

**Due: August 29, 2025**

### Purpose

Exh. B, Pt. 10, Sec. 4, Para. e in the 2025 Coordinated Care Organization (CCO) contract describes the requirement for each CCO to create a written distribution plan for its Quality Pool and Challenge Pool earnings. The CCO must also make its plan publicly available. The purpose of the plan is to inform the CCO's Participating Providers, including Social Determinants of Health and Equity (SDOH-E) and public health partners, about CCO strategies and processes for distribution of Quality Pool funds.

The Oregon Health Authority (OHA) has developed this reporting template to ensure CCOs meet the contract requirements and to give Participating Providers and other interested parties clear and consistent information about CCO strategies for Quality Pool distribution.

### Instructions

The CCO must answer all questions in this template to satisfy the contract requirements. Supporting materials and links may be provided, but they must only supplement the answers provided in the template document. A person reading the CCO's responses provided in this template should have a clear and complete picture of the CCO's Quality Pool distribution, without reliance on any other sources.

Unless otherwise noted in a specific question, this template pertains only to Quality Pool funds received in 2025 (Distribution Year 2025) for achievement of 2024 incentive metrics (Measurement Year 2024).

All references to "Quality Pool" within this template include both Quality Pool and Challenge Pool earnings.

### Process

The completed Quality Pool Distribution Plan template is due to OHA via the CCO Contract Deliverables [Portal](#) by August 29, 2025. (The submitter must have an OHA account to access the portal). The CCO must also make the completed template publicly available on its website.

OHA will review the submitted template for completeness. If any response is found to be incomplete, OHA will notify the CCO via the portal. The CCO will then have 30 days to provide the requested additional information. The CCO should not publicly post its completed template until it receives confirmation from OHA that no additional information is needed.

### Questions?

Any questions about the template should be directed to [metrics.questions@odhsoha.oregon.gov](mailto:metrics.questions@odhsoha.oregon.gov).

## 2025 Quality Pool Distribution Plan Template

**CCO Name:** PacificSource Community Solutions – Columbia Gorge

**Contract Number:** 161763-23

**CCO Contact Person (name and email):** Erin Fair Taylor, [erin.fairtaylor@pacificsource.com](mailto:erin.fairtaylor@pacificsource.com)

**1. Provide an overview of the methodology and/or strategy your CCO uses to distribute Quality Pool and Challenge Pool earnings to Participating Providers, including SDOH-E and public health partners.**

PacificSource Community Solutions (PCS) will disburse 50% of the Quality Pool funds (after MCO taxes have been paid) to repay or return provider withholds (or make payments that would otherwise have been withheld) as part of 2024 provider value-based payment arrangements. The Columbia Gorge Health Council (CGHC) will direct the distribution of the other 50% of the Quality Pool funds received in 2025 (Distribution Year 2025) for achievement of 2024 quality incentive metrics (Measurement Year 2024). These distributions are described in further detail, below.

### Distributions by PCS

PCS has consistently contracted with providers in aligned value-based payment arrangements such that these funds are shared with them. As a result, consistent with our underlying contracting methodology, PCS will use the funds to return provider withholds and make additional payments that would otherwise have been withheld as part of 2024 provider value-based payment arrangements. PCS contracts with many providers in the region in value-based payment arrangements, including Adventist Health Columbia Gorge, One Community Health, Central Oregon Independent Practice Association (representing numerous individual provider practices in the Gorge), dental care organizations (DCOs), and others.

### Distributions by the CGHC

On August 1, 2025, the CCO's Clinical Advisory Panel (CAP) elected to recommend that the CGHC's Board of Directors approve the distribution of the Health Council portion of Quality Pool funds as follows: 10% to Social Determinants of Health and Equity (SDOH-E) programs (to be approved by the Community Advisory Council); then, of the balance, 80% will go to participating providers (as outlined in greater detail just below) and 20% will go to regional quality projects. The overall distribution plan is consistent with prior years' spending plans. Furthermore, the methodology for distribution to providers and SDOH-E programs is aligned with the original spending plan the region considered as part of the CCO 2.0 application process, and it is also how the region approached distributing these funds in summer 2024.

### *Distribution to Participating Providers*

The CGHC uses a well-vetted, stepwise process to distribute Quality Pool funds to organizations that have contributed to the success of the metrics. These steps take into account the provider types contributing to each metric, and membership assignments (or similar representation) by organization.

### *Step 1: Determine the Distribution of the Quality Pool Funds on a Per-Metric Basis*

The Quality Pool funds are first divided among all the quality metrics as follows. Each metric is worth one point, regardless of whether the metric was met. The available funds are divided by number of total points, and each metric is thereby allocated an equal dollar amount.

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This year, the CAP chose to remove two “upstream metrics,” *Kindergarten Readiness: Social-Emotional Health (SEH) of 0-to-5-Year-Olds* and *Social Determinants of Health*, from the denominator. This is because 2024 activities associated with these metrics were absorbed by PCS administrative costs.

### *Step 2: Make Calculations for Quality Pool Fund Distribution by Discipline*

Once a dollar amount is assigned to the “traditional” (i.e. non-upstream) metrics, these funds are further distributed across disciplines, which include Primary Care Providers (PCPs), OB-GYNs, Public Health, DCOs, and Mental Health (i.e. the Community Mental Health Program, or CMHP). Factors that influence the distribution include which discipline types work directly with members and/or encounter the services for each metric. For example, the funds for Childhood Immunizations are shared between PCPs and Public Health (at 85% and 15%, respectively), since both provide immunizations and contribute to success of the metric.

The CAP has, in the past, made decisions about splits among disciplines. For existing Quality Incentive Metrics (i.e. the metrics that were part of the prior year Measure Set), the distribution methodology generally remains unchanged unless the CAP requests review.

### *Step 3: Use Membership Assignment (or Similar) to Determine Distributions at the Organizational Level*

Once Steps 1 and 2 are complete, the CGHC will distribute the funds based on assigned membership (for PCPs and DCOs), proportion of the CCO population served (for county Public Health departments and community mental health), or FTE representation (OB-GYNs).

### *SDOH-E Funding*

The Community Advisory Council (CAC) will be making decisions this fall about which SDOH-E programs will be funded with the SDOH-E portion. The CAC will prioritize programs that align with the region’s forthcoming Community Health Improvement Plan (CHP) and support at least one of the four SDOH-E domains of Economic Stability, Neighborhood and Built Environment, Education, and Social and Community Health.

### *CAP-Initiated Quality Projects Funding*

The CAP has again elected to set aside a portion of Quality Pool funds for CAP-initiated quality projects. These projects are championed by CAP members in their respective organizations. The CAP votes to fund or not fund projects on an annual cycle. Some projects continue for several years. Examples of prior years’ projects include support for tobacco cessation (beyond the covered benefit), development of a transitional care model for older adults, and oral health initiatives.

## **2. Describe your CCO’s process for evaluating the contributions of Participating Providers and how they may qualify for CCO distribution of Quality Pool earnings.**

As described in Step 2 above, the CAP has, in the past, made decisions about splits among disciplines. The distribution methodology remains unchanged for all carryover metrics from 2023. The CAP will require the Participating Provider organizations to sign a letter of agreement in which they attest

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that the funds will be used to improve QIM performance. The organizations will also be required to report on how the funds were spent.

- 3. Does your CCO's distribution strategy consider payments made previously to Participating Providers (such as up-front funding to a clinic or non-clinical partner that is intended to help the CCO achieve metrics related to the Quality Pool)? If yes, please describe.**

No. Decisions about this year's distribution of 2025 Quality Pool funds (Measurement Year 2024) in no way consider prior-year payments.

- 4. Describe any changes your CCO plans to make to its process for distributing Quality Pool funds in future years (beyond MY2024).**

The general process will most likely be the same, with differing allocations based on any new QIMs. The CAP will review methodology for future years each spring

- 5. Please provide a link to where the 2025 Quality Pool Distribution Plan (this document) will be publicly available on your CCO's website.**

<https://communitysolutions.pacificsource.com/Providers/DocumentsAndForms>