PCPCH-1000

PCPCH Reporting

This survey is the mechanism for CCOs to provide data on Patient-Centered Primary Care Home (PCPCH) enrollment for 2024.

OHA will use this information to calculate the Measurement Year (MY) 2024 PCPCH Enrollment measure.

For questions about this survey or reporting PCPCH enrollment data, please contact pcpch@oha.oregon.gov

* 1. Please provide the following contact information CCO:
Contact Person Name: Contact Person Email:
* 2. OHA expects the data entered in this survey to reflect PCPCH enrollment as of December 2024. Please confirm by writing the month and year that your CCO's data represent. Reporting Dates: Reporting End Month and Date:
* 3. Required: Number of members assigned in Oregon-recognized PCPCH practices, by tier. This information will be used to calculate the PCPCH Enrollment measure. Tier 1:
Tier 2:
Tier 3:
Tier 4:
Tier 5:
4. Optional: Number of health care teams or clinics meeting PCPCH standards, by tier. Tier 1:
Tier 2:
Tier 3:
Tier 4:

Tier 5:
5. Optional: Number of primary care practitioners accepting members in a PCPCH, by tier. Tier 1:
Tier 2:
Tier 3:
Tier 4:
Tier 5:
 Optional: Total CCO enrollment at the time this PCPCH report was generated. This information will be used for comparison purposes with the OHA-generated denominator for the PCPCH Enrollment measure.
Answer:

- 7. Optional: List the names of contracted tribal clinics that meet the following criteria, and the number of members attributed or assigned to each of those clinics:
 - Officially-recognized tribal clinic
 - Contracted with your CCO as of the reporting month (December 2024)
 - No PCPCH tier recognition (OHA reserves the right to verify PCPCH recognition status and tier with PCPCH program)

If no clinics meet these criteria, simply write "None".

Answer:



PCPCH Reporting Evaluation Criteria

In order to comply with the PCPCH reporting contract deliverable, CCOs must complete all <u>required</u> questions through the <u>CCO deliverables portal</u> by January 5, 2026. The following criteria must be met in order for the deliverable to be approved.

Criteria	Evaluation
1. Survey submitted via CCO deliverable portal by 1/5/2026	□ YES
	□ NO
2. Response provided for survey question #1 (contact	□ YES
information).	□NO
3. Response provided for survey question #2 (month and	□ YES
year that PCPCH data represent).	□ NO
4. Response provided for survey question #3 (number of	□ YES
members assigned to PCPCH practices by tier).	□ NO