2024 CCO 2.0 Value-Based Payment (VBP) Questionnaire

Introduction

As described in Exhibit H, Section 6, Paragraph b of the 2024 contract, each Coordinated Care Organization (CCO) is required to complete this VBP Questionnaire (previously VBP Pre-Interview Questionnaire).

Beginning in 2024, OHA will no longer be conducting VBP Interviews with CCOs. This document will be submitted as a standalone deliverable that will not precede an interview.

Your responses will help OHA better understand your CCO's value-based payment (VBP) activities for 2023-2024, including detailed information about VBP arrangements and HCP-LAN categories.

Instructions

A pre-filled version of this document containing previously submitted information will be sent to your CCO's designated VBP contacts via email. Please complete and return it as a Microsoft Word document, via the Contract Deliverables portal located at https://oha-cco.powerappsportals.us/, by **May 3, 2024**. (The submitter must have an OHA account to access the portal.)

- When responses from previous years are provided, please provide an update on previously submitted information. Previous responses are provided as a reference point to ensure continuity in reporting.
- Please be thorough in completing each section of this document. Incomplete submissions will be returned for revision.
- Please provide responses for all required questions. Questions #3, #4, #10, and #32 are optional.
- All the information provided in this document is subject to redaction prior to public posting. OHA will communicate the deadline for submitting redactions after reviewing your submission.

If you have questions or need additional information, please contact:

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Section 1: Annual VBP Targets

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

1) In 2024, CCOs are required to make 70% of payments to providers in contracts that include a HCP-LAN category 2C or higher VBP arrangement.

In 2022 and 2023, you were asked to describe the steps your CCO has taken to meet the annual VBP target requirement. Your response is displayed below:

Trillium currently offers a quality bonus to PCPs, DCOs, Behavioral Health Providers and Specialists (e.g., OB/GYN). Trillium is partnering with behavioral health providers to develop additional VBP arrangements.

How confident are you in meeting the 2024 requirement?

☐ Very confident
☒ Somewhat confident
☐ Not at all confident
☐ Other: Enter description

Describe the steps your CCO has taken to meet the 2024 requirement since May 2023:

Completed a Behavioral Health VBP agreement with a MAT program

Please describe any challenges you have encountered:

N/A

2) In 2024, CCOs are required to make 25% of payments to providers in arrangements classified as HCP-LAN category 3B or higher (i.e., downside risk arrangements).

In 2022 and 2023, you were asked to describe the steps your CCO has taken to meet the shared risk requirement. Your response is displayed below:

Trillium implemented Total Cost of Care agreements with most PCPs and a complex care risk share agreement with a behavioral health provider.

How confident are you in meeting the 2024 requirement?

☐ Very confident
☒ Somewhat confident
☐ Not at all confident
☐ Other: Enter description

Describe the steps your CCO has taken to meet the 2024 requirement since May 2023:

Held provider discussions to advance VBP agreements towards risk in future years and there is interest in advancing in 2025.

Please describe any challenges you have encountered:

Providers are resistant to adding risk within the current economic environment.

3) **Optional: Can you provide an example of a VBP arrangement that you consider successful? What about that arrangement is working well for your CCO and for providers?**

We have experienced success with our Total Cost of Care PCP agreements, these agreements include per member per month payments to support consistent cash flow and implementation of care teams with services such as CHW, BH integration along with engagement/outreach that fee for service reimbursement does not adequately support. Quality metrics are included in the agreements to ensure members are receiving high quality care and focusing on incremental improvement. The agreements offer risk sharing upside and downside to share accountability for financial stewardship of the global budget. Gates to surplus are included to ensure members have access to care and reinforcing quality of care.

4) **Optional: In questions 1-2, you described challenges that you have encountered in meeting annual VBP targets. How have you responded to and addressed those challenges as a CCO?**

We are listening to our providers and prioritizing meeting them where they are at with a pathway to advance and expand our VBP partnerships.

Trillium is creating a VBP strategy plan to identify provider partnership opportunities and develop models.

Section 2: Care Delivery Area VBP Requirements

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

5) **a. What is the current status of the new or enhanced VBP model your CCO is reporting for the hospital care delivery area requirement?** (mark one)

☐ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☒ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Trillium's initial focused is pay for performance and identifying specific metrics to improve quality of care, phase 2 focus is shared shavings.

Discussions continue to be focused on quality incentives. Facilities are not able to take on any risk and have expressed capacity concerns. We are listening to understand pain points and working internally to identify compensation models with a glidepath to risk. Models would include quality metrics, case rates and a pathway for shared savings/risk.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Anticipating negotiations to be completed Q3 and Q4 of 2023 and effective January 1, 2024

Negotiations are underway and expecting to finalize mid-year.

6) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>maternity</u> care delivery area requirement? (mark one)

☐ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☒ Other: Model is in development

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Phase 1: Care coordination fee with quality metrics; Phase 2 shared risk

Case rates or supplement to fee for service, quality metrics, pathway to shared risk.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

In negotiations and anticipating an implementation date of Q3 2023

Re-establishing negotiations with provider and anticipating implementation in 2025.

7) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>behavioral health</u> care delivery area requirement? (mark one)

☐ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☒ Other: Model is complete and reached agreement with provider, finalizing contract for execution.

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Care coordination fee for complex members, quality metrics and shared savings with upside/downside

New partnership with a MAT program including case rates and quality metrics, next phase will be advancing to shared risk.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Contract is in final stages and will be executed by May 30th.

8) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>oral health</u> care delivery area requirement? (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Percent of premium with quality performance and downside risk

Oral Health VBP model is consistent with prior years and under contract. We are having discussions for future advancement with quality metrics and provider types.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

N/A

9) a. What is the current status of the new or enhanced VBP model your CCO is reporting for the <u>children's health</u> care delivery area requirement? (mark one)

☒ The model is under contract and services are being delivered and paid through it.
☐ Design of the model is complete, but it is not yet under contract or being used to deliver services.
☐ The model is still in negotiation with provider group(s).
☐ Other: Enter description

b. What attributes have you incorporated, or do you intend to incorporate, into this payment model (e.g., a focus on specific provider types, certain quality measures, or a specific LAN tier)?

Phase 1: Quality metrics, care coordination fees; Phase 2: Shared savings

Trillium has Total Cost of Care contracts in place with several FQHCs and PCP Providers. This is inclusive of children's health care. We also offer quality incentive metrics for pediatric providers. We are planning to engage pediatric providers to develop a VBC model inclusive of shared risk, quality metrics and PMPM options to supplement fee for service.

c. If this model is not yet under contract, please describe the status of your negotiations with providers and anticipated timeline to implementation.

Q3 2023 identifying providers, Q4 2023 engaging providers, Q1 2024 implementation

Contracts and quality incentive programs in place. Engagement with specific provider types is anticipated second half of 2024 for 2025 implementation.

10) <u>Optional</u>: In designing new or enhanced VBP models in additional care delivery areas, what have you found to be most challenging? What is working well?

Providers are hesitant to take on risk, success with quality incentives and total cost of care models inclusive of per member per month payments to provide flexible and consistent cash flow.

Section 3: PCPCH Program Investments

The following questions are to better understand your CCO's VBP planning and implementation efforts for VBP Roadmap requirements.

11) OHA requires that PCPCH PMPM payments made by CCOs to clinics are independent of any other payments that a clinic might receive, including VBP

payments tied to quality. In September 2023, OHA provided updated guidance on this in the VBP Technical Guide.

Are the infrastructure payments made to your PCPCH clinics separable from other payments made to those clinics?

☒ Yes
☐ No

If no, please explain:

Click or tap here to enter text.

Section 4: Engaging with Providers on VBP

These questions address your CCO's work engaging with providers and other partners in developing, managing, and monitoring VBP arrangements.

12) In May 2022 and 2023, you reported the following information about how your CCO engages partners (including providers) in developing, monitoring or evaluating VBP models.

Consistent with our previous questionnaire reporting, Trillium engages in stakeholder/provider participation through our regional boards consisting of both Trillium and provider representatives from various categories; primary care, specialists, behavioral health, and dental (DCO). Meetings with this group are held monthly or quarterly depending on priority agenda item. The objectives of both the Oregon Health Authority and Trillium (Centene) regarding Value Based Payment (VBP) arrangements were reviewed with this stakeholder group to outline the State's expectations on VBP levels over the 2020-2024 timeframe. Using the HC-LAN categories as the basis for measurement, plans were discussed to move contracted providers towards the higher HC-LAN categories (2C or higher) over the coming years.

In addition, Trillium continues to have individual discussions with contracted providers regarding reimbursement models available that would allow Trillium to reach the State's target level of VBP penetration. Various risk arrangement options with quality components have been discussed including our Total Cost of Care contract model (MLR target with upside and downside risk and Quality metrics included), and our Model One contract model (a MLR target with various risk pools identified, inclusive of upside and downside risk sharing, and a quality risk pool tied to quality performance).

Trillium has been rewarding clinical sites achieving Primary Care Patient Center Homes (PCPCH) status, with additional PMPM payments for membership assigned to them for several years. Payment levels to those PCPCH sites increase as the clinics attain higher PCPCH status (level 1 to 5) over the course of time as well as the PMPM increases as required by our CCO contract.

Trillium continues to leverage board meetings to discuss VBP strategies as well as an internal VBP work group. The work group meets bi-weekly to identify VBP opportunities,

2023: Trillium is implementing Joint Operating Committee meetings with Providers to increase engagement, review performance, address barriers and collaborate on opportunities.

Please note any changes to this information, including any new or modified activities or formal organizational structures such as committees or advisory groups.

No changes, we continue to leverage existing meetings and Joint Operating Committee meetings with Providers. We hired a value-based program manager to enhance our JOC process and focus on continuous improvement to ensure meetings are meaningful, collaborative, addressing outcomes and developing initiatives.

13) In your work responding to requirements for the VBP Roadmap, how challenging have you found it to engage providers in negotiations on new VBP arrangements, based on the categories below?

Primary care:		
☐ Very challenging	☒ Somewhat challenging	☐ Minimally challenging
Behavioral health care:		
☐ Very challenging	☒ Somewhat challenging	☐ Minimally challenging
Oral health care:		
☐ Very challenging	☒ Somewhat challenging	☐ Minimally challenging
Hospital care:		
☒ Very challenging	☐ Somewhat challenging	☐ Minimally challenging
Specialty care		
☐ Very challenging	☒ Somewhat challenging	☐ Minimally challenging

Describe what has been challenging [optional]:

Providers are not able to take on risk with the current economic environment and resources are limited to support VBC agreements.

14) Have you had any providers withdraw from VBP arrangements since May 2023?

☐ Yes
☒ No

If yes, please describe:

While we have not had providers withdraw from VBP we received feedback from providers regarding the administrative burden to support VBP agreements. We worked with our providers to find a path forward with our VBP agreements.

Section 5: Health Equity & VBP

The following questions are to better understand your CCO's plan for ensuring that VBP arrangements do not have adverse effects on populations experiencing or at risk for health inequities.

15) In May 2022 and 2023, your CCO reported the following information about how you mitigate for the possible adverse effects VBPs may have on health outcomes for specific populations (including racial, ethnic and culturally-based communities, LGBTQIA2S+ people, people with disabilities, people with limited English proficiency, immigrants or refugees, members with complex health care needs, and populations at the intersections of these groups).

Our VBP contract language includes protections that call for commitment on the Provider's part to achieve membership engagement. Not achieving those engagement commitment targets would result in a loss of reimbursement under our VBP agreements.

Health Equity is a recurring agenda item in our monthly network adequacy meetings but is analyzed for Trillium's entire membership population (not only members who fall within a VBP).

Trillium surveys our provider partners annually to obtain information regarding cultural and linguistic appropriate services.

Trillium created an internal Health Equity Strategy Committee (HESC) that meets monthly to address health equity issues. We have and will continue to develop analytical reporting to identify potential health equity issues and opportunities for VBP agreements.

2023: Trillium requires a percent of membership seen for some of our VBPs and plans to develop reporting to share in JOCs meeting to evaluate health inequities and utilization for members with complex needs and by varying populations.

Please note any changes to this information since May 2023, including any new or modified activities.

No changes

16) Is your CCO employing medical/clinical risk adjustment in your VBP payment models? [Note: OHA does not require CCOs to do so.]

☐ Yes
☒ No

If yes, how would you describe your approach?

Click or tap here to enter text.

How would you describe what is working well and/or what is challenging about this approach?

Click or tap here to enter text.

17) **Is your CCO planning to incorporate risk adjustment for social factors in the design of new VBP models, or in the refinement of existing VBP models?** [Note: OHA does not require CCOs to do so.]

In our rate development for VBP models we evaluate the population served inclusive of risk and the provider's care model.

Section 6: Health Information Technology and VBP

Questions in this section were previously included in the CCO Health Information Technology (HIT) Roadmap questionnaire and relate to your CCO's HIT capabilities for the purposes of supporting VBP and population management. Please focus responses on new information since your last submission.

Note: Your CCO will not be asked to report this information elsewhere. This section has been removed from the CCO HIT Roadmap questionnaire/requirement.

18) **You previously provided the following information about the HIT tools your CCO uses for VBP and population management including:**

a. **HIT tool(s) to manage data and assess performance**

Trillium continues to use our provider portal to store, maintain and update data/analytics for our Model 1 VBP agreements. Our Total Cost of Care reporting is distributed to providers via Excel files. Our provider portal includes member eligibility information and provider analytics. In addition, Trillium supplies providers with a population health tool, "Hotspotter" report. The Excel report includes member level data to assist providers with care coordination activities. The report includes but it not limited to: SDOH, risk score, demographic and expense details.

Trillium is focused on expanding health equity data analysis.

Please note any changes or updates to this information since May 2023:

Our population health tool is continuously updated

b. **Analytics tool(s) and types of reports you generate routinely**

Monthly Member Roster (current membership); Monthly Utilization Report (rolling 12 months); Monthly

Financial Statements (contract year & rolling 12 months); Monthly Detail Support Files (claims,revenue & membership); Monthly Surplus Eligibility Report.

2023:
Quality metrics dashboard available on provider portal, includes a list of gaps, performance, ability to drill down to members by metric and downloadable reports.

Provider score card, highlights leading indicators for VBC performance, reported monthly and shared in JOC meetings, includes percent of membership seen, members with no visit, post discharge F/U, PCP visits prior to IP/ED and utilization data.

Please note any changes or updates to this information since May 2023:

Consistent with prior years

19) You previously provided the following information about your staffing model for VBP and population management analytics, including use of in-house staff, contractors or a combination of these positions who can write and run reports and help others understand the data.

Our contractors work side by side with corporate staff to complete Model 1 (Centene national model) contracts. There is also a support staff of 5 individuals located in St. Louis to support all Model 1 contracts:

- Vice President, Strategic Provider Partnerships

- Director, Payment Innovation / OR Team Lead

- Manager, Provider Performance / Data Integrity Support

- Financial Analyst

- Claim Analyst

Our local health plan continues to partner with our corporate teams to administer and support our VBP agreements.

2023: Trillium is restructuring our VBP team, we created a Senior Director of Finance position to focus on VBP and are dedicating analyst positions to support VBP modeling, performance reporting and to support JOC meetings with providers. We continue to work with our corporate partners however are leveraging and creating local resources to support VBP data/analytics and modeling.

Please note any changes or updates to this information since May 2023:

We combined our VBP and Contracting & Network Development teams under one leader. The team consists of contract negotiators, VBP program manager, VBP financial analyst and provider engagement. Our network team collaborates with a local analytic team to

develop and administer reports along with our corporate analytic partners. During provider meetings we review performance and schedule ad hoc meetings to review data and trends.

20) You previously provided the following information about your <u>strategies</u> for using HIT to administer VBP arrangements. This question included:

a. How you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract
b. How you will spread VBP to different care settings
c. Plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract

We created our VBP business plan around many factors including the expectations set in our CCO 2.0 contract and leverage systems and reporting in place today to support VBP models.

We will continue to leverage our existing HIT resources for our VBP agreements (Model 1) and enhance reporting features based on comments and feedback from providers. Currently the Foundry platform pulls data from the EDW with SQL and Python supporting in the background, the output and reports are available to our provider through our online portal and will be in the Excel format. We will continue to leverage all our current processes outlined in question 2 and will enhance as needed based on feedback from our providers and any OHA requirements.

Trillium implemented a new VBP program in 2021 named Model 1, which concentrates on giving physicians more control while reducing barriers to providing better patient care. Current Model 1 agreements were designed for fully integrated primary care clinics (including Behavioral Health & Dental). Reimbursement for the primary care provider is a blend of capitation and fee for service to support monthly cash flow. It provides a financial incentive for high quality outcomes while ensuring there are no barriers to necessary care. Preventative services are emphasized with a focus on the reduction of avoidable healthcare costs.

Model 1 is a risk arrangement, inclusive of downside risk and surplus opportunity based on individual targets for each fund (see descriptions below). Monthly care management meetings are scheduled with the providers to discuss opportunities to enhance care including care coordination. Model 1 is aligned with Lane Category 4 requirements with a blend of capitation and fee-for service, upside and downside risk, inclusive of quality performance.

There are 5 risk funds: Professional Services, Hospital, Hospital Surplus, Quality Bonus and Pharmacy. The risk share percentage and targets are customized for each fund according to the provider's population and historic trends. Reconciliations occur quarterly with a final full reconciliation to close out each year.

A Reporting Suite is available to the providers via Trillium's provider portal (actionable reporting designed to change behavior and drive results):

- Inpatient Census & Discharge Report (Daily Refresh) – Inpatient and discharge details by member. Providers can use this report to review members currently in an inpatient status and for transition planning for members being discharged.

- Member / Roster Current Membership (Monthly Refresh) – Roster of all members currently assigned to the provider. The data is used to confirm if membership is correct

and identify members that need outreach. Providers are able to see which members have established care and are receiving routine care and members who have not established care. This report can be cross-referenced with the utilization report and determine if members who have not established care with their PCP are receiving care from other providers. If a member is seeing a different PCP we work with the member and provider to get the member reassigned if necessary. Providers are able to reach out to members who have not established care for appointments and address opportunities for quality metrics.

- Utilization Report Rolling 12 months (Monthly Refresh) – Claim data for members assigned to the providers for all services the member is receiving. The data is used to identify members with high utilization and assess what services the members are receiving and opportunities for primary care providers to address frequent ER utilization. The providers are able to monitor the referrals for their members through the data and identify members that may benefit from interventions. Providers can easily see all the specialties their members are utilizing and drill down on specific members as needed.

- Financial Statements Current Contract Year & 12 Month Rolling (Monthly Refresh) – Report provides insight to the overall performance of the risk arrangement and any surplus or deficit results. The accompanying detailed claim data and membership data is used to identify drivers for the results.

- Detail Support Files Claims, Revenue and Membership (Monthly Refresh) – Detailed claim data used to identify outliers, trends, global initiatives and interventions for specific members.

- Surplus Eligibility Report (Monthly Refresh) – Refresh of financials

Barriers:

1. Member engagement continues to be a consistent barrier. The Model 1 data and Novillus quality gap reporting enables the providers to identify members who have not established care and or need to close care gaps. The barrier is obtaining the current and correct contact information for the members. Trillium partners with providers to assist with member outreach and facilitates discussions to develop initiatives for improved member engagement.

2.The second biggest barrier is related to provider staffing resources. Providers are facing difficulties retaining sufficient staff to operate their clinics. Trillium is collaborating with providers to address the lack of health care workers on a community wide basis and leveraging committee discussions such as the Clinical Advisory Committee to develop possible solutions.

Trillium utilizes the Novillus platform to share data with providers regarding member's quality metric progress. Providers are able to access a roster of their members and any outstanding gaps in reaching the quality metrics. The providers use a combination of the gap reports and Model 1 data to work with members on meeting quality metrics and other interventions such as

over utilization of the ER. Trillium collaborates with providers on initiatives and member engagement.

Trillium recognizes the importance of HIT for successful implementation of VBP arrangements therefore dedicated analytic resources to support VBP arrangements. Trillium's VBP analytic team is part of our payment innovation team and includes a Vice President, Director, Manager and team of analysts. The VBP analytic team participates in contract negotiations and the monthly care coordination meetings. Trillium's VBP analytic approach is dynamic and enhanced based on discussions with providers during the monthly care coordination meetings. The analytic support for providers will evolve with each new VBP model based on the foundation of the model and the providers involved with the arrangements.

Trillium will continue to leverage our provider analytic tools and corporate provider innovation team to support the expansion of our VBP arrangements. Trillium transitioned from Novillius to our Provider Portal.

2023:

Trillium discontinued Novillus in 2022 and transitioned to our provider analytic platform for quality metric performance. This is accessed through our provider portal.

Trillium is implementing JOC meetings to share data with providers, discuss barriers and identifying data sharing and or additional analysis that would be helpful for providers. We are also exploring opportunities with OCHIN.
Trillium's creation of a VBP focused team will assist with meeting expectations.

Trillium is engaging providers to develop and plan for VBP in different care settings. This will require additional modeling and data/analytics and was a driver for creating a local VBP team.

Trillium's VBP team will be following VBP requirements, participating in work groups and identifying resources needed for HIT enhancements. Trillium will accommodate as necessary. New requirements will be included in Trillium's VBP modeling and data/analytics planning.

Please note any changes or updates for each section since May 2023.

a. How you will ensure you have the necessary HIT to scale your VBP arrangements rapidly over the course of the contract.

We continue to leverage our analytic teams locally and at corporate. We hired a new analytic director to assist with supporting our VBP reporting and analytic capabilities.

b. How you will spread VBP to different care settings.

We will engage providers to develop models and partner with our analytics team to implement. Our VBP financial analyst will be integral in this process for developing models and our program manager will support implementation across our organization.

c. How you will include plans for enhancing or changing HIT if enhancements or changes are needed to administer VBP arrangements for the remainder of the contract:

Trillium evolves HIT as needed to support our VBP agreements. We include necessary enhancements in our annual goal setting and IT project planning.

21) You reported the following information about your <u>specific activities and milestones</u> related to using HIT to administer VBP arrangements.

For this question, please modify your previous response, using underlined text to add updates and strikethrough formatting to delete content from your previous responses from May of 2022 and 2023. If the field below is blank, please provide updates on specific milestones from your 2021 HIT Roadmap submission.

Milestones:

2019 thru 2020 – Trillium implemented Total Cost of Care (TCoC) agreements during 2019 and 2020; TCoC includes capitation and or fee service reimbursement along with upside and downside risk and may include quality performance if it aligns with LAN Category 3 / 4. Monthly reports are sent to providers including, a member roster, claim data and a financial summary indicating any deficit and/or surpluses. Implementation meetings were held with providers to review the data available and how the data could be used to identify members that may benefit from interventions and care coordination. Trillium is working towards transitioning providers participating in Total Cost of Care agreements to the Model 1 program. Model 1 is an enhanced version of TCoC and includes a more robust data / analytics support team along with a specific quality performance fund. The target is to have all TCoC providers transitioned to Model 1 during 2022 and completed in 2023.

2020 - The Model 1 agreements were negotiated with providers during 2020 and effective January 2021. Existing TCoC agreements continued with provider discussions for transitioning to Model 1.

Q1 2021 - Monthly Model 1 care management meetings implemented. Member Roster data available and initiatives were discussed with providers regarding member engagement.

Q2 2021 - All Model 1 reports available to providers via Trillium's provider portal. Monthly meetings include reviewing the utilization data and financial reports. Collaboration with providers to implement initiatives to improve performance and address barriers the providers are experiencing.

Q2 2021 – Care management meetings with providers resulted in initiatives to outreach to members for Well Child Visits, completed analysis to identify members with high ER utilization to facilitate discussions for interventions and provided analytic support to the providers to assess their referral patterns and identify services that could be offered by their medical home versus other providers.

2023: No updates for 2021 & 2022

Briefly summarize updates to the section above:

No updates for 2021 & 2022

22) You provided the following information about <u>successes or accomplishments</u> related to using HIT to administer VBP arrangements:

Trillium leveraged our existing process for quality metric incentives. HIT is used to support quality metric performance in Teradata and SAS. Performance data is available to providers on a monthly basis through our vendor Novillus's online interface. The Novillus portal has reports available in Excel, PDF, CSV and PNG options. The quality metric payout detail and performance is prepared by our analytic team and is shared with providers annually using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

Trillium contracts with providers for Total Cost of Care agreements which include the following monthly reports: Financial Settlement (enrollment, member months, net premium, financial targets, surplus or deficit), Member Roster, Member Utilization Report and Member Utilization Dashboard. The reports, which are in Excel and PDF formats, are delivered to the provider via a secure SFTP with an email notification. The data to support the reports is pulled from the EDW with SQL and translated to Excel.

Our Model 1 VBP agreements leverage data from our EDW using SQL, Python and Foundry offering the reports outlined below. The reports are available to providers through our provider portal and the output will be in an Excel format. In negotiating the VBP agreements we utilize an interactive Excel model that allows the provider to enter assumptions to assess the potential surplus and risks. The model is user friendly and displays the results for the different scenarios related to quality and financial metrics.

Trillium partnered with providers participating in Model 1 agreements to develop consistent quality metrics across all Model 1 providers. This was a collaborative process with provider engagement that resulted in identifying metrics and performance benchmarks for 2022.

2023:

Trillium discontinued Novillus and transitioned to Provider Analytics on our Provider Portal. Trillium is implementing JOC meetings to share data with providers, Provider Scorecard, and creation of VBP team to focus on VBP performance and data.

Please note any changes or updates to these successes and accomplishments since May of 2023.

Trillium is leveraging JOC meetings to review data and outcomes with Providers and understand data needs.

23) You also provided the following information about <u>challenges</u> related to using HIT to administer VBP arrangements.

We did not experience any barriers from an HIT perspective however, we did encounter challenges with providers willing to contract for VBP agreements. This was primarily due to provider concerns regarding financial impacts from COVID and market instability.

Providers have been hesitant to contract for downside risk due to financial impacts from Covid and low Medicaid reimbursement for behavioral health providers.

Please note any changes or updates to these challenges since May of 2023.

No changes

24) You previously reported the following information about your <u>strategies, activities and milestones</u> for using HIT to effectively support provider participation in VBP arrangements. This included how your CCO ensures:

a. **Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.**
b. **Providers receive accurate and consistent information on patient attribution.**
c. **If applicable, include specific HIT tools used to deliver information to providers.**

HIT is used to support quality metric performance in Teradata and SAS. Performance is available to providers on a monthly basis through our vendor Novillus's online interface. The Novillus portal has reports available in Excel, PDF, CSV and PNG options. The quality metric payout detail and performance is prepared by our analytic team and is shared annually with providers using Excel documents. The Excel documents are sent via secure email and available for download through our secure SFTP site.

We provide a monthly Member Roster report to all our VBP contract provider partners. Month to month activity is available for review. Staff is on standby to answer attribution questions.

Monthly Detail Support Files (including information on claims, revenue & membership) are provided to all contracted VBP providers. Once thoroughly reviewed and gaps are identified, providers are able to focus on gap resolution, intervene as appropriate and improve outcomes.

Trillium created a report entitled the 'Population Health Tool' that provides a comprehensive overview of each member assigned to their practice. This overview includes, but not limited to; risk profiling, Social Determinants of Health factors, primary, secondary and tertiary medical drivers impacting members overall care. This report is shared with providers monthly to assist with identifying members who may need intervention to improve outcomes and complements additional VBP reporting for Model 1 and TCoC. Providers are able to review member

prospective risk, behavioral health risk and current risk scores. This data can be cross-referenced with the VBP utilization reporting to identify services the members are receiving or not receiving that may improve outcomes. The Novillus quality metric gap reporting identifies gaps in care the providers may focus on to improve performance and increase the quality of care members are receiving.

Trillium has transitioned from using Noviillus to using our provider portal. Metric performance and provider analytics are available in our provider portal.

VBP providers utilize our provider portal to access data and analytics. Total Cost of Care reports are still distributed via secure email in Excel format.

2023:

Providers receive timely reports, monthly and quarterly reports are available on our Provider Portal or sent via email with Excel files.

Click or tap here to enter text.

Please note any changes or updates to your strategies since May of 2023.

a. Providers receive timely (e.g., at least quarterly) information on measures used in the VBP arrangements applicable to their contracts.

We hold monthly meetings with providers to review their quality performance and scheduling quarterly JOC meetings. Financial reporting and population health data is sent monthly.

b. Providers receive accurate and consistent information on patient attribution.

Providers receive monthly reports for membership and have real time access through our provider portal for their member roster.

c. If applicable, include specific HIT tools used to deliver information to providers.

Provider portal and Excel files

How frequently does your CCO share population health data with providers?

☐ Real-time/continuously
☒ At least monthly
☐ At least quarterly
☐ Less than quarterly
☐ CCO does not share population health data with providers

25) You previously reported the following information about how your CCO <u>uses</u> data for population management to identify specific patients requiring

intervention, including data on risk stratification and member characteristics that can inform the targeting of interventions to improve outcomes.

Monthly, electronic Detail Support Files which include information on claims, revenue & membership are provided to all our contracted VBP providers. We work with each provider to establish 1) how files are distributed 2) cadence of distribution and 3) available options for education, training and inquiries. We have a dedicated team available to assist. We are working to expand our health equity data and analytics.

2023: Trillium's VBP team is partnering with our Population Health team, and they will be included in our JOC meetings to connect with providers and discuss barriers and opportunities for care coordination.

Please note any changes or updates to this information since May 2023.

We send a monthly population health tool "Hotspotter" report inclusive of member's risk, utilization, risk factors, SDOH. Implementation of JOC meetings with providers, case managers are available to discuss interventions and member's care.

26) You previously reported the following information about how your CCO <u>shares</u> data for population management to identify specific patients requiring intervention, including data on risk stratification and member characteristics that can inform the targeting of interventions to improve outcomes.

Monthly, electronic Detail Support Files (including information on claims, revenue & membership) are provided to all contracted VBP providers. Once thoroughly reviewed and gaps are identified, providers are able to focus on gap resolution, intervene as appropriate and improve outcomes.

Trillium created a report entitled the 'Population Health Tool' that provides a comprehensive overview of each member assigned to their practice. This overview includes, but not limited to; risk profiling, Social Determinants of Health factors, primary, secondary and tertiary medical drivers impacting members overall care. This report is shared with providers monthly to assist with identifying members who may need intervention to improve outcomes and complements additional VBP reporting for Model 1 and TCoC. Providers are able to review member prospective risk, behavioral health risk and current risk scores. This data can be cross-referenced with the VBP utilization reporting to identify services the members are receiving or not receiving that may improve outcomes. The Novillus quality metric gap reporting identifies gaps in care the providers may focus on to improve performance and increase the quality of care members are receiving.

Novillus reporting transitioned to our provider portal.

2023:
Trillium's VBP team is partnering with our Population Health team, and they will be included in our JOC meetings to connect with providers and discuss barriers and opportunities for care coordination.

Please note any changes or updates to this information since May 2023.

We send a monthly population health tool "Hotspotter" report inclusive of member's risk, utilization, risk factors, SDOH. Implementation of JOC meetings with providers, case managers are available to discuss interventions and member's care.

27) Estimate the percentage of VBP-related performance reporting to providers that is shared through each of the following methods:

Estimated percentage	Reporting method
80%	Excel or other static reports
20%	Online interactive dashboard that providers can configure to view performance reporting for different CCO populations, time periods, etc.
0%	Shared bidirectional platform (example: Arcadia) that integrates electronic health record data from providers with CCO administrative data.
	Other method(s): Click or tap here to enter text.
[Total percentages should sum to 100%]	

How does this look different for primary care vs. other types of providers (hospital care, behavioral health care, maternity care, oral health care, children's health care)?

Non-PCP providers are static

28) You previously reported the following information about your <u>accomplishments and successes</u> related to using HIT to support providers.

During 2020 Trillium developed a new VBP model (Model 1) and successfully negotiated agreements with primary care groups servicing 38.8% of Trillium's membership. The new Model 1 agreements include downside and upside risk, quality performance, with a blend of capitation and fee for service compensation. We created an interactive Excel financial model to assist in negotiations with providers. We received positive feedback from the providers on the tool that it was very helpful for the providers to understand the financial impact and easily enter assumptions to assess opportunities and risks. In addition to developing the Model 1 framework, a reporting suite was created for the providers to utilize to successfully administer the VBP agreements. The reporting suite is available via our Provider Portal in the financial reporting section. We worked with our providers to ensure they were able to access the Provider Portal and connect to the reporting suite. Our provider engagement team remains available for any

technical issues or questions with accessing the portal. The reporting suite, for actionable reporting/data to change behavior and drive results, includes:

- Daily refresh of inpatient census & discharge report
- Monthly refresh of member roster using current membership
- Monthly refresh of utilization report rolling 12 months
- Monthly refresh of financial statements contract year, 12 months rolling
- Monthly refresh of detail support files, claims, revenue and membership
- Monthly refresh of surplus eligibility report
- Trillium continues to focus on stabilizing behavioral health reimbursement and health equity data and analytics.

2023: Provider scorecard and creation of local VBP team

Please note any changes or updates to this information since May 2023.

No changes

29) You previously reported the following information about your <u>challenges</u> related to using HIT to support providers.

We did not face any challenges from an HIT perspective however some negotiations were challenging due to provider concerns related to Covid-19.

2023: No changes

Please note any changes or updates to this information since May 2023.

No changes

Section 7: Technical Assistance

The following questions are to better understand your CCO's technical assistance (TA) needs and requests related to VBPs.

30) What TA can OHA provide that would support your CCO's achievement of CCO 2.0 VBP requirements?

Sharing best practices

31) Aside from TA, what else could support your achievement of CCO 2.0 VBP requirements?

Sharing best practices

32) <u>Optional</u>: Do you have any suggestions for improving the collection of this information in subsequent years? If so, what changes would you recommend?

N/A