



May 24, 2021

Re: Official Notice of Designation of Cost Growth Target Program Mandatory Reporter Status – ACTION REQUIRED

Your organization has been identified by the Oregon Health Authority (OHA) as a mandatory reporter for the [Sustainable Health Care Cost Growth Target Program](#) for data submission in 2021. Mandatory reporters are payers and licensed third-party administrators with at least 1,000 covered lives in Oregon across all required lines of business (commercial, Medicare, and Medicaid).

The latest health insurance enrollment data from the Oregon Division of Financial Regulation and the Oregon Health Authority indicates that your organization meets the description of a mandatory reporter and is subject to Oregon's Cost Growth Target Program reporting requirements in 2021 (see attached Cost Growth Target: Reporters for 2021 Data Submission).

Established by Senate Bill 889 (2019), the Cost Growth Target program establishes a target for the annual per capita rate of growth of total health care spending in Oregon. The program will use annual data submissions from data reporters to monitor and report on health care spending in the state. More information about the program, including the January 2021 recommendations report to the Oregon legislature, is available [online](#).

The initial data submission for the Cost Growth Target Program must include data from January 1, 2018 – December 31, 2020 and must be submitted to the Oregon Health Authority by **October 1, 2021**.

Reporters must submit data for all required lines of business (commercial, Medicare, Medicaid) and may voluntarily submit data for self-insured plans subject to ERISA. Other lines of business are excluded and should not be reported (e.g. disability, supplemental, stop-loss, workers' compensation, among others).

The data submission template, specifications, and instructions for this initial data submission will be finalized June 2021. Reporters are invited to participate in the [monthly Cost Growth Target Technical Advisory Group \(TAG\)](#) where the template, specifications, data submission process, and validation are discussed (next meeting: May 26th at 10 AM). OHA will provide notification to all mandatory reporters when the temporary Oregon administrative rules, data submission template, specifications are published.

Mandatory reporters receiving this reporting notification should email OHA (HealthCare.CostTarget@dhsosha.state.or.us) an organization contact(s) (name, role, telephone number, and email) for further communication.

Training will be available this summer for mandatory reporters which provides an overview of the data submission template, specifications, and data submission process, as well as available assistance to ensure a successful data submission. OHA will notify each contact submitted when the dates are known. This contact information is due by June 15, 2021 by emailing HealthCare.CostTarget@dhsosha.state.or.us.

If you believe your organization does not meet the criteria for mandatory reporter status in 2021, please contact the Cost Growth Target program in the next 30 days by email at HealthCare.CostTarget@dhsoha.state.or.us to discuss.

If you need more information on anything outlined in this letter, please contact the Cost Growth Target program by email at HealthCare.CostTarget@dhsoha.state.or.us.

Sincerely,

A handwritten signature in blue ink, appearing to read "Sarah E. Bartelmann", with a long horizontal flourish extending to the right.

Sarah Bartelmann, MPH
Cost Growth Target Program Manager
Oregon Health Authority

Cost Growth Target: Reporters for 2021 Data Submission

Mandatory Reporters

At least 1,000 members across all lines of business

Payer (company name)	Commercial*	Self-Insured	TRICARE and other federal	Medicare Advantage	Medicare HMO	Medicaid	TOTAL
Advanced Health	-	-	-	-	-	22,213	22,213
AETNA LIFE INSURANCE COMPANY	18,106	96,647	-	884	-	-	115,637
ALLCARE HEALTH PLAN, INC.	-	-	-	3,946	-	49,842	53,788
ATRIO HEALTH PLANS, INC.	-	-	-	19,195	-	-	19,195
BRIDGESPAN HEALTH COMPANY	2,957	-	-	-	-	-	2,957
CareOregon: Columbia Pacific CCO	-	-	-	-	-	27,783	27,783
CareOregon: Jackson Care Connect	-	-	-	-	-	50,587	50,587
Cascade Health Alliance	-	-	-	-	-	20,355	20,355
CIGNA HEALTH AND LIFE INSURANCE COMPANY	16,369	67,303	-	-	-	-	83,672
FIRST HEALTH LIFE & HEALTH INSURANCE COMPANY	-	-	-	3,266	-	-	3,266
HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	5,089	42,027	-	-	-	-	47,116
HEALTH NET HEALTH PLAN OF OREGON, INC.	14,097	-	-	23,114	-	-	37,211
HEALTH NET LIFE INSURANCE COMPANY	-	-	-	21,129	-	-	21,129
HEALTH PLAN OF CAREOREGON, INC.	-	-	-	12,675	-	-	12,675
Health Share of Oregon	-	-	-	-	-	348,494	348,494
HUMANA INSURANCE COMPANY	44	25	-	5,214	-	-	5,283
HUMANA MEDICAL PLAN, INC.	16	-	-	6,581	-	-	6,597
KAISER FOUNDATION HEALTH PLAN OF THE NORTHWEST	335,310	-	8,153	68,571	4,847	-	416,881
Medicaid FFS	-	-	-	-	-	103,883	103,883
MODA HEALTH PLAN, INC.	161,694	73,139	-	9,561	-	55,425	299,819
PACIFICSOURCE COMMUNITY HEALTH PLANS	-	-	-	1,120	17,665	-	18,785
PACIFICSOURCE HEALTH PLANS	106,829	45,044	-	-	-	-	151,873
PacificSource: Central CCO	-	-	-	-	-	55,179	55,179
PacificSource: Gorge CCO	-	-	-	-	-	13,149	13,149

Payer (company name)	Commercial*	Self-Insured	TRICARE and other federal	Medicare Advantage	Medicare HMO	Medicaid	TOTAL
PacificSource: Lane CCO	-	-	-	-	-	63,445	63,445
PacificSource: Marion Polk CCO	-	-	-	-	-	108,288	108,288
PROVIDENCE HEALTH ASSURANCE	-	-	-	59,142	-	-	59,142
PROVIDENCE HEALTH PLAN	171,036	165,104	-	-	-	-	336,140
REGENCE BLUECROSS BLUESHIELD OF OREGON	195,202	89,224	54,248	51,229	3,902	-	393,805
SAMARITAN HEALTH PLANS, INC.	3,461	-	-	5,476	-	61,379	70,316
Trillium CCO - Tricounty	-	-	-	-	-	3,729	3,729
TRILLIUM COMMUNITY HEALTH PLAN, INC.	-	-	-	932	-	34,805	35,737
Umpqua Health Alliance	-	-	-	-	-	29,850	29,850
UNITED STATES FIRE INSURANCE COMPANY	1,549	-	-	-	-	-	1,549
UNITEDHEALTHCARE INSURANCE COMPANY	47,020	-	-	23,284	-	-	70,304
UNITEDHEALTHCARE OF OREGON, INC.	324	-	-	59,505	-	-	59,829
Yamhill CCO	-	-	-	-	-	28,432	28,432

The three payers highlighted in light grey above are required to submit data but would not be identified individually in any public reporting at the payer level. Their data will be reported in aggregate at the state and market levels only.

Payers highlighted in light blue do not have at least 5,000 lives in a given line of business (Medicaid, Medicare, Commercial), and would not be identified individually in any public reporting for that specific market at the payer level. Their data for these specific markets will be reported in aggregate at the state and market level only.

*Commercial market includes the individual market and the small group market, both on and off exchange, the large group market, short-term plans, as well as student plans and associations, trusts, and MEWAs (multiple employer trusts).