Secretary of State

NOTICE OF PROPOSED RULEMAKING HEARING*

A Statement of Need and Fiscal Impact accompanies this form.

Oregon Health Authority, Office for Oregon Health Policy and Research	**409**
Agency and Division	Administrative Rules Chapter Number

Zarie Haverkate	**1225 Ferry Street SE, 1st Floor, Salem, OR 97301**	**503-373-1574**
Rules Coordinator	Address	Telephone

RULE CAPTION

Repeal of Temporary Rule and Amendments to Patient-Centered Primary Care Home Program Rules

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

February 19, 2013	10:00 a.m.	1225 Ferry Street SE, 1st floor, Mt. Neahkanie Room, Salem, Oregon	Zarie Haverkate
Hearing Date	Time	Location	Hearings Officer

Auxiliary aids for persons with disabilities are available upon advance request.

RULEMAKING ACTION

Secure approval of new rule numbers (Adopted or Renumbered rules) with the Administrative Rules Unit prior to filing.

AMEND: OAR 409-055--0030, 409-055-0040, & 409-055-0050

REPEAL: OAR 409-055-0030(T)

Stat. Auth: ORS 413.042, 414.655 & 442.210

Stats. Implemented: ORS 413.042, 414.655 & 442.210

RULE SUMMARY

The Oregon Health Authority, Office for Oregon Health Policy and Research is proposing to repeal temporary rule OAR 409-055-0030(T) and make permanent the discretionary 30-day discretionary grace period for PCPHs to submit their annual renewal application and make amendments relating to the annual renewal recognition process and criteria for the Primary Care Home (PCPCH) Program.

These rules are available on the OHPR Website: http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx. For hardcopy requests, call: (503) 373-1574.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing the negative economic impact of the rule on business.

Thursday, February 21, 2013 at 5:00 p.m.

Last Day for Public Comment (Last day to submit written comments to the Rules Coordinator)

Zarie Haverkate	Zarie Haverkate, Rules Coordinator	1/8/13
Signature	Printed name	Date

*Hearing Notices published in the Oregon Bulletin must be submitted by 5:00 pm on the 15th day of the preceding month unless this deadline falls on a weekend or legal holiday, upon which the deadline is 5:00 pm the preceding workday. ARC 920-2005

Secretary of State

STATEMENT OF NEED AND FISCAL IMPACT

A Notice of Proposed Rulemaking Hearing or a Notice of Proposed Rulemaking accompanies this form.

Oregon Health Authority, Office for Oregon Health Policy and Research — 409

Agency and Division — Administrative Rules Chapter Number

Repeal of Temporary Rule and Amendments to Patient-Centered Primary Care Home Program Rules

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of: **The repeal of OAR 409-055-0030(T) and amendment of OAR 409-055-0030, 409-0040 and 409-0050.**

Statutory Authority: **ORS 413.042, 414.655 & 442.210**

Stats. Implemented: **ORS 413.042, 414.655 & 442.210**

Need for the Rule(s): **The Oregon Health Authority, Office for Oregon Health Policy and Research is proposing to repeal OAR 409-055-0030(T) and make permanent the discretionary 30-day discretionary grace period for PCPHs to submit their annual renewal application and make amendments relating to the annual renewal recognition process and criteria for the Primary Care Home (PCPCH) Program.**

Documents Relied Upon, and where they are available:
The Patient-Centered Primary Care Home Implementation Guide:
http://www.oregon.gov/OHA/OHPR/HEALTHREFORM/PCPCH/index.aspx.

Fiscal and Economic Impact:
No economic impact on individual members of the public is expected.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):
None.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small businesses and types of business and industries with small businesses subject to the rule:
None. Compliance with the PCPCH Standards is entirely voluntary.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:
None. Compliance with the PCPCH Standards is entirely voluntary.

c. Equipment, supplies, labor and increased administration required for compliance:
None. Compliance with the PCPCH Standards is entirely voluntary.

How were small businesses involved in the development of this rule?
The membership of the PCPCH Standard Advisory Committee includes members representing primary care providers from small and rural practices. Public comment was also welcomed at the meetings.

Administrative Rule Advisory Committee consulted? No.
If not, why?: **The PCPCH Standards Advisory Committee served as the Rule Advisory Committee where proposed changes were discussed at several public meetings and public comment was also welcomed. The PCPCH Standards Advisory Committee membership includes primary care providers from small and rural practices.**

Zarie Haverkate — Zarie Haverkate, Rules Coordinator — 1/8/13

Signature — Printed name — Date

CHAPTER 409
OREGON HEALTH AUTHORITY,
OFFICE FOR OREGON HEALTH POLICY AND RESEARCH

DIVISION 55
PATIENT-CENTERED PRIMARY CARE HOME PROGRAM

409-055-0030
Practice Application and Recognition Process

(1) Practices, or other entities on behalf of the practice, shall submit a Patient-Centered Primary Care Home Program (PCPCH) Recognition Process Application electronically to the Authority via the Program's online application system found on the Program website. The application shall include data pursuant to ~~per~~ OAR 409-055-0040.

(2) The Authority shall review the application for completed data and compliance with the criteria in OAR 409-055-0040.

(3) When the PCPCH applicant meets the criteria requirements, the Authority shall recognize~~deem~~ the practice~~applicant as~~ a Patient-Centered Primary Care Home~~Recognized PCPCH Practice~~ and assign a Tier level.

(4) The Authority shall maintain ~~keep~~ instructions and criteria for submitting a PCPCH Recognition ~~Process~~ Application posted on the Program website.

(5) The Authority shall notify p~~P~~ractices ~~shall be notified~~ in writing or electronically of a PCPCHs Tier score or contact~~ed~~ the practice for additional information within 60 days of application submission.

(6) The Authority may deny ~~A practice may be denied~~ PCPCH recognition if it does not meet the criteria in OAR 409-055-0040.

(7) Practices must file a request for review with the Program within 90 days if the practice disagrees with the calculated Tier score.

(8) PCPCHs must renew their recognition annually or at the discretion of the Authority~~OHA~~, but no less than 12 months from the effective recognition date identified to the practice by the Authority. At the Authority's discretion a 30-day grace period may be allowed for PCPCHs to submit their annual renewal application without having a lapse in recognition status. If during the year, a PCPCH believes that it meets the criteria to be recognized at a higher tier, it may request to have its tier status reassessed by re-submitting an application not more than once every six months.

(9) The effective recognition date identified by the Authority shall be the date on which the Authority has completed the application review process.

(10) The Authority may ~~reserves the right to~~ identify a recognition date other than the date of application review process completion if the application is intended to be retroactive.

(11) ~~It is the intent of~~ T~~t~~he Program may ~~to~~ refine the criteria in ~~per~~ OAR 409-055-0040 during the first two years of implementation ~~of the Program~~ based on PCPCH provider and stakeholder feedback. After that ~~this~~ time, the Authority, at its discretion, ~~intends to move to a recognition renewal process of once every three years will~~ shall consider revisions to the recognition criteria every two years or as needed based on provider and stakeholder feedback.

(12) Recognition applications~~requests~~ must~~may~~ be sent electronically ~~or by mail to the address posted on the~~ through the Program website.

[Tables: Tables referenced are available from the agency.]

Stat. Auth: ORS 413.042, 414.655 & 442.210
Stat. Implemented: 413.042, 414.655 & 442.210

409-055-0040
Recognition Criteria

(1) The PCPCH measures are divided into "Must-Pass" measures and other measures that place the practice on a scale of maturity or 'tier' that reflect basic to more advanced PCPCH functions.

(2) Must-Pass and Tier 1 measures focus on foundational PCPCH elements that should be achievable by most practices in Oregon with significant effort, but without significant financial outlay.

(3) Tier 2 and Tier 3 measures reflect intermediate and advanced functions.

(4) Except for the 10 Must-Pass measures, each measure is assigned a point value corresponding to the Tier. ~~For a practice to~~ To be recognized as a PCPCH, a practice~~it~~ must meet the following point allocation criteria:

(a) Tier 1: 60~~30~~ – 120~~60~~ points and all 10 Must-Pass Measures

(b) Tier 2: 125~~65~~ – 250~~125~~ points and all 10 Must-Pass Measures

(c) Tier 3: 255~~130~~ points or more and all 10 Must-Pass Measures

(5) A practice's point score shall be calculated through the recognition process pursuant to OAR 409-055-0030.

(6) See Table 1 for a detailed list of Measures and corresponding point assignment.

(7) ~~See Tables 2.A and 2.B for a~~A detailed list of the PCPCH Quality Measures are available on the Program website.

~~(8) Data specifications for the measures listed in Table 2 shall be available on the Program website.~~

(8~~9~~) Quantitative data shall be aggregated at the practice level, not the individual patient level, and there may not be any transfer of any personal health information from the practice to the Authority during the PCPCH application process.

(9~~10~~) The Authority shall develop m~~M~~easure specification, thresholds for demonstrating improvement, and benchmarks for quantitative data elements ~~shall be developed by the Authority~~ and shall make the information ~~made~~ available on the Program website.

(10~~11~~) National Commission for Quality Assurance (NCQA) recognition shall~~will~~ be acknowledged in the Authority's PCPCH recognition process; however, a practice is not required to use its NCQA recognition to meet the Oregon PCPCH standards. A practice that does not wish to use its NCQA recognition to meet the Oregon PCPCH standards must indicate so during the PCPCH application process and submit a complete PCPCH application.

(11~~12~~) Depending on the version of NCQA recognition that was used, practices seeking Oregon PCPCH recognition who~~and~~ wish to use their NCQA PCMH status shall attest to being a NCQA recognized PCMH and submit the following additional information:~~.~~

(a) Table 2 for PCMH practices using 2008 NCQA criteria; or

(b) Table 3 for PCMH practices using 2011 NCQA criteria.

~~(13) Additional required elements for NCQA PCMH recognized practices choosing to use their NCQA status are listed in Table 3 for PCMH practices using 2008 NCQA criteria and Table 1 for PCMH practices using 2011 NCQA criteria.~~

[ED. NOTE: Tables referenced are not included in rule text. Click here for PDF copy of table~~(~~s~~)~~.]

Stat. Auth: ORS 413.042, 414.655 & 442.210
Stats. Implemented: 413.042, 414.655 & 442.210

409-055-0050
Data Reporting Requirements for Recognized PCPCHs

(1) ~~In order~~ T~~t~~o be recognized as a PCPCH, a practice must attest to meeting the standards and submit quantitative data elements as described in Table 1~~ as well as submit quantitative data elements as described in Tables 1 and 2~~.

~~(2) The attestation shall be submitted electronically via the web-based process pursuant to OAR 409-055-0030.~~

~~(3) Recognized PCPCHs shall be scored and assigned a Tier level pursuant to OAR 409-055-0040.~~

(2~~4~~) PCPCHs must submit a~~A~~ttestation data ~~must be submitted by PCPCHs~~ annually as a part of the recognition renewal process.

(3~~5~~) Part of the recognition process shall also include electronic submission of quantitative data about the practice or the practice's patient population.

~~(6) Quantitative data shall be submitted electronically via the web-based reporting process.~~

(4~~7~~) Quantitative data elements ~~selected from Table 2~~ must be submitted by recognized PCPCHs annually, including~~for those practices submitting~~ data to meet standards 2.A~~.2 or 2.A.3~~, 4A, and 4B.

(5~~8~~) If approved by the practice ~~and the Authority~~, other entities may submit information on behalf of a practice as long as appropriate practice staff have reviewed all application information and data.

(6~~9~~) Specific data elements required for PCPCH recognition shall be posted on the PCPCH Program website.

(7~~10~~) The Authority, at its~~shall have~~ discretion, may ~~to~~ make exceptions to any of the reporting requirements for practices collecting data elements~~ outside of those on Table 2~~ for the purpose of quality improvement activities.

~~(11) The Authority shall have discretion to make exceptions to any of the reporting requirements referred to in OAR 409-055.~~

(8~~12~~) Practices may request an exception to any of the reporting requirements on the PCPCH application~~.form~~. Exceptions can be granted due to small practice size or other factors and are approved by program staff.

(9~~13~~) The Authority shall notify the practice within 60 days of complete application submission whether or not the requested exception has been granted.

[ED. NOTE: Tables referenced are not included in rule text. Click here for PDF copy of table~~(~~s~~)~~.]

Stat. Auth: ORS 413.042, 414.655 & 442.210
Stats. Implemented: 413.042, 414.655 & 442.210