CCO NAME: Trillium Community Health Plan (Tri-County)
REPORTING PERIOD: **1/1/2023 - 12/31/2023**

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 x 0.75 + $10.00 x 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 dollar amount or range**	**Average PMPM dollar amount**	**If a PMPM range (rather than a fixed dollar amount) is provided in column C, please explain.**	**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	N/A	N/A	N/A	N/A	None in service area
Tier 2 clinics	N/A	N/A	N/A	N/A	None in service area
Tier 3 clinics	21				
Tier 4 clinics	34				
Tier 5 clinics	14				

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REPORTING PERIOD: **1/1/2023 - 12/31/2023**

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Brief description of the five largest models, defined by dollars spent and VBPs implemented (e.g. condition-specific (asthma) population-based payment)	**Most advanced LAN category in the VBP model** (4 > 3 > 2C) *Note: For models listed at a LAN category 3B or higher, please list the risk sharing*	**Percentage of payments made through this model at the highest indicated LAN category**	**Additional LAN categories within arrangement**	**Total dollars involved in this arrangement**	**Quality metric(s)**	**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**
Example: Shared risk arrangement with hospital-based maternity providers	3B (Risk Sharing Rate: 30%)	90%	1 (FFS)	$3,543,231	Timeliness of Prenatal and Postnatal Care	A hospital participates in a shared risk arrangement where the CCO will make a retrospective payment to the hospital if the actual spending on the hospital's attributed maternity/obstetric population is less than expected spending and the hospital performs well on specific performance measures; or the hospital will make a payment to the CCO if actual spending is more than expected spending.	Inadequate postpartum care can contribute to persistent racial and ethnic disparities in maternal and infant health outcomes.
Total Cost of Care (TCoC): Shared savings inclusive of upside surplus, capitation payments, and opportunity for quality incentives. Surplus share is dependent on meeting quality metrics.	4B	49%	1, 2C, 3A	$5,950,922	CCO Quality Metrics	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): Risk sharing inclusive of upside surplus, capitation payments including a withhold for downside risk, and opportunity for quality incentives.Surplus share is dependent on meeting quality metrics.	4B	61%	1, 2C, 3B	$4,343,398	CCO Quality Metrics	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.
Pirmary Care Capitation and quality incentives	4B	63%	1, 2C	$2,376,948	CCO Quality Metrics	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.
Dental PMPM capitation and qualtiy improvement incentive inclusive of a withhold for downside risk.	3B	5.60%	2C	$14,627,318	CCO Quality Metrics	Dental providers for 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.

Required implementation of care delivery areas by January 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan (Tri-County)
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**In Progress**
LAN category (most advanced category)	
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., 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 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan (Tri-County)
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**In Progress**
LAN category (most advanced category)	
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	
Total unduplicated members served by the providers	
If applicable, maximum potential provider gain in dollars (i.e., 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 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan (Tri-County)
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Behavioral Health**
LAN category (most advanced category)	**2C**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Quality Incentives**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	**$377,350.66**
Total unduplicated members served by the providers	**684**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$377,350.66**
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)
Initiation of Alcohol or Other Drug Abuse or Depe	**CCO Quality**	**OHA Benchmark**	**71.22%**
Engagement of Alcohol or Other Drug Abuse or D	**CCO Quality**	**OHA Benchmark**	**45.32%**
Follow Up After Hospitalization for Mental Illness	**CCO Quality**	**OHA Benchmark**	**36.00%**
Continuity of Care- Follow-Up within 14 Days of Initial Assessment		**NCQA**	
Members with Both a BH and PCP Preventative Visit		**NCQA**	

Required implementation of care delivery areas by January 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan (Tri-County)
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Dental Providers**
LAN category (most advanced category)	**4B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Dental PMPM capitation and quality improvement withhold (at risk), eligible for quality incentive. Dental providers for total population and all services.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Applies to total population**
Total dollars paid	**$14,627,318**
Total unduplicated members served by the providers	**82,479**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$578,629**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$1,369,765**

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)
Assessments for Children in DHS Custody	**CCO Quality**	**OHA Benchmark**	**87.50%**
Preventive Dental or Oral Service Utilization Ages 1-5	**CCO Quality**	**OHA Benchmark**	**33.56%**
Preventive Dental or Oral Service Utilization Ages 6-14	**CCO Quality**	**OHA Benchmark**	**32.85%**
Oral Evaluation for Diabetes	**CCO Quality**	**OHA Benchmark**	**20.67%**

Required implementation of care delivery areas by January 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 questions on rows 18 and 20 are not applicable, write N/A.

CCO NAME:	Trillium Community Health Plan (Tri-County)
Describe Care Delivery Area (CDA) ***Note:*** a VBP may encompass two CDAs concurrently. If your CCO has taken this approach, list both CDAs; no more than two CDAs can be combined to meet the CDA requirement.	**Children's Health**
LAN category (most advanced category)	**2C**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Quality Incentives**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	
Total dollars paid	**$556,811.46**
Total unduplicated members served by the providers	**1,396**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$556,811.46**
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)
Adolescent Immunizations	**CCO Quality**	**OHA Benchmark**	**17.51%**
Childhood Immunization Status	**CCO Quality**	**OHA Benchmark**	**43.85%**
Assessments for Children in DHS Custody	**CCO Quality**	**OHA Benchmark**	**100.00%**
Preventive Dental or Oral Service Utilization Ages	**CCO Quality**	**OHA Benchmark**	**34.09%**
Preventive Dental or Oral Service Utilization Ages	**CCO Quality**	**OHA Benchmark**	**34.41%**
Well-Child Visits Ages 3-6	**CCO Quality**	**OHA Benchmark**	**46.55%**