CONTRACTOR/CCO NAME:Trillium CCOREPORTING PERIOD:1/1/2021 - 12/31/2021

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 (or range) dollar amount	Average PMPM dollar amount	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	0			None in service area
Tier 2 clinics	0			None in service area
Tier 3 clinics	7		\$1.57	
Tier 4 clinics	11		\$5.15	
Tier 5 clinics	7		\$6.33	

CONTRACTOR/CCO NAME: REPORTING PERIOD:

Trillium CCO 1/1/2021 - 12/31/2021

Evaluation Criteria for this worksheet: Response required for each highlighted cell. Non response in a highlighted cell will not be approved.

Brief description of the five largest, defined by dollars spent, VBPs implemented (e.g. condition-specific	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within	Brief description of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; &
(asthma) population-base payment)	(4 - 3 - 20)	arrangement	Involved	- individuals with complex health care needs
Total Cost of Care (TCoC): Risk sharing inclusive of upside and downside, capitation payments, and opportunity for quality incentives.	3B	1, 2C	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider is at risk for their total population and all services.	Hotspotter (population health reporting); TCHP analyzes claims data monthly to determine under and over utilization trends related to specific member populations (ex: Race). Data is broken down into the following areas: PCP visits, Specialist visits, Mental Health, Substance Use Disorders, Emergency Room, Inpatient Stays, Non ER Medical Transport and Pharmacy. Model is inclusive of Provider's total population including complex members.
Total Cost of Care (TCoC): Sharing in surplus with no downside risk, capitation including a withhold, and opportunity for quality incentives.	3A	1, 2C	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider shares in surplus for their total population and all services.	Hotspotter (population health reporting); TCHP analyzes claims data monthly to determine under and over utilization trends related to specific member populations (ex: Race). Data is broken down into the following areas: PCP visits, Specialist visits, Mental Health, Substance Use Disorders, Emergency Room, Inpatient Stays, Non ER Medical Transport and Pharmacy. Model is inclusive of Provider's total population including complex members.
ACT services (condition specific payment)	4A	1, 2C	ACT Services	TCHP analyzes claims data monthly to determine under and over utilization trends related to specific member populations (ex: Race). Data is broken down into the following areas: PCP visits, Specialist visits, Mental Health, Substance Use Disorders, Emergency Room, Inpatient Stays, Non ER Medical Transport and Pharmacy.
Pirmary Care Capitation and quality incentives	3B	1.20	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations.	Hotspotter (population health reporting); TCHP analyzes claims data monthly to determine under and over utilization trends related to specific member populations (ex: Race). Data is broken down into the following areas: PCP visits, Specialist visits, Mental Health, Substance Use Disorders, Emergency Room, Inpatient Stays, Non ER Medical Transport and Pharmacy. Model is inclusive of Provider's total population including complex members.

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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: Response required for each highlighted cell. If question on row 19 and 20 are not applicable, include that as a response or it will not be approved.

CONTRACTOR/CCO NAME:	Trillium CCO
Describe Care Delivery Area (CDA) Note: a VBP may	In Progress
encompass two CDAs concurrently. If your CCO has take this	
approach, list both CDAs; no more than two CDAs can be	
combined to meet CDA requirement.	
LAN category (most advanced category)	N/A
Briefly describe the payment arrangement and the types of	N/A
providers and members in the arrangement (e.g. pediatricians	
and asthmatic children)	
If any live blands and the base this ODA as more an equilation of the	
If applicable, describe how this CDA serves populations with	N/A
complex care needs or those who are at risk for health disparities	
Total dollars paid	N/A
Total unduplicated members served by the providers	N/A
10 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
If applicable, maximum potential provider gain in dollars (i.e.,	N/A
maximum potential quality incentive payment)	
If applicable, maximum potential provider loss in dollars (e.g.	
maximum potential risk in a capitated payment)	
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)

Required implementation of care delivery areas by January 2022: Hospital care, Maternity care and Behavioral health care; Children's health care and Oral health care CDAs are required by 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.

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Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	N/A
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	N/A
Total dollars paid	N/A
Total unduplicated members served by the providers	N/A
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	N/A
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approach, list both CDAs; no more than two CDAs can be combined to meet CDA requirement.	
LAN category (most advanced category)	N/A
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians	N/A
and asthmatic children)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	N/A
Total dollars paid	N/A
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Trillium CCO				

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