

PCPCH Reporting - MY2023

This survey is the mechanism for CCOs to provide data on Patient-Centered Primary Care Home (PCPCH) enrollment for 2023.

OHA will use this information to calculate the MY2023 PCPCH Enrollment measure.

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

* 1. Please provide the following contact information

CCO name	<input type="text"/>
Contact person name	<input type="text"/>
Contact person email	<input type="text"/>

* 2. OHA expects the data entered in this survey to reflect enrollment as of December 2023. Please confirm by writing the month and year that your CCO's data represent.

* 3. Required: Number of members assigned to providers in Oregon-recognized PCPCH practices, by tier. This information will be 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"/>

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

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"/>

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

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"/>

6. 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.

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 2023)
- 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".

PCPCH Reporting Evaluation Criteria

In order to comply with the PCPCH reporting contract deliverable, CCOs must complete all required questions of the [online survey](#) by January 30, 2024. The following criteria must be met in order for the deliverable to be approved.

Criteria	Evaluation
1. Survey submitted via https://www.surveymonkey.com/r/PCPCHReport23 by 1/30/24.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Response provided for survey question #1 (contact information).	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Response provided for survey question #2 (month and year that PCPCH data represent).	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Response provided for survey question #3 (number of members assigned to PCPCH practices by tier).	<input type="checkbox"/> YES <input type="checkbox"/> NO