Patient Centered Primary Care Home (PCPCH) Enrollment

Measure Basic Information

Name and date of specifications used: OHA originally developed these specifications based on recommendations from OHA's Metrics and Scoring Committee, December 2012, and has updated them to reflect changes in the Patient Centered Primary Care Home Program structure, November 2016, and changes to the exclusions for 2017 and 2018 made by the Metrics & Scoring Committee in October 2017.

URL of Specifications: N/A

Measure Type:
HEDIS ☐   PQI ☐   Survey ☐   Other ■   Specify: OHA-developed

Measure Utility:
CCO Incentive ■   State Quality ■   CMS Adult Core Set ☐   CMS Child Core Set ☐   Other ☐   Specify:

Data Source: Patient Centered Primary Care Home (PCPCH) enrollment by tier via self-report from CCOs; total CCO enrollment via MMIS/DSSURS

Measurement Period:
This measure is looking for total PCPCH enrollment by the end of calendar year 2019 (December 2019). OHA will collect updated PCPCH enrollment rates from CCOs quarterly throughout 2019, but the final calculation will be based on PCPCH enrollment as of December 31, 2019. See due dates in Reporting section below.

2019 Benchmark: The PCPCH Enrollment measure does not have a benchmark. CCOs receive credit for this measure according to a tiered formula which provides greater weight for members enrolled in clinics that are recognized at higher tiers of the PCPCH program. In previous years, this score was set at 60.0. The Metrics & Scoring Committee selected a threshold score of 68.0 for differentiating between quality pool payment levels for 2019 (the "sliding scale").[1]

2019 Improvement Targets: n/a

Incentive Measure Changes in specifications from 2018 to 2019:

- In October 2017 Metrics & Scoring Committee decided to exclude members attributed or assigned to tribal clinics from this measure for both the 2017 and 2018 measurement periods. However, beginning in 2019 (with these measure specifications), members enrolled in tribal clinics will again be counted in the measure.

Denied claims: N/A

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[1] See annual Quality Pool Methodology ("Reference Instructions") posted online at
http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx

Member type: CCO A ■   CCO B ■   CCO G □

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Measure Details

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Data elements required denominator: Total CCO enrollment for the same month as the PCPCH enrollment snapshot multiplied by 5.

OHA produces total CCO enrollment from MMIS/DSSURS as of the 15th of the month. For example, the December 2019 snapshot of PCPCH enrollment will use December 15th, 2019 total CCO enrollment (times 5) for the denominator. Monthly enrollment reports can be found online at http://www.oregon.gov/oha/HSD/OHP/Pages/Reports.aspx

Required exclusions for denominator: None.

Deviations from cited specifications for denominator: N/A

Data elements required numerator: Number of CCO members enrolled in PCPCHs by tier, using the following formula:

(# of members in Tier 1 clinics *1) + (# of members in Tier 2 clinics*2) + (number of members in Tier 3 clinics*3) + (# members in Tier 4 clinics*4) + (# members in 5 STAR clinics*5) = numerator

Given the length of time it might take for site visits for 5 STAR designation to be completed, OHA is including a 'grace period' for the final CY 2019 reporting. Specifically, if CCOs have practices that have applied for 5 STAR designation by December 31, 2019 that have not yet received a site visit, OHA will ask CCOs to provide this information as part of the Q4 reporting.

OHA will then work with the PCPCH program to include any updated information for recognition occurring between January 1 and April 30, 2020. That is, OHA will include updated information about practices that have applied for 5 STAR designation by December 31, 2019 and receive 5 STAR designation by April 30, 2020, in the measure calculation to ensure CCOs receive credit for members assigned to this clinic.

Required exclusions for numerator: None.

Deviations from cited specifications for numerator: N/A

Full Measure Formula

[(# of members in Tier 1 clinics *1) + (# of members in Tier 2 clinics*2) + (number of members in Tier 3 clinics*3) + (# members in Tier 4 clinics*4) + (# members in 5 STAR clinics*5)] / (Total CCO enrollment *5)

What are the continuous enrollment criteria: None.

What are allowable gaps in enrollment: None.

Define Anchor Date (if applicable): None.

Reporting

CCOs are contractually obligated to report on the number of members assigned to providers in PCPCH practices on a quarterly basis. CCOs can also provide additional information on the number of health care teams or clinics meeting PCPCH standards, and the number of primary care practitioners accepting members in a PCPCH by tier.

CCOs report on the number of members assigned to providers in PCPCH practices quarterly, via online survey: https://www.surveymonkey.com/s/PCPCHReport. Due dates for each quarter are:

> Q1 2019 – Due May 1, 2019
> Q2 2019 – Due August 1, 2019
> Q3 2019 – Due November 1, 2019
> Q4 2019 – Due February 1, 2020

OHA may request a member-level attribution file, showing which members are assigned to which certified PCPCHs, at some point during the 2019 measurement year. This file will support more detailed analysis and cross-tabulation with other measures as well as measure validation. If requested, OHA will provide details on this reporting via the CCO Metrics Technical Advisory Group (TAG).