

CONTRACTOR/CCO NAME: **Trillium CCO**
 REPORTING 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	

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Brief description of the five largest, defined by dollars spent, VBPs implemented (e.g. condition-specific (asthma) population-base payment)	Most Advanced LAN Category in the VBP (4 > 3 > 2C)	Additional LAN categories within arrangement	Brief description of providers & services involved	Please describe if and how these models take into account: - racial and ethnic disparities; & - 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.
Primary Care Capitation and quality incentives	3B	1, 2C	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.

