

Combined Primary Care Program Summary

(Commercial Primary Care Incentive Program and OEBB/PEBB Coordinated Care Model)

Program Guidelines and Structure

Plan Year 2026

1. Contents

This document contains a summary of the two primary care value-based payment programs in effect for Moda commercial members in 2026: the OEBB/PEBB Coordinated Care Model (CCM) and the Commercial Primary care Incentive Program (CPCIP).

- CCM: participation requires a signed contract amendment (see your provider contract for complete details)
- CPCIP: all contracted PCPs are automatically opted in when they share data (see section 9)

2. Provider Eligibility

To participate in the CPCIP and CCM programs, providers must:

1. Provide services to a minimum of 50 eligible members (see below for details). The 50-member threshold applies at the organization level.
2. Have a commercial contract through Moda Health that is active and in good standing at the time incentives are disbursed.
3. Share clinical data with Moda (see section 9)
4. Provide contact information for the person responsible for quality management and care coordination activities in Provider's organization, and notify Moda if that person changes. Contact information should be submitted to providerreports@modahealth.com. Moda will provide credentials for this person to access the Moda Provider Reports Portal, where reporting for this program will be available.

3. Member Eligibility

Members in the following Moda Health business segments are included in these programs, if they are attributed to a participating provider based on either an active member PCP selection or historical claims. Members randomly/geographically attributed to providers as required by Oregon SB1529 are not included in VBPs until they have a visit with the attributed provider (in which case the attribution becomes claims-based).

- Fully insured group members
- Individual members (ACA)
- Select ASO customers
- Oregon Educators' Benefit Board (OEBB) and Public Employee Benefit Board (PEBB) members

4. Program Components

Incentive	Description
Quality Incentive Program (QIP)	<i>Applies to all CCM and CPCIP members</i> Rewards performance based on the percentage of applicable measures met • Minimum denominator is 10 members for a measure to apply • Target set at NCQA National PPO 75th percentile • Applies to members attributed for at least 9 months during the year • Payout based on percentage of applicable metrics met • Maximum payout of \$12.00 PMPM for clinics in the highest quartile of social risk, and \$10.00 PMPM for all other clinics • PMPM payment applies to all attributed member months during the measurement year • Social risk quartile will be determined by the average Social Vulnerability Index (SVI) for attributed members' home addresses • The SVI is based on U.S. Census data and is publicly available (see https://www.atsdr.cdc.gov/placeandhealth/svi/ for details)
Total Cost of Care Incentive (TCCI)	<i>Applies to all CCM and CPCIP members</i> Rewards management of the total cost of care trend • Applies to organizations with at least 750 attributed members as of November 15 of the prior year • Based on total cost of care PMPM trend for attributed members • Target trend will be based on a composite of the statutory 3.4% growth rate for attributed OEBB/PEBB members and custom trend targets by region/product for all other members • Blended target trends will be finalized and communicated to providers in January of the program year • Provider keeps 30% of any savings below the target, up to \$10.00 PMPM • If cost exceeds target by more than 6%, a penalty of 6% of the excess will be imposed, up to a maximum of \$3.00 PMPM • Any penalty owed will be taken as an offset to QIP earned • Cost calculation is risk adjusted • Stop loss of \$125,000 per member per year • Applies to members attributed for at least 9 months during the year • Infants under age 2 are excluded • For providers in Affinity MLR risk sharing agreements only: Affinity members are excluded; Affinity members included for all other providers
Access to Care Incentive Program (ACIP)	<i>Applies to ACA/Individual members only</i> Rewards providers for effectiveness in completing annual wellness visits

	• Providers will be paid \$200 per visit in addition to the contracted rate for the visit, for target members who complete annual wellness visits • Members will be identified based on health risk in combination with other factors as determined by Moda Health • The list of target members will be communicated via the monthly Quality Measures report available in the provider reports portal (see section 7 below) • Members may be added to the target list throughout the program year • Procedure codes included in the incentive are: G0402, G0438, G0439, G0468, 99381, 99382, 99383, 99384, 99385, 99386, 99387, 99391, 99392, 99393, 99394, 99395, 99396, 99397 • Only the first visit per member per year will earn the incentive										
Care Management Fees (CMF)	<i>Applies to OEBB-PEBB CCM members only, PCPCH and PCMH clinics only</i> Supports primary care infrastructure • Providers must be PCPCH or NCQA PCMH certified to receive CMF payments • Providers will be paid a fixed PMPM amount for each attributed CCM member, with rates for each clinic communicated in January of the program year • Risk quartiles will be determined at the clinic level based on the average risk of attributed membership according to the tables below • Medical risk quartiles will be based on the retrospective risk score generated from the Optum Symmetry risk scoring tool • Social risk quartiles will be based on the Social Vulnerability Index (SVI), a publicly available scoring tool based on U.S. census data • As an example, a clinic that is a PCPCH Tier 4 provider with embedded BH, in the top quartile of social risk, and in the second quartile of medical risk, based on attributed members, would earn the following: <table> <tr> <td>PCPCH Tier</td><td>\$3.00</td></tr> <tr> <td>Embedded BH</td><td>\$1.00</td></tr> <tr> <td>SDoH Social risk</td><td>\$1.00</td></tr> <tr> <td><u>Medical risk</u></td><td><u>\$1.00</u></td></tr> <tr> <td>Total PMPM</td><td>\$6.00</td></tr> </table>	PCPCH Tier	\$3.00	Embedded BH	\$1.00	SDoH Social risk	\$1.00	<u>Medical risk</u>	<u>\$1.00</u>	Total PMPM	\$6.00
PCPCH Tier	\$3.00										
Embedded BH	\$1.00										
SDoH Social risk	\$1.00										
<u>Medical risk</u>	<u>\$1.00</u>										
Total PMPM	\$6.00										

CMF Rate Calculation

PCPCH Tier	Payment PMPM	Embedded BH	Payment PMPM	Social Risk Quartile	Payment PMPM	Medical Risk Quartile	Payment PMPM
1	\$2.00	Yes	\$1.00	1	\$0	1	\$0
2	\$2.00	No	\$0.00	2	\$0	2	\$1.00
3	\$2.00			3	\$0	3	\$1.00
4 (or PCMH)	\$3.00			4	\$1.00	4	\$2.00
5 (or PCMH)	\$3.00						

5. Quality Metrics

The Quality Metrics included in the 2026 QIP are listed below. For provider organizations that operate multiple clinics, the measures are calculated for the organization as a whole, not separately for each clinic. The Pediatric-Only measure list applies to organizations that exclusively serve children. The Family Practice list applies to all other provider organizations. This determination is made at the organization level, not the clinic level – if an organization operates a combination of pediatric clinics and family practice clinics, the Family Practice list will apply to the entire organization. Metrics for which the provider does not meet the minimum denominator of 10 will be excluded from the provider's performance calculation. Providers must share clinical data for the measures indicated below to earn any of the incentives described in this document.

Social need screening will be included in the Pediatric-Only measure set beginning in 2027 and is listed below for advance notice purposes only.

Family Practice Measure List

Quality Measure	Clinical Data Required
1. Childhood immunizations (Combo 3)	Y
2. Immunizations for adolescents (Combo 2)	Y
3. Child and adolescent well care visits	
4. Colorectal cancer screening	Y
5. Breast cancer screening	
6. Cervical cancer screening	
7. Statin therapy for patients with cardiovascular disease (receiving statin therapy only)	
8. Statin therapy for patients with diabetes (receiving statin therapy only)	
9. Glycemic status assessment for patients with diabetes	Y
10. Kidney health evaluation for patients with diabetes	
11. Controlling high blood pressure	Y

Pediatric-Only Measure List

Quality Measure	Clinical Data Required
1. Childhood immunizations (Combo 3)	Y
2. Immunizations for adolescents (Combo 2)	Y
3. Child and adolescent well care visits	
4. Well-Child Visits in the first 15 months of Life (W15)	
5. Well-Child Visits in the First 30 Months of Life (W30)	
6. Social Need Screening and Intervention (SNS-E) - NOTICE ONLY for 2026, ACCOUNTABILITY TO BEGIN 1/1/2027	Y (for 2027 program year)

6. Blending of CPCIP and OEBB/PEBB CCM

For the purpose of calculating provider performance (e.g. cost trend, % of quality measures met), results for all CPCIP and CCM members will be blended into a single calculation for each incentive.

7. Provider Reporting

Moda Health will provide regular reporting to help primary care providers understand their current participation status and forecast for incentive bonus earned, along with a list of members attributed to their practice that will be included in the QIP, TCCI, ACIP, and CMF. These reports will be available on the Moda Health Provider Reports Portal at the following address:

<https://www.modahealth.com/riskshare/#/login>

8. Term and Payment

The program year will be the calendar year. CMF payments will be made monthly. QIP, TCCI, and ACIP payments will be calculated a minimum of three months after the program year ends to allow for claims runout. Payments will be made by June 30 of each year for the previous year's program.

9. Data Sharing Requirement

Providers must share clinical data with Moda to earn any of the incentives described in this document.

- Connection with Moda Health Provider Data Exchange (PDE) where clinical data files extracted from the provider's EHR are transferred monthly via sFTP. Data submission through PDE is required for providers

with more than 2,000 attributed Moda CCM/CPCIP members as of November 15, 2025. Please contact ValueBasedDataSharing@modahealth.com to discuss setting up a PDE connection.

- Submission of summary data via Moda's online data submission form, available at the following URL:
https://form.jotform.com/summary_data/moda-2026-summary-data-sharing

This option is only available for providers with fewer than 2,000 attributed members. The form will be available for data submission starting in January 2027, and the deadline for all data submission will be March 15th, 2027.

- Submission of clinical quality data through other methods, as approved by Moda Health prior to the start of the program year.