

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

Proposed Amendments and Adoption relating to the Patient-Centered Primary Care Home Program Rules
Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

December 19, 2014	1:00 pm	1225 Ferry Street SE, Mt. Jefferson 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.

ADOPT: OAR 409-055-045

AMEND: OAR 409-055-0010, 409-055-0030, and 409-055-0040

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 make amendments relating to the recognition criteria for the Patient-Centered Primary Care Home (PCPCH) Program to add a new "3 STAR Designation".

**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.

Tuesday, December 23, 2014, at 5:00 p.m.

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

/s/	Zarie Haverkate, Rules Coordinator	11/13/14
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
Agency and Division

409

Administrative Rules Chapter Number

Proposed Amendments and Adoption relating to the 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 amendment of OAR 409-055-0010, 409-055-0030, and 409-055-0040; and the adoption of OAR 409-055-0045.**

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 make amendments relating to the recognition criteria for the Patient-Centered Primary Care Home (PCPCH) Program to add a new "3 STAR Designation".**

Documents Relied Upon, and where they are available:

The Technical Specifications and Reporting Guidelines:

[http://www.oregon.gov/oha/pcpch/Documents/2014 Technical Assistance and Reporting Guide.pdf](http://www.oregon.gov/oha/pcpch/Documents/2014%20Technical%20Assistance%20and%20Reporting%20Guide.pdf)

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?

A Technical Advisory Group was convened that included members from organizations representing small and rural primary care practices.

Administrative Rule Advisory Committee consulted? No.

If not, why?: **A Technical Advisory Committee served as the Rule Advisory Committee where proposed changes were discussed. Stakeholder outreach was also conducted.**

/s/
Signature

Zarie Haverkate, Rules Coordinator
Printed name

11/13/2014
Date

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

**DIVISION 55
PATIENT-CENTERED PRIMARY CARE HOME PROGRAM**

409-055-0010

Definitions

The following definitions apply to OAR 409-055-0000 to 409-055-0090:

- (1) “Administrator” means the administrator or designee of The Office for Oregon Health Policy and Research as defined in ORS 442.011.
- (2) “Authority” means the Oregon Health Authority.
- (3) “CHIPRA Core Measure Set” means the initial core set of children's health care quality measures released by the Centers for Medicare and Medicaid Services in 2009 for voluntary use by Medicaid and CHIP programs.
- (4) “NCQA” means National Committee for Quality Assurance.
- (5) “Office” means the Office for Oregon Health Policy and Research.
- (6) “Patient Centered Medical Home (PCMH)” means a practice or provider who has been recognized as such by the National Committee for Quality Assurance.
- (7) “Patient-Centered Primary Care Home (PCPCH)” means a health care team or clinic as defined in ORS 414.655, meets the standards pursuant to OAR 409-055-0040, and has been recognized through the process pursuant to OAR 409-055-0040.
- (8) “Personal Health Information” means demographic information, medical history, test and laboratory results, insurance information and other data that is collected by a health care professional to identify an individual and determine appropriate care.
- (9) “Practice” means an individual, facility, institution, corporate entity, or other organization which provides direct health care services or items, also termed a performing provider, or bills, obligates and receives reimbursement on behalf of a performing provider of services, also termed a billing provider (BP). The term provider refers to both performing providers and BP(s) unless otherwise specified.
- (10) “Program” means Patient-Centered Primary Care Home Program.
- (11) “Program website” means www.primarycarehome.oregon.gov.

- (12) “Provider” means an individual, facility, institution, corporate entity, or other organization which provides direct health care services or items, also termed a performing provider, or bills, obligates and receives reimbursement on behalf of a performing provider of services, also termed a billing provider (BP). The term provider refers to both performing providers and BP(s) unless otherwise specified.
- (13) “Recognition” means the process through which the Authority determines if a practice has met the Oregon Patient-Centered Primary Care Home Standards.
- (14) “Recognized” means that the Authority has affirmed that a practice meets the Oregon Patient-Centered Primary Care Home Standards.
- (15) “Tier” means the level of Patient-Centered Primary Care Home at which the Authority has scored a practice.
- (16) “Verification” means the process that Office for Oregon Health Policy and Research shall conduct to ensure that a practice has submitted accurate information to the Authority for purposes of Patient-Centered Primary Care Home recognition.
- (17) [“3 STAR” means a designation assigned to Patient-Centered Primary Care Homes meeting advanced PCPCH criteria](#)

Stat. Auth: ORS 413.042, 414.655 & 442.210

Stats. Implemented: 413.042, 414.655 & 442.210

409-055-0030

Practice Application and Recognition Process

- (1) Practices, or other entities on behalf of the practice, that wish to be recognized as a PCPCH shall submit a PCPCH Recognition Application electronically to the Authority via the Program’s online application system found on the Program website or by mail to the address posted on the Program website. The application shall include the quantitative data described in OAR 409-055-0040.
- (2) The Authority shall review the application within 60 days of its submission to determine whether it is accurate, complete, and meets the recognition requirements. If the application is incomplete the applicant will be notified in writing of the information that is missing and when it must be submitted.
- (3) The Authority shall review a complete application within 60 days of submission. If the Authority determines that the applicant has met the requirements of these rules the Authority shall:
 - (a) Inform the applicant in writing that the application has been approved as a recognized PCPCH,

- (b) Assign a Tier level, and
 - (c) Include the effective recognition date.
- (4) The Authority shall maintain instructions and criteria for submitting a PCPCH Recognition Application posted on the Program website.
 - (5) The Authority may deny PCPCH recognition if an applicant does not meet the requirements of these rules.
 - (6) A Practice may request that the Authority reconsider the denial of PCPCH recognition or reconsider the assigned tier level. A request for reconsideration must be submitted in writing to the Authority within 90 days of the date of the denial or approval letter and must include a detailed explanation of why the practice believes the Authority's decision is in error along with any supporting documentation. The Authority shall inform the practice in writing whether it has reconsidered its decision.
 - (7) Practices submitting applications on or after September 3, 2013 must apply to renew their recognition once every two years. Recognition will expire two years from the effective date of recognition that was issued by the Authority.
 - (a) At the Authority's discretion a 30-day grace period may be allowed for PCPCHs to submit their renewal application without having a lapse in recognition status.
 - (b) If a PCPCH believes that it meets the criteria to be recognized at a higher tier or increase it's point threshold by at least 15 points, it may request to have its tier status reassessed by re-submitting an application not more than once every six months. The Authority may grant exceptions to the six month time period for good cause shown.
 - ~~(c) Currently recognized PCPCHs that are due to reapply between September 3, 2013 and December 31, 2013 will be granted a grace period and have the option to wait to submit a renewal application between January 1, 2014 to January 30, 2014 without having a lapse in recognition status.~~

Stat. Auth: ORS 413.042, 414.655 & 442.210

Stats. Implemented: 413.042, 414.655 & 442.210

409-055-0040

Recognition Criteria

- (1) The PCPCH recognition criteria 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 5 point measures focus on foundational PCPCH elements that should be achievable by most practices in Oregon with significant effort, but without significant financial outlay.
- (3) 10 and 15 point measures reflect intermediate and advanced functions.
- (4) Except for the 10 Must-Pass measures, each measure is assigned a point value. A practice must meet the following point allocation criteria to be recognized as a PCPCH:
 - (a) Tier 1: 30–60 points and all 10 Must-Pass Measures
 - (b) Tier 2: 65–125 points and all 10 Must-Pass Measures
 - (c) Tier 3: 130 points or more and all 10 Must-Pass Measures
- (5) The Authority shall calculate a practice’s point score through the recognition process described in OAR 409-055-0030.
- (6) Table 1, incorporated by reference, contains the detailed list of Measures and corresponding point assignments.
- (7) Table 2, incorporated by reference, contains a detailed list of the PCPCH Quality Measures.
- (8) Measure specifications, thresholds for demonstrating improvement, and benchmarks for quantitative data elements are available on the Program website.
- (9) National Committee for Quality Assurance (NCQA) recognition shall 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.
- (10) A practice seeking Oregon PCPCH recognition based on its NCQA recognition must:
 - (a) Submit a PCPCH application and evidence of its NCQA recognition along with its application;
 - (b) Comply with Table 3, incorporated by reference, for NCQA PCMH practices using 2008 NCQA criteria; or
 - (c) Comply with Table 4, incorporated by reference, for NCQA PCMH practices using 2011 NCQA criteria.
- (11) The Authority may designate a practice as a ~~Tier 3 “Star”~~ [3 STAR](#) Patient-Centered Primary Care Home for [implementing multiple advanced PCPCH criteria as described in](#)

~~[OAR 409-055-0045. those practices attesting to a large number of advanced PCPCH criteria. The Authority will determine the criteria for this designation no later than June 2014.](#)~~

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

Stat. Auth: [ORS 413.042, 414.655 & 442.210](#)

Stats. Implemented: [413.042, 414.655 & 442.210](#)

[409-055-0045](#)

[3 STAR Designation](#)

- [\(1\) The Authority shall award 3 STAR designations to practices implementing multiple advanced PCPCH measures.](#)
- [\(2\) A practice seeking 3 STAR designation, must meet the following criteria:
 - \[\\(a\\) Be recognized as a Tier 3 PCPCH under the Measures in Table 1, adopted and incorporated by reference;\]\(#\)
 - \[\\(b\\) Attest to 275 points or more on the PCPCH application; and\]\(#\)
 - \[\\(c\\) Attest to 11 or more of the 13 PCPCH Measures in Table 5, adopted and incorporated by reference.\]\(#\)](#)
- [\(3\) The Authority shall review PCPCH applications of practices attesting to the Measures in Table 1, to determine which practices meet the criteria in section \(2\) of this rule](#)
- [\(4\) The Authority shall notify a practice meeting 3 STAR designation criteria in writing of their eligibility.](#)
- [\(5\) The Authority shall contact the eligible practice to schedule an on-site verification visit as described in OAR 409-055-0060.](#)
- [\(6\) A practice seeking 3 STAR designation must comply with an on-site verification site visit.](#)
- [\(7\) The Authority shall award 3 STAR designation to a practice after verifying the practice meets all 3 STAR designation criteria.](#)
- [\(8\) 3 STAR designation is valid for the duration of the practice's current PCPCH recognition as described in OAR 409-055-0030\(7\).](#)

[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](#)

Table 5. Required PCPCH Measures for 3 STAR designation

Table 5. Required PCPCH Measures for 3 STAR designation

Practices seeking 3 STAR designation must attest to 11 of the 13 PCPCH measures listed.

PCPCH Measure
1.B.1 – After Hours Access
2.D.3 – Quality Improvement
3.C.2 – Referral Process with Mental Health, Substance Abuse or Developmental Providers
3.C.3 – Co-Location with Specialty Mental Health, Substance Abuse or Developmental Providers
4.B.3 – Personal Clinician Continuity
5.C.1 – Responsibility for Care Coordination
5.C.2 – Coordination of Care
5.C.3 – Individualized Care Plan
5.E.1 – Referral Tracking For Specialty Care
5.E.2 – Coordination with Specialty Care
5.E.3 – Cooperation with Community Service Providers
6.A.1 - Language/Cultural Interpretation
6.C.2/6.C.3 - Experience of Care