

2025 Quality Pool Distribution Plan Template

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.

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CCO Name:

Contract Number:

CCO Contact Person (name and email):

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-Lane (PCS-Lane) and the Lane Community Health Council (LCHC), through provider and community workgroups, established that Quality Pool and Challenge Pool earnings for the PCS-Lane CCO are to be distributed to ensure partner contributions toward the achievement of Quality Incentive Measures (QIMs) are correlated to the receipt of funds. Per the agreed upon distribution model, PCS-Lane will retain 10% of the Quality Pool funds received in 2025 (Distribution Year 2025). LCHC will direct the distribution of 90% of the Quality Pool funds for achievement of 2024 QIMs (Measurement Year 2024, Distribution Year 2025).

PCS-Lane

PCS-Lane is one of the recipients of Quality Pool funds, as a key partner in ensuring participating providers have the information, tools, and resources to achieve high quality care for PCS-Lane CCO members. The 10% of Quality Pool funds retained by PCS-Lane supports administrative costs of the QIM program, premium tax on the Quality Pool funds, and 2% margin for the CCO.

LCHC

On April 8, 2025, the Lane Community Health Council (LCHC) Board of Directors approved a recommendation from the LCHC Finance Committee for the distribution of the Health Council directed portion of the Quality Pool funds as follows: 80% to participating providers (as outlined in greater detail below); 10% of funds for investment into the Lane County Prevention Program, and 10% for Social Determinants of Health and Equity (SDOH-E) efforts through a grantmaking process to community-based organizations and non-profit partners.

Distribution methodology

The distribution methodology is as follows:

- 80% of the funds will go to PacificSource Community Solutions contracted health care provider groups based on their contributions to Quality Incentive Measure (QIM) performance.
- 10% of the funds will be invested in Lane County Public Health Prevention.
- 10% of the funds will be awarded to social determinant of health and equity (SDOH-E) partners via the LCHC's 2024 Community Initiatives grant program.

Distribution to Health Care Providers

The distribution to Health Care Providers of Quality Pool funds will follow a multi-step process.

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

Each QIM is assigned points based on the following: metrics where the annual target was met receive one point; metrics where the annual target was not met receive half a point. From there, the total available Quality Pool funds are divided up across all but two of the QIMs for Measurement Year 2024 based on points earned. The

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Lane Community Health Council Clinical Advisory Panel (LCHC CAP) chose to spread funds associated with the *Health Equity Measure: Meaningful Access to Health Care Services* and *Social Determinants of Health: Social Needs Screening and Referral* metrics across all metrics to be invested with all providers receiving funding. Funds associated with meeting the *Kindergarten Readiness: Social-Emotional Health (SEH) of 0-to-5-Year-Olds* metric, will be directed by a cross-sector, community-based advisory committee involved in implementation of the associated action plan, in the form of grants and direct investments.

Step 2: Determine the Distribution of the Quality Pool Funds by Health Care Provider Sector

The associated funds for the met/not met QIMs are further divided by the health care provider sector based on contribution to meeting the metric and overall value to meeting the health needs of the community. This division is determined by LCHC CAP. The health care provider sectors include Behavioral Health, Dental Care Organizations (DCOs), OB-GYNs, some Specialty Care, Public Health, and Primary Care Providers (PCPs). Factors that influence the distribution between sectors include which sector type(s) work directly with members and/or encounter the services for each QIM and whether a provider sector has influence on supporting members to engage in services which meet each metric.

Step 3: Calculate Payout per Provider Group

Once steps 1 and 2 are complete, the LCHC will allocate funds associated with each metric to individual provider groups based on the following:

- PCPs: Allocation based on each PCP's percentage of assigned membership.
- Behavioral Health: Allocation based on each group's percentage of total claims submitted in 2024 (claims data for mental health and substance abuse disorder services).
- DCOs: Allocation based on each DCO's percentage of assigned membership.
- OB-GYN: Allocation based on percentage of claims volume toward the Postpartum QIM Numerator.
- Specialty Providers: Allocation based on the percentage of claims volumes by specific specialty provider types as well as area of practice.
- Public Health: Allocation to Lane County Public Health based on the percentage awarded per metric by the CAP.

Prevention Funding

The LCHC will fund Lane County's CCO Prevention Program. The Prevention Program focuses on efforts to plan, promote and create optimal social and environmental conditions for community health and well-being. The priority efforts of the CCO and Prevention Program partnership are highlighted on the [Prevention Lane](#) website, including Tobacco Prevention & Cessation, School-based Prevention Strategies, and Family Mental Health Promotion.

SDOH-E Funding

The LCHC will open applications for its Community Initiative Grant funding program in the fall of 2025, to fund evidence-informed, or evidence-supported, community interventions that focus on improving population health and the health of the community. Funded Initiatives will prioritize projects that closely align with the Lane County Community Health Improvement Plan. The Community Advisory Council (CAC) guided areas of focus for the grant request for proposals.

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 LCHC CAP made recommendations on the healthcare provider sector through discussions on which disciplines and provider types were most crucial to attaining the metric. This discussion was informed by PCS-Lane's Quality Management program staff, including information on OHA Metrics and Scoring Measure Specifications and data on provider engagement.

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

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

There are no significant changes anticipated in future years for the distribution of Quality Pool funds in the PCS Lane CCO. The agreement for Lane Community Health Council to direct the distribution of 90% of the Quality Pool funds remains in place. LCHC engages community providers, administrators, and health leaders in annual discussions to determine the distribution methodology.

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>