APCM Reporting One Pager for Phase 8

Quarterly Reporting

➤ Quality Metrics: Reported to OHA and OPCA via the Quality Quadrant template that OPCA provides. Your chosen data contact will receive the templates via email, and will have a month after the close of each quarter to report your organization's quality metric data.

➤ Patient Experience: Reported to OHA and OPCA via the Quality Quadrant template that OPCA provides. You must specify the quarter that you are reporting for, and report new Patient Experience data annually at a minimum.

➤ Care STEPs: Reported to both OHA and OPCA, but separately. For OHA, the patients must be identified. For OPCA, the patients must be de-identified, as we cannot handle Protected Health Information (PHI). Health centers generate these reports, using a provided template for guidance.

➤ Reconciliation: Reported to OHA and OPCA via a template that OPCA provides. This report is on a one-quarter delay, to account for outstanding claims. OPCA will provide the template as part of the onboarding process, and also train you how to fill it out.

APCM Reports

➤ 3131: Makes changes to your APCM list (both additions and removals). You upload this report to OHA's MMIS portal. If patients are successfully added, then you will receive an APM Enrollment Report in return. If patients are unable to be added to your list, then you will receive an Enrollment Error Report. Formatting is very important—one special character will prevent your list from successfully uploading.

➤ 820: Shows payment on a per-patient basis. OHA will transmit this report to your Trading Partner for translation, who should then send it to you. These are needed for filling out the reconciliation reports.

➤ Enrollment Change Report (ECR): Sent by OHA and shows patients who have been removed from your list via the re-attribution policy. In a separate document, OHA will also send you the list of providers that the patients 'leaked' out to. You are able to appeal any removal within 30 days.

➤ Patient Data Report (PDR): Used for population management and quality metric reporting. Contains a wealth of information about the patients on your list, including eligibility deadlines. Sent out monthly by OHA.

➤ Non-Engaged Patient Closure Report (NECR): Shows patients that have not had a Care STEP or billable visit within an eight quarter lookback period, and therefore due for closure by OHA. Health centers have 30 days to appeal closures. First reports will be sent after Q3 2022 for Phase 8. This process is currently on hold for all APCM health centers.

If you have questions about **templates or reporting deadlines**, please contact Brandon Lane at blane@orpca.org.

If you have questions about **reporting strategies in general**, please contact Amy Vasereno at avasereno@orpca.org.