

<p><b>Instructions for all Tabs</b></p>	<ul style="list-style-type: none"> <li>• Enter data in yellow highlighted cells only.</li> <li>• Reporting periods are cumulative, and data entered must represent cumulative period from first month in contract period to last month in reporting quarter (i.e.: Q3 data must include Q1 and Q2 data).</li> <li>• APM Model types in this report reflect all qualified APMs as described in "RI EOHHS Transitioning to Alternative Payment Methodologies: Requirements for Medicaid Managed Care"</li> </ul> 
<p><b>Cover Sheet</b></p>	<ul style="list-style-type: none"> <li>• Enter data in cells highlighted in yellow.</li> <li>• Use drop-down list to select reporting quarter.</li> <li>• Data entered in this cover sheet will self-populate into all the other tabs.</li> </ul>
<p><b>MCO APM Status Summary</b></p>	<ul style="list-style-type: none"> <li>• All fields in this tab will be populated from data entered in other tabs of this worksheet.</li> <li>• No data should be entered on this tab.</li> </ul>
<p><b>Proj Revenue &amp; MM</b></p>	<ul style="list-style-type: none"> <li>• Enter cumulative Member Months for each of the Premium Cells identified.</li> <li>• SOBRA: Enter cumulative number of births.</li> <li>• All other fields in this tab will self-populate.</li> </ul>
<p><b>1. AEs</b></p>	<ul style="list-style-type: none"> <li>• Total Cost of Care (TCOC) based contracts with EOHHS certified Comprehensive Accountable Entities.</li> <li>• Select AE name in drop-down lists.</li> <li>• Enter cumulative attributed Member Months for each Premium Cell identified.</li> <li>• SOBRA: Enter cumulative number of births to women attributed to the AE.</li> <li>• All other fields in this tab will self-populate.</li> </ul>
<p><b>2. Other Pop Based TCOC</b></p>	<ul style="list-style-type: none"> <li>• Other Population Based Total Cost of Care models, inclusive of: A) comprehensive TCOC arrangements and B) a limited scope model such as PCP capitation. May include shared savings and/or risk arrangements.</li> <li>• Payments included in APM target calculation are all payments for services as defined in TCOC arrangement and compliant with EOHHS requirements.</li> <li>• Enter name of entity.</li> <li>• Enter type of TCOC Arrangement (PCP Cap, Other TCOC...)</li> <li>• Provide a brief description of arrangement with entity on an attached schedule.</li> <li>• Executed contract: select yes/no from drop-down list.</li> <li>• Enter Member months</li> <li>• Enter total identified dollars as applicable to the type of arrangement for cumulative period (for comprehensive TCOC arrangements, enter the total medical portion of the capitation; for limited scope model, enter the total dollars in that limited scope capitation).</li> <li>• All other fields in this tab will self-populate.</li> </ul>
<p><b>3. Bundled</b></p>	<ul style="list-style-type: none"> <li>• Episode-based Bundled Payments either prospectively paid or retrospectively reconciled, with a risk component.</li> <li>• All payments included in the bundle are included in the APM target calculation.</li> <li>• Does not include SOBRA payments or related maternity bundles.</li> <li>• Enter name of entity</li> <li>• Enter type of Bundled Payment Arrangement (IHH, Ortho, Cardiac...)</li> <li>• Provide a brief description of arrangement with each entity on an attached schedule.</li> <li>• Executed contract: select yes/no from drop-down list.</li> <li>• Enter number of episodes/events and total dollars paid for per bundled episodes for cumulative period.</li> <li>• All other fields in this tab will self-populate.</li> </ul>
<p><b>4. PCMH</b></p>	<ul style="list-style-type: none"> <li>• PCMH (recognized by OHIC) - Care Transformation PMPM: such payments include PMPM payment to support development and maintenance of a care management function within that practice and is not limited to supporting a care manager, per se. The purpose of the infrastructure payment is to compensate practices for the time and effort involved in achieving PCMH recognition and establishing basic policies and procedures necessary for PCMH function, including developing clinical data capture, reporting and analysis capacity.</li> <li>• Payments included in APM target calculation are PMPM payments only.</li> <li>• Executed contract: select yes/no from drop-down list.</li> <li>• Provide listing of all contracted PCMH sites in two groupings:  <u>Group A:</u> All PCMHs included in APM category 1 (i.e.: a PCP practice affiliated with an EOHHS-certified AE) and  <u>Group B:</u> all other PCMHs.</li> <li>• For each group:             <ul style="list-style-type: none"> <li>• Enter the PCMH Practice name.</li> <li>• Enter the PCMH Tax ID number.</li> <li>• Enter the cumulative total member months.</li> <li>• Enter the cumulative Care Transformation PMPM payments made.</li> </ul> </li> <li>• All other fields in this tab will self-populate.</li> </ul>

<p><b>5. Other P4P</b></p>	<ul style="list-style-type: none"> <li>• Other Pay-for-Performance payments, supplemental infrastructure payments for person centered integrated care functions, including care management, paid to PCPs, ACOs and other providers, and supplemental infrastructure payments to specialists and other providers to provide incentives to improve communications and coordination among care providers.</li> <li>• Payments included in APM target calculation are P4P payments only.</li> <li>• Enter name of entity.</li> <li>• Enter type of P4P Arrangement (Hospital Inpatient, BH, Primary Care...)</li> <li>• Provide a brief description of arrangement with entity on an attached schedule.</li> <li>• Executed contract: select yes/no from drop-down list.</li> <li>• Enter monthly average of attributed lives, total member months and/or PMPM performance payments as applicable.</li> <li>• All other fields in this tab will self-populate.</li> </ul>
<p><b>6. Other EOHHS Approved</b></p>	<ul style="list-style-type: none"> <li>• Other payments that meet the definition of an Alternative Payment Methodology as approved by EOHHS.</li> <li>• Payments included in APM target calculation are determined on an individual basis.</li> <li>• Enter name of entity.</li> <li>• Enter type of APM Arrangement.</li> <li>• Provide a brief description of arrangement with entity on an attached schedule.</li> <li>• Executed contract: select yes/no from drop-down list.</li> <li>• Enter monthly average of attributed lives, total member months and/or total dollars paid under these arrangements as applicable.</li> <li>• All other fields in this tab will self-populate.</li> </ul>

DRAFT - Final templates to be provided to awarded Contractors.

*It is expected that this report be based on cumulative reporting periods, i.e.: Q3 data must include Q1 and Q2 data.*



## Rhode Island Executive Office of Health and Human Services

### Alternative Payment Methodology Reporting Template for Medicaid Managed Care Organizations

Date Report Submitted to EOHHS:

Managed Care Organization:

State Fiscal Year:

SFY Reporting Quarter:

*Note: Please select reporting quarter from drop-down list.*

*This cell must be filled in order to enable calculations on this spreadsheet.*

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Alternative Payment Methodology Reporting Template

This is a summary tab - do not enter data on this tab, all data is entered on supporting tabs.

Summary Totals for MCO as a whole	Current Cumulative Contract Period
Total Member Months	0
Total Medical Portion of Capitation Revenue	\$ -
Monthly Average of Attributed Lives included within an APM	#DIV/0!
Total Member Months included within an APM	0
Total medical portion of capitation in an APM arrangement	\$ -

Summary Schedule Carrying Forward Totals From Individual APM Template Tabs	Alternative Payment Methodology Types:						Total All APMs
	1. AEs	2. Other Pop-based TCOC	3. Bundled	4. PCMH	5. Other P4P	6. Other Approved	
Monthly Average of Attributed Lives included within an APM	#DIV/0!	-		#DIV/0!	-	-	#DIV/0!
Total Member Months included within APM	-	-		-	-	-	-
Total Medical Portion of Capitation in APM Arrangement	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Summary of Progress toward Targets:	Current Cumulative Contract Period	Target Contract Period 1	Target Contract period 2*	Target Contract period 3	Target Contract period 4	Target Contract period 5
		3/1/2017-6/30/2018	7/1/2018-6/30/2019	7/1/2019-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022
Percent Medical Portion of Capitation Arrangement in an APM Arrangement	#DIV/0!	45%	45% or +5% Q4 CP1	50% or +5% CP2	60% or +5% CP3	65% or +10% CP3
Percent of Medical Portion of Capitation Arrangement in APM #1: Certified AEs	#DIV/0!	30%				
Percent of Total Member Months in APM #1: certified AEs	#DIV/0!					
Percent of Medical Portion of Capitation Arrangement in an APM Arrangement with Shared Savings and Shared Risk Provisions					10%	10%
Percent of members assigned to primary care practices recognized as PCMH by EOHHS	#DIV/0!		45%	55%	60%	60%

\* To be determined by EOHHS based on baseline performance for the last quarter of SFY 18.

Population Eligibility Group	FOR CUMMULATIVE CONTRACT PERIOD Should be Completed as Appropriate for the MCO				
	Capitation Premium Cell	Monthly Average of MCO Members	Member Months for contract period <small>From 1st month in contract period to last month of reporting quarter</small>	Capitation Amount	Medical Portion of Capitation
<b>Rite Care</b>					
MF <1	#DIV/0!		\$ 488.13	\$ 443.09	\$ -
MF 1-5	#DIV/0!		\$ 149.52	\$ 135.73	\$ -
MF 6-14	#DIV/0!		\$ 152.32	\$ 138.27	\$ -
M 15-44	#DIV/0!		\$ 226.26	\$ 203.58	\$ -
F 15-44	#DIV/0!		\$ 330.71	\$ 297.84	\$ -
MF 45+	#DIV/0!		\$ 474.02	\$ 427.48	\$ -
EFP	#DIV/0!		\$ 21.87	\$ 19.58	\$ -
SOBRA*	#DIV/0!		\$ 11,316.00	\$ 10,132.00	\$ -
<b>SUBTOTAL</b>	<b>#DIV/0!</b>	<b>0</b>			<b>\$ -</b>
<b>CSHCN / Substitute Care</b>					
Adoption Subsidy	#DIV/0!		\$ 518.59	\$ 457.91	\$ -
Katie Beckett	#DIV/0!		\$ 2,918.42	\$ 2,620.76	\$ -
SSI < 15	#DIV/0!		\$ 1,330.42	\$ 1,193.15	\$ -
SSI >= 15	#DIV/0!		\$ 957.26	\$ 842.90	\$ -
Substitute Care	#DIV/0!		\$ 800.73	\$ 675.32	\$ -
<b>SUBTOTAL</b>	<b>#DIV/0!</b>	<b>0</b>			<b>\$ -</b>
<b>Rhody Health Partners</b>					
MR Waiver (MRDD)	#DIV/0!		\$ 1,034.11	\$ 934.63	\$ -
SPMI	#DIV/0!		\$ 2,348.11	\$ 2,125.80	\$ -
Other Disabled 21-44	#DIV/0!		\$ 926.73	\$ 837.29	\$ -
Other Disabled 45+	#DIV/0!		\$ 1,402.76	\$ 1,268.83	\$ -
<b>SUBTOTAL</b>	<b>#DIV/0!</b>	<b>0</b>			<b>\$ -</b>
<b>Medicaid Expansion</b>					
F 19-24	#DIV/0!		\$ 263.28	\$ 234.22	\$ -
F 25-29	#DIV/0!		\$ 366.03	\$ 326.67	\$ -
F 30-39	#DIV/0!		\$ 569.74	\$ 509.98	\$ -
F 40-49	#DIV/0!		\$ 650.36	\$ 582.53	\$ -
F 50-64	#DIV/0!		\$ 638.21	\$ 571.60	\$ -
M 19-24	#DIV/0!		\$ 199.59	\$ 176.91	\$ -
M 25-29	#DIV/0!		\$ 338.07	\$ 301.50	\$ -
M 30-39	#DIV/0!		\$ 482.12	\$ 431.13	\$ -
M 40-49	#DIV/0!		\$ 651.09	\$ 583.19	\$ -
M 50-64	#DIV/0!		\$ 711.35	\$ 637.42	\$ -
SOBRA*	#DIV/0!		\$ 11,316.00	\$ 10,132.00	\$ -
<b>SUBTOTAL</b>	<b>#DIV/0!</b>	<b>0</b>			<b>\$ -</b>
<b>All Populations</b>	<b>#DIV/0!</b>	<b>0</b>			<b>\$ -</b>

Please select AE from drop-down list and complete highlighted sections as applicable.

TOTALS ACROSS ALL AEs	
Member Months:	0
Monthly Avg. Attributed Lives:	#DIV/0!
Medical Portion of Premium Dollars:	\$ -
Weighted PMPM Average for the Medical Portion of Capitation:	#DIV/0!

SFY 0 0 Quarter 0

Capitation Premium Cell	AE # 1				AE # 2				AE # 3				AE # 4				AE # 5				AE # 6			
	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives	Member Months for contract period From 1st month in contract period to last month of reporting quarter	Medical Portion of Capitation	Total Medical Portion of Premium Dollars	Monthly Average of Attributed Lives
<b>Rite Care</b>																								
MF <1		\$ 443.09	\$ -	#DIV/0!		\$ 443.09	\$ -	#DIV/0!		\$ 443.09	\$ -	#DIV/0!		\$ 443.09	\$ -	#DIV/0!		\$ 443.09	\$ -	#DIV/0!		\$ 443.09	\$ -	#DIV/0!
MF 1-5		\$ 135.73	\$ -	#DIV/0!		\$ 135.73	\$ -	#DIV/0!		\$ 135.73	\$ -	#DIV/0!		\$ 135.73	\$ -	#DIV/0!		\$ 135.73	\$ -	#DIV/0!		\$ 135.73	\$ -	#DIV/0!
MF 6-14		\$ 138.27	\$ -	#DIV/0!		\$ 138.27	\$ -	#DIV/0!		\$ 138.27	\$ -	#DIV/0!		\$ 138.27	\$ -	#DIV/0!		\$ 138.27	\$ -	#DIV/0!		\$ 138.27	\$ -	#DIV/0!
M 15-44		\$ 203.58	\$ -	#DIV/0!		\$ 203.58	\$ -	#DIV/0!		\$ 203.58	\$ -	#DIV/0!		\$ 203.58	\$ -	#DIV/0!		\$ 203.58	\$ -	#DIV/0!		\$ 203.58	\$ -	#DIV/0!
F 15-44		\$ 297.84	\$ -	#DIV/0!		\$ 297.84	\$ -	#DIV/0!		\$ 297.84	\$ -	#DIV/0!		\$ 297.84	\$ -	#DIV/0!		\$ 297.84	\$ -	#DIV/0!		\$ 297.84	\$ -	#DIV/0!
MF 45+		\$ 427.48	\$ -	#DIV/0!		\$ 427.48	\$ -	#DIV/0!		\$ 427.48	\$ -	#DIV/0!		\$ 427.48	\$ -	#DIV/0!		\$ 427.48	\$ -	#DIV/0!		\$ 427.48	\$ -	#DIV/0!
ERP		\$ 19.58	\$ -	#DIV/0!		\$ 19.58	\$ -	#DIV/0!		\$ 19.58	\$ -	#DIV/0!		\$ 19.58	\$ -	#DIV/0!		\$ 19.58	\$ -	#DIV/0!		\$ 19.58	\$ -	#DIV/0!
SOBRA*		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>CSHCN / Substitute Care</b>																								
Adoption Subsidy		\$ 457.91	\$ -	#DIV/0!		\$ 457.91	\$ -	#DIV/0!		\$ 457.91	\$ -	#DIV/0!		\$ 457.91	\$ -	#DIV/0!		\$ 457.91	\$ -	#DIV/0!		\$ 457.91	\$ -	#DIV/0!
Katie Beckett		\$ 2,620.76	\$ -	#DIV/0!		\$ 2,620.76	\$ -	#DIV/0!		\$ 2,620.76	\$ -	#DIV/0!		\$ 2,620.76	\$ -	#DIV/0!		\$ 2,620.76	\$ -	#DIV/0!		\$ 2,620.76	\$ -	#DIV/0!
SSI < 15		\$ 1,193.15	\$ -	#DIV/0!		\$ 1,193.15	\$ -	#DIV/0!		\$ 1,193.15	\$ -	#DIV/0!		\$ 1,193.15	\$ -	#DIV/0!		\$ 1,193.15	\$ -	#DIV/0!		\$ 1,193.15	\$ -	#DIV/0!
SSI >= 15		\$ 842.90	\$ -	#DIV/0!		\$ 842.90	\$ -	#DIV/0!		\$ 842.90	\$ -	#DIV/0!		\$ 842.90	\$ -	#DIV/0!		\$ 842.90	\$ -	#DIV/0!		\$ 842.90	\$ -	#DIV/0!
Substitute Care		\$ 675.32	\$ -	#DIV/0!		\$ 675.32	\$ -	#DIV/0!		\$ 675.32	\$ -	#DIV/0!		\$ 675.32	\$ -	#DIV/0!		\$ 675.32	\$ -	#DIV/0!		\$ 675.32	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Rhody Health Partners</b>																								
MR Waiver (MRDD)		\$ 934.63	\$ -	#DIV/0!		\$ 934.63	\$ -	#DIV/0!		\$ 934.63	\$ -	#DIV/0!		\$ 934.63	\$ -	#DIV/0!		\$ 934.63	\$ -	#DIV/0!		\$ 934.63	\$ -	#DIV/0!
SPMI		\$ 2,125.80	\$ -	#DIV/0!		\$ 2,125.80	\$ -	#DIV/0!		\$ 2,125.80	\$ -	#DIV/0!		\$ 2,125.80	\$ -	#DIV/0!		\$ 2,125.80	\$ -	#DIV/0!		\$ 2,125.80	\$ -	#DIV/0!
Other Disabled 21-44		\$ 837.29	\$ -	#DIV/0!		\$ 837.29	\$ -	#DIV/0!		\$ 837.29	\$ -	#DIV/0!		\$ 837.29	\$ -	#DIV/0!		\$ 837.29	\$ -	#DIV/0!		\$ 837.29	\$ -	#DIV/0!
Other Disabled 45+		\$ 1,268.83	\$ -	#DIV/0!		\$ 1,268.83	\$ -	#DIV/0!		\$ 1,268.83	\$ -	#DIV/0!		\$ 1,268.83	\$ -	#DIV/0!		\$ 1,268.83	\$ -	#DIV/0!		\$ 1,268.83	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>Medicaid Expansion</b>																								
F 19-24		\$ 234.22	\$ -	#DIV/0!		\$ 234.22	\$ -	#DIV/0!		\$ 234.22	\$ -	#DIV/0!		\$ 234.22	\$ -	#DIV/0!		\$ 234.22	\$ -	#DIV/0!		\$ 234.22	\$ -	#DIV/0!
F 25-29		\$ 326.67	\$ -	#DIV/0!		\$ 326.67	\$ -	#DIV/0!		\$ 326.67	\$ -	#DIV/0!		\$ 326.67	\$ -	#DIV/0!		\$ 326.67	\$ -	#DIV/0!		\$ 326.67	\$ -	#DIV/0!
F 30-39		\$ 509.98	\$ -	#DIV/0!		\$ 509.98	\$ -	#DIV/0!		\$ 509.98	\$ -	#DIV/0!		\$ 509.98	\$ -	#DIV/0!		\$ 509.98	\$ -	#DIV/0!		\$ 509.98	\$ -	#DIV/0!
F 40-49		\$ 582.53	\$ -	#DIV/0!		\$ 582.53	\$ -	#DIV/0!		\$ 582.53	\$ -	#DIV/0!		\$ 582.53	\$ -	#DIV/0!		\$ 582.53	\$ -	#DIV/0!		\$ 582.53	\$ -	#DIV/0!
F 50-64		\$ 571.60	\$ -	#DIV/0!		\$ 571.60	\$ -	#DIV/0!		\$ 571.60	\$ -	#DIV/0!		\$ 571.60	\$ -	#DIV/0!		\$ 571.60	\$ -	#DIV/0!		\$ 571.60	\$ -	#DIV/0!
M 19-24		\$ 176.91	\$ -	#DIV/0!		\$ 176.91	\$ -	#DIV/0!		\$ 176.91	\$ -	#DIV/0!		\$ 176.91	\$ -	#DIV/0!		\$ 176.91	\$ -	#DIV/0!		\$ 176.91	\$ -	#DIV/0!
M 25-29		\$ 301.50	\$ -	#DIV/0!		\$ 301.50	\$ -	#DIV/0!		\$ 301.50	\$ -	#DIV/0!		\$ 301.50	\$ -	#DIV/0!		\$ 301.50	\$ -	#DIV/0!		\$ 301.50	\$ -	#DIV/0!
M 30-39		\$ 431.13	\$ -	#DIV/0!		\$ 431.13	\$ -	#DIV/0!		\$ 431.13	\$ -	#DIV/0!		\$ 431.13	\$ -	#DIV/0!		\$ 431.13	\$ -	#DIV/0!		\$ 431.13	\$ -	#DIV/0!
M 40-49		\$ 583.19	\$ -	#DIV/0!		\$ 583.19	\$ -	#DIV/0!		\$ 583.19	\$ -	#DIV/0!		\$ 583.19	\$ -	#DIV/0!		\$ 583.19	\$ -	#DIV/0!		\$ 583.19	\$ -	#DIV/0!
M 50-64		\$ 637.42	\$ -	#DIV/0!		\$ 637.42	\$ -	#DIV/0!		\$ 637.42	\$ -	#DIV/0!		\$ 637.42	\$ -	#DIV/0!		\$ 637.42	\$ -	#DIV/0!		\$ 637.42	\$ -	#DIV/0!
SOBRA*		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!		\$ 10,132.00	\$ -	#DIV/0!
<b>SUBTOTAL</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>	<b>0</b>	<b>\$ -</b>	<b>\$ -</b>	<b>#DIV/0!</b>
<b>All Populations</b>	<b>AE # 1</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>	<b>AE # 2</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>	<b>AE # 3</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>	<b>AE # 4</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>	<b>AE # 5</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>	<b>AE # 6</b>	Weighted PMPM Average for the Medical Portion of Capitation:		<b>#DIV/0!</b>

DRAFT - Final templates to be provided to awarded Contractors.

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Other Population Based total cost of care models	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Total
Type of model (PCP Cap, other TCOC...)						
<i>If this is an applicable category, provide brief description of each on attached schedule. Excludes members and payments attributed to category #1 (previous tab).</i>						
Executed Contracts (yes/no)						
Monthly Average of Attributed Lives	0.00	0.00	0.00	0.00	0.00	0.00
Total Member Months						0
Total Identified Dollars Paid*	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Weighted Average PMPM in APM arrangement	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!

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Episode Based Bundled Payment contracts	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Total
Type of Bundled Payment (IHH, Ortho, Cardiac...)																					
<i>If this is an applicable category, provide brief description of each on attached schedule. Excludes members and payments attributed to categories #1 and #2 (previous tabs).</i>																					
Executed Contracts (yes/no)																					
Number of bundled episodes or events *																					0
Total dollars per bundled episode																					\$ -
Total Dollars Allowed for All Services Under Bundled Payment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

\* Does not include maternity bundle related SOBRA payments

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PCMH - Care Transformation PMPM, Other	GROUP A	GROUP B	TOTAL
<i>If this is an applicable category, provide brief description of each on attached schedule. Excludes members and payments attributed to categories #1 through #3 (previous tabs).</i>			
Executed Contracts (yes/no)			
Monthly Average of Attributed Lives	#DIV/0!	#DIV/0!	#DIV/0!
Total Member Months	0	0	0
PCMH Supplemental Payments made	\$ -	\$ -	\$ -

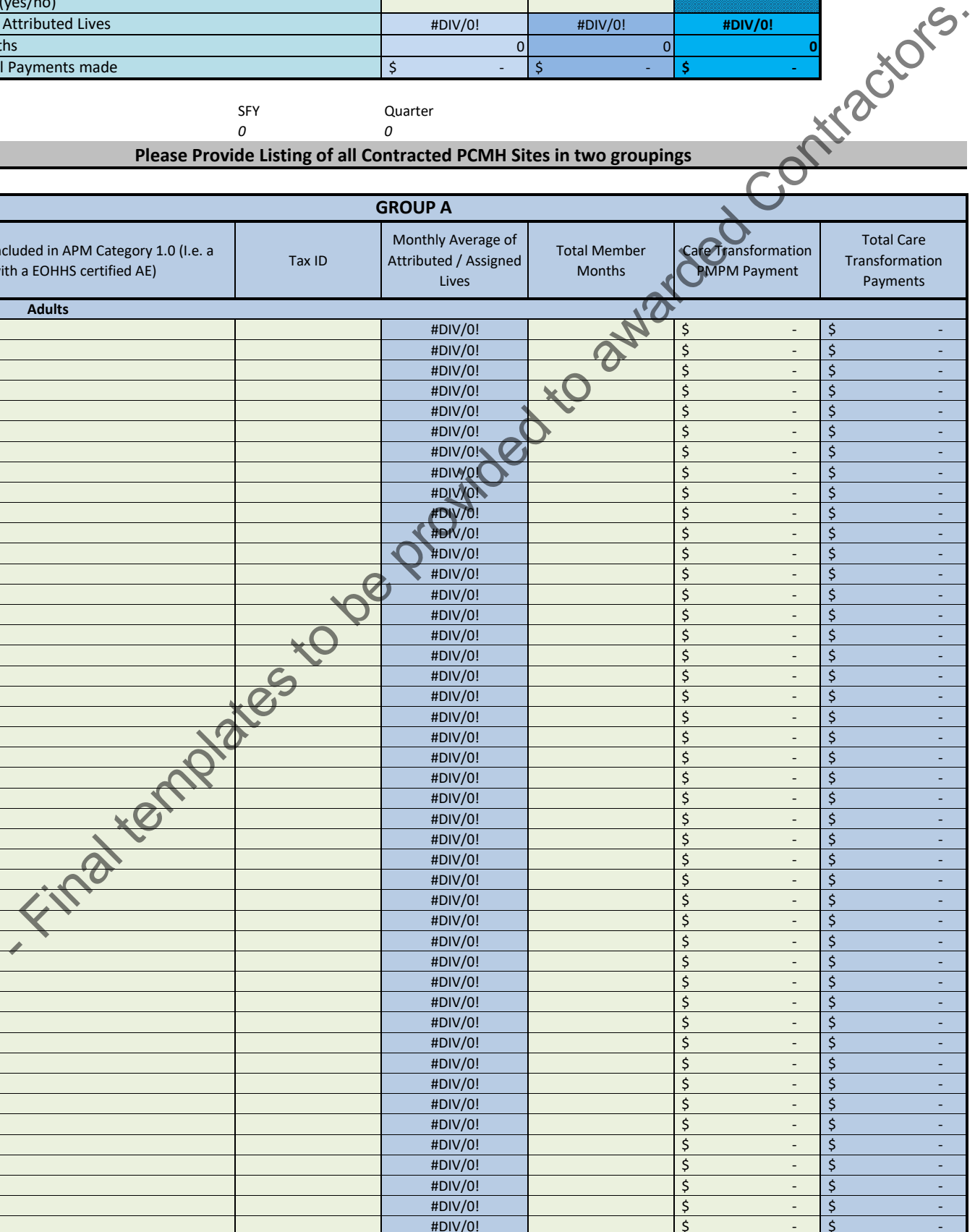
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**Please Provide Listing of all Contracted PCMH Sites in two groupings**

GROUP A					
Group A: All PCMHs included in APM Category 1.0 (I.e. a PCP practice affiliate with a EOHHS certified AE)	Tax ID	Monthly Average of Attributed / Assigned Lives	Total Member Months	Care Transformation PMPM Payment	Total Care Transformation Payments
<b>Adults</b>					
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
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PCMH practice name		#DIV/0!		\$ -	\$ -







Group B: All other PCMHs	Tax ID	Monthly Average of Assigned Lives	Total Member Months	Care Transformation PMPM Payment	Total Care Transformation Payments Made
<b>Adults</b>					
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
PCMH practice name		#DIV/0!		\$ -	\$ -
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PCMH practice name		#DIV/0!		\$	-	\$	-
PCMH practice name		#DIV/0!		\$	-	\$	-
PCMH practice name		#DIV/0!		\$	-	\$	-
<b>Subtotal children</b>		#DIV/0!	0	\$	-	\$	-
<b>SUBTOTAL Group B</b>		#DIV/0!	0	\$	-	\$	-

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Totals	Monthly Average of Attributed / Assigned Lives	Total Member Months	Total Payments Made
SUBTOTAL Adults in Group A+B	#DIV/0!	0	\$ -
SUBTOTAL Children in Group A+B	#DIV/0!	0	\$ -
Total Adults and Children in Group A+B	#DIV/0!	0	\$ -
Total for all adults and children enrolled in MCO	#DIV/0!	0	\$ -
Percent of total enrolled assigned to a PCMH	#DIV/0!	#DIV/0!	#DIV/0!

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Other Infrastructure and Pay-for-performance payment arrangements for SFY 2019	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Total
Type of P4P (Hospital Inpatient, BH, Primary Care...)						
<i>If this is an applicable category, provide brief description of each on an attached schedule. Excludes members and payments attributed to categories #1 through #4 (previous tabs).</i>						
Executed Contracts (yes/no)						
Monthly Average of Attributed Lives						0.00
Total Member Months at contracted entity						0
PMPM performance payments						\$ -
Total Performance Payments						\$ -

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Other payment arrangements that meet the definition of an Alternative Payment Methodology as approved by EOHHS.	Entity Name	Entity Name	Entity Name	Entity Name	Entity Name	Total
Type of APM						
<i>If this is an applicable category, provide brief description of each on an attached schedule. Excludes members and payments attributed to categories #1 through #5 (previous tabs).</i>						
Executed Contracts (yes/no)						
Monthly Average of Attributed Lives						0.00
Total Member Months						0
Total Dollars Paid Under these arrangements						\$ -

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