

Overview

Rostering Process for CCO Data Proposals in CQMR

Background

The Clinical Quality Metrics Registry (CQMR) uses Patient-Centered Primary Care Home (PCPCH) IDs to enable the unique identification of clinics participating in CCO incentive measure reporting and Tax ID Numbers (TINs) to identify organizations. OHA will work with CCOs to make sure that information is populated into the CQMR in advance of the CCOs starting their data proposals for 2019 reporting. OHA anticipates working with CCOs a few times per year to make updates on an ongoing basis.

Rostering process step-by-step

Rostering is a process in which OHA works with CCOs so clinics and organizations participating in CCO incentive measure reporting can be correctly identified in the CQMR. The roosting process is groundwork for CCOs' data proposals: In the CQMR, CCOs will select the organizations and practices from a look-up list, avoiding the risk of mistyping an identifier.

OHA crosswalks 2018 data proposals with PCPCH Program data to create draft roster for each CCO

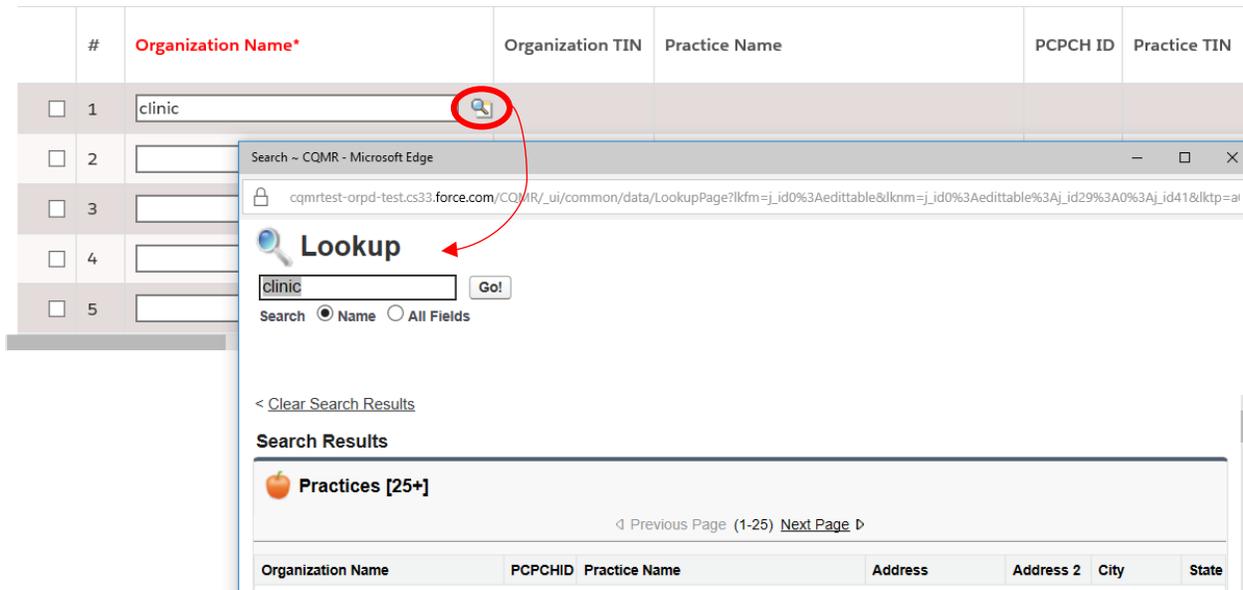
CCOs review draft rosters, make corrections, validate if clinics need a PCPCH ID, and return rosters to OHA

OHA gets PCPCH IDs assigned as needed and provides data to populate into CQMR

CCOs submit data proposals in CQMR

Periodic roster review and update cycles, perhaps 3 times per year

When a CCO enters its data proposal in the CQMR, there will be a look-up function to select the organizations and clinics participating in reporting. The rostering process ensures that the look-up table is complete and accurate.



FAQs

Why are PCPCH IDs being used in CQMR?

The CQMR needs an identifier that can uniquely identify clinics, that is, an identifier that always refers to the same clinic and only to that clinic. Finding a usable unique identifier is challenging, because many identifiers may be used by more than one clinic (e.g., multiple clinics within an organization may use the same Tax ID Number) or may be used inconsistently (e.g., facility NPIs may be shared by clinics within an organization and may not be available for every clinic).

The PCPCH ID was an appealing approach because the PCPCH Program has a well-established process for assigning identifiers and a substantial majority of clinics that participate in CCO incentive measure reporting also are recognized PCPCHs.

Can a CCO include in its reporting a clinic that is not recognized as a PCPCH?

Yes, the rostering process allows for assignment of PCPCH IDs to clinics that are not currently recognized as PCPCHs. The clinics do not need to complete a PCPCH application unless they actually are pursuing PCPCH recognition. If a clinic simply needs a PCPCH ID, they will be identified during the rostering process, and OHA staff from the CQMR team and the PCPCH Program will work together to get an PCPCH ID assigned.

To prevent confusion, if a clinic is listed in a CCO's draft roster and the CCO knows the clinic is about to apply for PCPCH recognition, the CCO can note that in the comments section of the draft roster.

Will the clinic keep the same PCPCH ID if a clinic decides to complete a PCPCH application at a later date?

Yes, if a clinic is assigned a PCPCH ID during the rostering process and then later decides to pursue PCPCH recognition, the clinic will keep the same PCPCH ID.

Can a CCO provide corrected information (e.g., a new address or updated contact info) to OHA on behalf of a PCPCH?

No, the clinic needs to request or confirm changes to the information that it has submitted to the PCPCH Program. However, if a CCO informs OHA of updated information, the PCPCH Program can reach out directly to the clinic to request confirmation, making the update process more streamlined for the clinic.

What if CCO metrics someday include clinics that couldn't be assigned a PCPCH ID?

If needed, the [Oregon Provider Directory](#) may be a resource for identifying other types of clinics for future years of CCO incentive measure reporting.

Can a CCO include a clinic in its roster and then not include the clinic in its data proposal?

Yes, the rostering process is meant to populate identifiers for clinics that may be included in reporting. CCOs will use the data proposal process to identify clinics that actually will be included in reporting, just as they have done in previous years.

What's the difference between an organization and a clinic? What if an organization has only one clinic?

In general, an organization is a health system, and a practice is a clinic within an organization. If an organization has only one clinic location, that clinic should be identified as a clinic, with a PCPCH identifier for the clinic. This approach promotes consistency in defining clinics across organizations. It also will enable the identifier to remain clear if the organization later opens another clinic.

If a CCO gets data from an organization for a single clinic (e.g., the data comes from XYZ System's central office for XYZ Anytown Family Practice), is that organization or clinic level reporting?

That would be considered to be clinic level reporting, even though someone at the system level may have pulled the data.