

## PCPCH Reporting

**This survey is the mechanism for CCOs to provide reports on Patient-Centered Primary Care Home (PCPCH) enrollment for 2020.**

**OHA will use this information to calculate the PCPCH Enrollment State Quality Measure.**

**For questions about this survey or reporting PCPCH enrollment data, please contact us at [metrics.questions@dhsoha.state.or.us](mailto:metrics.questions@dhsoha.state.or.us).**

Please provide your contact information and CCO name.

<b>Name:</b>	<input type="text"/>
<b>Coordinated Care Organization</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>

OHA expects the data entered in this survey to reflect enrollment as of December 2020. Please confirm by writing the month and year that your CCO's data represent.

## PCPCH Reporting

### Patient-Centered Primary Care Home Enrollment

Required: Number of members assigned to providers in Oregon recognized PCPCH practices, by tier. This information is used to calculate the PCPCH Enrollment measure.

Tier 1	<input type="text"/>
Tier 2	<input type="text"/>
Tier 3	<input type="text"/>
Tier 4	<input type="text"/>
5 STAR	<input type="text"/>

Optional: Number of members assigned to providers in current NCQA-recognized medical homes (under 2011 or newer NCQA standards).

Please note this information should only count members assigned to NCQA-recognized medical homes that are not ALSO Oregon-recognized PCPCHs. OHA is collecting this optional field to inform potential changes to the measure for a future measurement year.

NCQA-  
recognized  
medical  
home

Optional: Number of health care teams or clinics meeting PCPCH standards, by tier.

Tier 1

Tier 2

Tier 3

Tier 4

5 STAR

Optional: Number of primary care practitioners accepting members in a PCPCH, by tier.

Tier 1

Tier 2

Tier 3

Tier 4

5 STAR

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 State Quality measure.

This document is for reference only. The CCO must provide the requested information by completing the online survey.  
Contact the CCO Contracts Administrator for the link.

Required: 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 2020)
- No PCPCH tier recognition (OHA will verify PCPCH recognition and tier with the PCPCH program)

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

PCPCH Reporting

Thank you!

**Thank you for submitting your PCPCH Enrollment report!**

**If you would like to provide any additional information on PCPCH enrollment to supplement this report, such as enrollment by clinic, please send via email to [metrics.questions@dhsoha.state.or.us](mailto:metrics.questions@dhsoha.state.or.us).**