CCO NAME: Trillium Communtity Health Plan SW Region
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	5				
Tier 4 clinics	16				
Tier 5 clinics	10				

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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 rate.*	**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.
Model 1: Risk sharing inclusive of upside and downside, individual risk pools (professional, insititutional, pharmacy) with customized risk sharing based on provider's performance, blend of capitation and fee for service reimbursement with quality incentives.	4B	15%	1, 2C, 3B	$10,156,697	HEDIS measures and participation in CCO Quality Metrics	Integrated Primary Care and Behavioral Health clinics inclusive of Pediatric, Family Medicine and Adult populations. Provider is at risk for ther 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 and downside, capitation payments including a withhold for downside risk, and opportunity for quality incentives.	4B	72%	1, 2C, 3B	$5,719,322	CCO Quality Metrics	ntegrated 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.
PCP capitation payments including a withhold for downside risk, withhold is earned through quality metric performance.	4B	39%	1, 2C, 3B	$6,007,973	Subset of CCO Qualtiy 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.
Complex Case Management Fee including a withhold for downside risk, sharing in surplus and qualtiy metrics.	4B	85%	2C	$490,507	HEDIS Measures	Population based PMPM for complex members, at risk for all members receiving the PMPM.	Cohort of complex members with a minimum of 5 chronic Medical and 1 BH conditions.
Dental PMPM capitation and qualtiy improvement withhold (at risk)	3B	8%	2C	$11,962,721	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 Communtity Health Plan SW Region
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.

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CCO NAME:	Trillium Communtity Health Plan SW Region
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 Communtity Health Plan SW Region
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)	**4B**
Briefly describe the payment arrangement and the types of providers and members in the arrangement (e.g. pediatricians and asthmatic children)	**Complex Case Management Fee including a withhold for downside risk, sharing in surplus and qualtiy metrics. Population based PMPM for complex members, at risk for all members receiving the PMPM.**
If applicable, describe how this CDA serves populations with complex care needs or those who are at risk for health disparities	**Cohort of complex members with a minimum of 5 chronic Medical and 1 BH conditions.**
Total dollars paid	**490,506**
Total unduplicated members served by the providers	**374**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**109,004**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**54,502**

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)
EHR Measure: Cigarette Smoking Prevalence[1]	**CCO Metrics**	**OHA Benchmark**	**33.7%**
EHR Measure: Depression Screening and Follow-Up Plan[2]	**CCO Metrics**	**OHA Benchmark**	**89.4%**
EHR Measure: Diabetes HbA1c Poor Control[1]	**CCO Metrics**	**OHA Benchmark**	**18.4%**
EHR Measure: Drug and Alcohol Screening (SBIRT)[2]	**CCO Metrics**	**OHA Benchmark**	**84.6%**
NCQA Measure: Oral Evaluation for Adults with Diabetes	**NCQA**	**National benchmark**	**37.5%**
NCQA Measure: Statin Therapy for Patients with Diabetes	**NCQA**	**National benchmark**	**81.5%**
NCQA Measure: Eye Exam for Patients with Diabetes	**NCQA**	**National benchmark**	**84.6%**
NCQA Measure: Statin Therapy for Patients with Cardiovascular Disease	**NCQA**	**National benchmark**	**87.8%**
NCQA Measure: Controlling High Blood Pressure	**NCQA**	**National benchmark**	**80.6%**

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.

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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	**$11,962,721**
Total unduplicated members served by the providers	**70,171**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$1,707,948.89**
If applicable, maximum potential provider loss in dollars (e.g. maximum potential risk in a capitated payment)	**$513,078**

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**	**100.00%**
Preventive Dental or Oral Service Utilization Ages	**CCO Quality**	**OHA Benchmark**	**47.07%**
Preventive Dental or Oral Service Utilization Ages	**CCO Quality**	**OHA Benchmark**	**53.80%**
Oral Evaluation for Diabetes	**CCO Quality**	**OHA Benchmark**	**19.74%**

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.

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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	**$1,222,791.83**
Total unduplicated members served by the providers	**3,564**
If applicable, maximum potential provider gain in dollars (i.e., maximum potential quality incentive payment)	**$1,222,791.83**
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 Metrics**	**OHA Benchmark**	**26.34%**
Childhood Immunization Status	**CCO Metrics**	**OHA Benchmark**	**52.25%**
Assessments for Children in DHS Custody	**CCO Metrics**	**OHA Benchmark**	**91.05%**
Preventive Dental or Oral Service Utilization Ages	**CCO Metrics**	**OHA Benchmark**	**48.34%**
Preventive Dental or Oral Service Utilization Ages	**CCO Metrics**	**OHA Benchmark**	**54.09%**
Well-Child Visits Ages 3-6	**CCO Metrics**	**OHA Benchmark**	**52.56%**