be used:

2022 CENTRAL OREGON CCO PROVIDER PERFORMANCE MEASURES FOR SURPLUS RETURN

1. Child Well-Care Visits (Age 3-6) (2022 OHA Aligned Measure #4)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result	OHA Central OR CCO 2022 Final QIM Results
Target	OHA Central OR CCO 2022 QIM Measure Target
Population	Central Oregon CCO Members
Measure Specification	OHA (QIM) Current Specification: **Child and Adolescent Well-Care Visits**
Denominator	Per OHA (QIM) Current Specification
Numerator	Per OHA (QIM) Current Specification
2. Members Receiving Preventive Dental or Oral Health Services (2022 OHA Aligned Measure #27)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result	OHA Central OR CCO 2022 Final QIM Results
Target	OHA Central OR CCO 2022 QIM Measure Targets - This is a two-component measure with a target for Age 1-5 and a separate target for Age 6-14. Only one component's target needs to be met to achieve measure.
Population	Central Oregon CCO Members
Measure Specification	OHA (QIM) Current Specification: Members Receiving Preventive Dental or Oral Health Services
Denominator	Per OHA (QIM) Current Specification
Numerator	Per OHA (QIM) Current Specification
3. Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (2022 OHA Aligned Measure #33)	
Weighting	20%
Performance Monitoring	PacificSource reporting using Central Oregon CCO clinic submitted electronic health record data[1]
Final Result	OHA Central OR CCO 2022 Final QIM Results
Target	OHA Central OR CCO 2022 QIM Measure Target
Population	Central Oregon CCO Members
Measure Specification	OHA (QIM) Current Specification: **Diabetes: HbA1c Poor Control (CMS122v10)**
Denominator	Per OHA (QIM) Current Specification
Numerator	Per OHA (QIM) Current Specification

4. Initiation and Engagement of Substance Use Disorder Treatment (2022 OHA Aligned Measure #42)	
Weighting	20%
Performance Monitoring	PacificSource reporting using PacificSource administrative claims data
Final Result	OHA Central OR CCO 2022 Final QIM Results
Targets	OHA Central OR CCO 2022 QIM Measure Targets - This is a two-part measure with a target for Initiation and a separate target for Engagement. Both targets must be met to achieve measure.
Population	Central Oregon CCO Members
Measure Specification	OHA (QIM) Current Specification: Initiation and Engagement of Substance Use Disorder Treatment (NQF0004)
Denominator	Per OHA (QIM) Current Specification
Numerator	Per OHA (QIM) Current Specification
5. Behavioral Health Integration for Members with Diabetes and an HbA1c >9	
Weighting	20%
Performance Monitoring	PacificSource monitoring, using data submitted at least quarterly by participating clinics[2]
Final Result	PacificSource, using final report data submitted by participating clinics
Target	Aggregated total of all clinics greater than or equal to (>=) 28.1%.
Population	Central Oregon CCO Members receiving care at Mosaic, St Charles Medical Group, La Pine Community Health Center, Madras Medical Group and Summit Health clinics
Measure Specification	N/A – Measure Steward: PacificSource
Denominator	All Members with a diagnosis of Diabetes Mellitus who had at least one HbA1c >9 during the 2022 calendar year
Numerator	Members in denominator who received at least one visit with an integrated Behavioral Health Consultant (BHC) in the 2022 calendar year.

[1] Participating organizations must report monthly data to PacificSource by the 20th of each month. To be eligible for payout, final 2022 eCQM data submissions must be received by PacificSource from participating clinics no later than 11:59 PM PST on January 20, 2023. All submissions are subject to audit by PacificSource for accuracy.

All reporting data submissions must be sent via previously agreed upon SFTP or via email to the following recipient: ecqmreporting@pacificsource.com

[2] To be eligible for payout, participating clinics are required to submit reporting at a minimum of once per quarter using the "DM-BH Reporting Template" provided by PacificSource. Quarterly reports due:

- April 30, 2022 (time period 1/1/2022 – 3/31/2022)
- July 31, 2022 (time period 1/1/2022 – 6/30/2022)
- October 31, 2022 (time period 1/1/2022 – 9/30/2022)
- January 31, 2023 (time period 1/1/2022 – 12/31/2022) *Final Report

Final results must be sent via email to the following recipients:
RiskReportAnalytics@pacificsource.com
Beth.Quinlan@pacificsource.com
Peter.McGarry@pacificsource.com

Health Plan and Providers acknowledge that the COVID-19 pandemic in 2022 may have an impact on the achievability of these metrics, and that Health Plan, SCMG, Mosaic Medical, COIPA, SCHS and CMHPs may meet to discuss appropriate and mutually agreeable adjustments from time to time as a result. Any modifications made shall be consistent with known state or federal rules, requirements and guidance.

7.6.2 Unearned Surplus and Claims Risk Withhold Contingent On Quality

Any Unearned Quality Surplus and Claims Risk Withhold shall be allocated in the following manner:

1st Used to contribute to Health Plan margin, consistent with the limitation in the Joint Management Agreement (JMA) between Health Plan and the COHC.

2nd Any remaining Unearned Surplus Contingent On Quality will be treated as shared savings under the terms of the JMA.

7.6.3 Deficit. If the value of total covered claims and expenses, including HCW and accumulated Claims Risk Withhold from all providers, is more than the single community HCB, a Deficit exists, and any and all Claims Risk Withhold will be used to satisfy the Deficit at an equal percentage for all providers. If any Claims Risk Withhold remains upon the Deficit being reduced to zero dollars ($0.00), it will be returned with twenty-five percent (25%) of any distributable Claim Risk Withhold return contingent on the performance of the quality metrics in Section 7.6.

Once all Claims Risk Withhold is used to offset a Deficit, the only remaining dollars from CMHPs to offset any remaining Deficit shall come from unearned HCW.

7.6.4 Limited Liability. If the Deficit of the HCB exceeds the amount of total Claims Risk Withhold, no further amounts will be payable from CMHPs to reduce the Deficit beyond any unearned amounts.

8.0 GENERAL PROVISIONS.

8.1 Defined Terms.

Any terms not otherwise defined herein shall have the meaning set forth in the Participating Provider Service Agreement.

8.2 Precedence.

In the event of any conflict or inconsistency between this Exhibit and the Participating Provider Service Agreement, such conflict or inconsistency shall be resolved by giving precedence first to this Exhibit then the Participating Provider Service Agreement.

8.3 Health Plan Reporting

Health Plan shall provide accurate and timely reports to assist CMHPs in monitoring utilization, financial, and quality-related data. A schedule of reports and the frequency with which these reports are to be provided is listed below.

Existing Claims Risk Withhold Settlement Report, Central Oregon CCO	Monthly in 2022 and through March of 2023, by the end of the month, starting six (6) months after the beginning of the contract start date.

8.4 Health Services Understanding

Health Plan and SCMG and COIPA signed a separate Letter of Understanding in July of 2015 which detailed the appropriate allocation of certain health care expenses as being part of the single community HCB per Section 6.1 and 7.5. Consistent with that understanding Health Plan (a) has entered into a contract with OHA whereby Health Plan has agreed to manage programs to optimize cost, quality and experience of care for OHP Members, (b) is mandated to operate such programs with auditable reporting requirements, (c) has signed an agreement with OHA (consistent with OHA rules and regulations) which stipulates such program expenses are accounted for outside Health Plan administrative/general expenses and are part of health care expenses which are part of the single community HCB in this Agreement, and (d) calculates a PMPM expense as a percentage of the CCO global budget, to pay for such Health Services programs.

8.5 Requirements

CMHPs will participate in and attest to performing (a) data submission activities pertinent to CCO eCQMs EHR-based incentive metrics, (b) data submission requirements including sending accurate data in time and formats determined by CCO to comply with OHA measure specifications, (c) submitting eCQM data to Health Plan on a monthly basis by the 20th of the month and acknowledging reports for the first four months of the calendar year will be provided as early as possible based on the delivery from CMHPs' software vendor, (d) requests for surveys or other information, (e) requests to complete successful CCO data collection/submission activities, and (f) reporting expectations for eCQMs for diabetes, hypertension, depression, tobacco prevalence and BMI. CMHPs acknowledges that submission of these requirements is essential as failure to do so for each EHR-based incentive will lead to failure for each eCQM measure, failure to meet the population threshold required and will cause the entire Central Oregon CCO to fail the measure.

CMHPs will perform patient satisfaction surveys in alignment with PCPCH standard requirements, and will share such survey results with Health Plan upon reasonable request.

CMHPs will cooperate with Health Plan on Health Plan's CAHPS Improvement Plans.

CMHPs allows Health Plan to share individual provider performance information such as quality performance metrics with CCO-contracted providers and Health Councils.

8.6 Oregon Health Plan/OHA Capitation Administration Regulations

In the event of (a) requirements rules, regulations or guidance related to applicable provider capitation payments made by Health Plan to CMHPs, and per Health Plan Exhibit L filing and Medical Loss Ratio filings submitted to OHA, and/or (b) Health Plan's and/or OHA's interpretation of applicability of such requirements, rules, regulations, or guidance and applicability of Health Plan's capitation payment methodology with CMHPs, Health Plan may enact the following:

- A charge commensurate with any OHA recoupment, demand for repayment, charge, tax or fee, to be charged against Health Care Budget, and/or
- A renegotiation with CMHPs to revert all payment methodologies entailing CMHP's capitation, to a fee-for-service payment methodology.

CMHPs shall cooperate with Health Plan to produce reports for Health Plan and/or OHA that satisfy to Health Plan and OHA discretion, the requirements, rules, regulations or guidance from OHA related to capitation payments.

8.7 Oregon Health Plan/OHA Possible Premium Revision / MLR-based repayment to OHA

In the event of a revision of premium levels for OHP Members by the state of Oregon/OHA by a net amount deemed by Health Plan to be inconsistent with the 2022 (a) primary care provider capitation rate, (b) professional conversion factors, or (c) hospital capitation rates agreed to in this 2022 amendment to the Agreement, Health Plan will notify CMHPs of such inconsistency in writing, and both parties will enter into a renegotiation of 2022 reimbursement rates in order to achieve consistency with any new Oregon Health Plan/OHA premium levels.

In the event OHA determines Health Plan must pay OHA any sum because the Central Oregon CCO Medical Loss Ratio (MLR), as determined by OHA, does not meet a minimum threshold for the entire population or any benefit-category specific sub populations, Health Plan reserves the right to (a) deduct a pro-rata portion of such repayment from the single community HCB in Section 7, or (b) make direct investments to increase the MLR and offset such expenses with the settlement, upon communication with CMHPs and the COHC.

8.8 MLR Reporting for 2021.

CMHPs shall submit to Health Plan a report for the cost year January 1, 2021 – December 31, 2021 no later than March 30, 2022 using a format accepted by OHA. CMHPs shall refer to "2021 Medical Loss Ratio Rebate Instructions" (as published on the OHA CCO Contract Forms website at http://www.oregon.gov/oha/healthplan/Pages/cco-contract-forms.aspx) for support.

8.9 MLR Reporting for 2022.

CMHPs shall submit to Health Plan reports for the cost year January 1, 2022 – December 31, 2022 no later than March 30, 2023 using a format accepted by OHA. CMHPs shall refer to "2022 Medical Loss Ratio Rebate Instructions" (as published on the OHA CCO Contract Forms website at http://www.oregon.gov/oha/healthplan/Pages/cco-contract-forms.aspx) for support.

8.10 Health Related Services (Flexible Services and Community Based Health-Related Services.

Consistent with the Health-Related Services Rule adopted by the OHA (which includes member-level disbursements often called "flexible services", and community-based Health-Related Services, often called "Community Benefit Initiatives") and the Health-Related Services Brief released by the OHA, along with Health Plan policies approved by OHA, Health Plan will make certain disbursements from the single community HCB from time to time and at Health Plan's discretion. These disbursements are distinct from Health Plan-provided Health Services.

8.11 Community Health Improvement Plan, Transformation Plan and Health Council Activities.

CMHPs will collaborate with Health Plan, the COHC, and other stakeholders in completing a Community Health Assessment (CHA) and a Community Health Improvement Plan (CHIP), and in carrying out activities to implement the CHIP including any recommendation tied to community access studies. CMHPs will collaborate with Health Plan, the COHC, and other stakeholders to carry out the Transformation And Quality Strategies. For purposes of the CHA, CHIP, or Transformation And Quality Strategies, for reporting to the COHC or any of its subcommittees, or for reporting to OHA, Health Plan may share CMHP's utilization, membership numbers, and additional performance data. CMHPs will collaborate with Health Plan and the COHC to meet Transformation And Quality Strategies requirements and participate in Transformation And Quality Strategy projects.

8.12 Corrective Action Plans

Health Plan, at its sole discretion and consistent with the expectations of Health Plan by OHA, may determine that CMHP's performance of obligations, duties and responsibilities under the terms of this Agreement is deficient. In reaching that conclusion, Health Plan may, but is not required to consider third-party audit or other formal review results, peer review results, quality measures, written or oral feedback from members or patients, and any other issues which may be identified by Health Plan. If Health Plan determines CMHP's performance is deficient for any reason, but that such deficiency does not constitute a Material Breach of the terms of this Agreement, Health Plan may institute a corrective action plan ("CAP") subject to internal review. Health Plan will notify CMHPs of the terms of the CAP and will provide a CAP reporting template. Health Plan will supply supporting information/data to CMHPs at that time. CMHPs shall have thirty (30) days to resolve the CAP to Health Plan's satisfaction. Failure to resolve the CAP shall constitute a Material Breach by CMHPs, and Health Plan may terminate this Agreement immediately.

8.13 Cooperation and Engagement in Quality Improvement Process.

The COHC voted to support QIM-related positions within Health Plan and area providers. CMHPs agrees to cooperate with the QIM Practice Facilitator, QIM Improvement Coordinator, QIM Program Manager, and the ED Improvement Coordinator to support success on regional quality measures including the QIMS, as well as to engage and cooperate with the Provider Engagement Panel to support quality improvement in the region.

8.14 Member Assignment

Health Plan may, at its discretion, assign OHP Members to primary care providers. Revisions to assignment procedures may be made in response to objective data related to quality performance, patient access, patient experience, or in response to other information available to Health Plan.

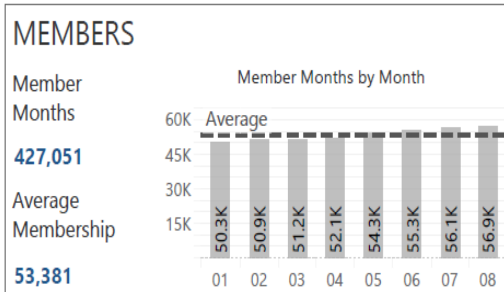
Overage Settlement Example

ST CHARLES OHP HOSPITAL CAPITATION REPORT

CENTRAL OREGON CCO
Coordinated Care Organization (Medicaid)

Incurred: 01/2020 - 08/2020
Paid through: 10/2020

FINANCIALS



HOSPITAL CAPITATION		PMPM
Hospital Capitation (Total)	$46.8M	$109.7
Hospital Cap Withhold (HCW)	$5.8M	$13.5
Hospital Capitation (w/o Withhold)	$41.1M	$96.1
HCW Eligible for Return (SCHS Estimate at 49%)	$3.0M	$7.1
Hospital Cap + Estimated SCHS HCW Eligible Return	$44.1M	$103.2

	IP	NON-IP	TOTAL
Billed Charges	$137.05M	$111.16M	$248.21M
Billed Completed	$140.40M	$113.88M	$254.27M
Billed PMPM (COMPL)	$328.76	$266.66	$595.41
FFS est	$21.16M	$20.48M	$41.64M
FFS Est Completed	$21.68M	$20.98M	$42.66M
FFS PMPM (COMPL)	$50.77	$49.13	$99.90
FFS Equiv/Billed (%)	15.4%	18.4%	16.8%

WITHHOLD RETURNED DUE TO COVID19

Incurred 202004 - 202010, Paid Through 202010

HCW Return IPA + SCMG	$2,339,498	$5.99
HCW Return SCHS	$2,339,498	$5.99
HCW Return CMHP	$95,490	$0.24

FFS Equivalent (Completed) vs. Hosp Cap with Return
93.2%

FFS Equivalent (Completed) vs. Hosp Cap
87.7%

Attachment H

**CCO Fee-for-service and Capitation for Behavioral Health Services
Community Mental Health Program for Central Oregon CCO**

Effective 04/01/2022

1. CMHP Fee-for service and Monthly Capitation Payment

Health Plan will reimburse CMHPs for Therapy Services and Assessment Services on a Fee-for-service basis and on a capitation PMPM basis for Non Encounterable Health Care Costs and Program Allocation costs according to the below rate schedule. These expenses will be charged to the single community HCB in Attachment G.

Intensive In-Home Behavioral Health Treatment (IIBHT) Deschutes County Health Services:
CMHP shall provide access to Intensive In-Home Behavioral Health Treatment (IIBHT) services for all eligible Members age twenty (20) and younger in accordance with OARs 309-019- 0167, 410-172-0650, and 410-172-0695. For Deschutes County, IIBHT services shall be submitted using HCPCS code of H0023 and shall be reimbursed through the below capitation table. The services under H0023 are separate from services billed for Behavioral Health outreach and engagement, for which a CPT code will be designated by Health Plan. Until such a time as an alternative code is identified, CMHP will submit non-billable Behavioral Health Outreach and Engagement (H0023) claims valued at the agreed rate of $169.90 and attributed to Non-Encounterable Healthcare Services Costs in the capitation portion of this contract.

Intensive In-Home Behavioral Health Treatment (IIBHT) Jefferson County Helath Services and Crook County Health Services:
CMHP shall provide access to Intensive In-Home Behavioral Health Treatment (IIBHT) services for all eligible Members age twenty (20) and younger in accordance with OARs 309-019- 0167, 410-172-0650, and 410-172-0695. For Jefferson County and Crook County CMHPS, IIBHT services shall be submitted using HPCPS code H0023 and shall be reimbursed at one hundred percent (100%) of the current OHA allowable, with an eight percent (8%) Claims Risk Withhold to be settled per Attachment G.

Deschutes Stabilization Center
Deschutes County's CMHP shall be paid seventy cents ($0.70) per OHP Member, per month, for OHP Members assigned to SCMG, Mosaic Medical, and COIPA primary care providers in Central Oregon, to support a Deschutes Stabilization Center. This amount will be an expense toward the single community HCB.

Therapy Services for all CMHPs: Therapy Services FFS CPT Codes: 90832, 90834, 90837, 90846, 90847, H0004, H0005, H0016, H0038 at one hundred thirty percent (130%) of the current OHA fee schedule, with an eight percent (8%) Claims Risk Withhold to be settled per Attachment G.

Assessment Services for all CMHPs: Assessment Services FFS CPT Codes: 90791, 90792, H0001, H0031, H2000 at 165% of current OHP fess schedule with an eight percent (8%) Claims Risk Withhold to be settled per Attachment G.

Non Encounterable services/other billed services and Program Allocation Definition: CMHPs shall provide and report non-encounterable services and system supports. Non-encounterable services and system supports include, but are not limited to: travel, prevention, education and outreach, internal case consultation, co-provided services, outreach and engagement, socialization, and psycho-educational services that are not otherwise encounterable. Payments for such services and programs shall be as follows:

	Non Encounterable services and all other CMHP billed services PMPM	**Program Allocation PMPM**
Deschutes County Health Services, Public Health Division members domiciled in Deschutes/Klamath County	$14.36	$5.10
BestCare members domiciled in Jefferson County	$12.38	$7.99
BestCare domiciled in Crook County	$12.38	$7.99