



# Oregon

Kate Brown, Governor

## **Primary Care Spending Report Non-Claims Based Expenditures Reporting Template Guidelines**

### **Background**

The Oregon Legislature enacted Senate Bill [231](#) (2015), House Bill [4017](#) (2016) and Senate Bill [934](#) (2017) which require the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to report the percentage of medical spending allocated to primary care by the following health care payers:

- Prominent carriers, defined as health insurance carriers with annual Oregon premium income of \$200 million or more;
- Health insurance plans contracted by Public Employees' Benefit Board (PEBB), and Oregon Educators Benefit Board (OEBB); and
- Medicaid Coordinated Care Organizations (CCOs).

[The Primary Care Spending Report](#) must be submitted to the legislature by February 1 each year through 2027.

To prepare this report, OHA and DCBS collect medical spending data from:

- Claims-based payments using Oregon's All-Payer, All-Claims (APAC) Reporting Program. The APAC codes used in the report are listed in subsequent section of this document.
- Non-claims-based payments using a specialized reporting template completed by carriers and CCOs.

Carriers and CCOs must submit the non-claims based expenditures reporting template to [PC.ServicesReport@state.or.us](mailto:PC.ServicesReport@state.or.us) by October 1 of each year.

### **Non-Claims Based Expenditures Reporting Template Guidelines**

Non-claims based expenditure reporting requirements for carriers and CCOs have been adopted in Oregon Administrative Rule (OAR). DCBS: [OAR 836-053-1500 to 836-053-1510](#).

OHA: [OAR 409-027-0005 to 409-027-0025](#).

Please review the Rule thoroughly as it defines many terms used in the reporting template such as "primary care," "primary care provider," "practice," and the categories of non-claims based expenditures.

This document provides additional guidance for each category of the non-claims based expenditures defined in the Rule to assist carriers and CCOs as they complete the template.

#### Capitated or Salaried Expenditures

Capitation or salaried arrangements with providers or practices not billed or captured through claims.

Example: Fixed dollar payments for a defined set of services are paid to a provider for each person cared for by the capitated provider.

#### Risk-based reconciliation

Risk-based reconciliation for arrangements with providers or practices not billed or captured through claims.

Example: Services are paid on a fee-for-service basis. At the end of the year, the cost of services is compared against a pre-determined annual budget. If the cost of services is below the budget amount, the provider will share savings with the carrier or CCO. If the cost of services is above the budget amount, the provider will share losses with the carrier or CCO.

#### Patient-Centered Primary Care Homes/Medical Homes

Payments to Patient-Centered Primary Care Homes (PCPCH), Patient-Centered Medical Homes, or based upon that recognition or payments for participation in proprietary or other multi-payer medical home or specialty care practice initiatives.

Example: A per-member-per-month payment based on a practice's PCPCH tier level.

#### Provider Incentives

Prospective incentive payments to providers or practices aimed at developing capacity for improving care for a defined population of patients.

Retrospective incentive payments to providers or practices based on performance aimed at decreasing cost or improving value for a defined population.

Example: Bonus payments to a provider when the provider meets the predetermined baseline or target of medical service use, such as a specified vaccination rate.

#### Health Information Technology

Payments for Health Information Technology structural changes at a practice such as electronic records and data reporting capacity from those records.

Example: A carrier or CCO pays the electronic health record licensing fee for a practice.

#### Workforce Expenditures

Workforce expenditures including payments or expenses for supplemental staff or supplemental activities integrated into the practice such as practice coaches, patient educators, patient navigators, and nurse care managers.