

List of Provider Organizations for Oregon’s Cost Growth Target Program, 2023-2024

This document lists provider organizations that are included in Oregon’s Sustainable Health Care Cost Growth Target (CGT) program for spending between calendar years 2023-2024, along with the markets for which their cost growth will be measured.

Additionally, this document summarizes member/patient attribution methodology. For more information on how payers are instructed to attribute members, see the [CGT Data Specification Manual](#).

CGT Year	0	1	2	3	Current Cycle	5
Cost growth between	2018 – 20	2020 – 21	2021 – 22	2022 – 23	2023 –24	2024 – 25
Data submitted in	2021	2022	2023	2024	2025	2026
Report published in	2022	2023	2024	2025	2026	2027
Are payers/providers publicly identified?	No	Yes	Yes	Yes	Yes	Yes
Do PIPs apply?	No	No	No	Yes	Yes	Yes
Applies to a potential \$ penalty in 2028?	No	No	Yes	Yes	Yes	Yes

For more information

- [More detail](#) about provider organization inclusion criteria
- Background information is available in the [webinar orientation for provider organizations](#) and the [Provider Organization FAQs](#).
- [CGT Provider Organization webpage](#).
- Contact us at HealthCare.CostTarget@oha.oregon.gov.

Provider Organizations

Provider Organization	Market(s)		
	Medicare Advantage	Medicaid	Commercial
Adventist Health		X	X
Asante Health System	X	X	X
Aviva Health		X	
Benton County Health Department		X	
BestMed		X	
Broadway Medical Clinic			X
Central City Concern		X	
Central Oregon Independent Practice Assoc.	X	X	X
Central Oregon Pediatric Associates		X	X
Childhood Health Associates of Salem		X	
Clackamas County Health Department		X	
Columbia Clinic		X	
Evergreen Family Medicine		X	
G Street Integrated Health		X	
Grande Ronde Hospital and Clinics		X	
Grants Pass Clinic		X	
Hillsboro Pediatric Clinic		X	
Kaiser Permanente	X	X	X
La Clinica Del Valle		X	
Lane County Health Department		X	
Legacy Health	X	X	X
Metropolitan Pediatrics		X	X
Mosaic Community Health		X	
Multnomah County Health Department		X	
Neighborhood Health Center		X	
North Bend Medical Center		X	X
Northwest Human Services		X	
Northwest Medical Homes		X	
Northwest Primary Care			X
One Community Health		X	
Optum Oregon	X	X	X
Oregon Health & Science University (OHSU)	X	X	X
Oregon Integrated Health		X	
Outside In		X	

Provider Organization	Market(s)		
	Medicare Advantage	Medicaid	Commercial
P3	X		
PeaceHealth	X	X	X
Physicians Medical Center		X	
Praxis Health	X	X	X
Providence Health & Services	X	X	X
Rogue Community Health		X	
Salem Clinic	X	X	X
Salem Health	X	X	X
Salem Pediatric Clinic		X	X
Samaritan Health Services	X	X	X
Santiam Memorial Hospital		X	
Siskiyou Community Health Center		X	
Siskiyou Pediatric Clinic		X	
Sky Lakes Medical Center		X	
Southern Oregon Pediatrics		X	
St. Charles Health System		X	X
Summit Health	X	X	X
The Children's Clinic		X	X
The Portland Clinic	X		X
Valley Family Health Care		X	
Virginia Garcia Memorial Health Center		X	
WFMC Health		X	
Yakima Valley Farm Workers Clinic		X	

How attribution works

The provider organizations in Oregon that meet the [criteria for inclusion](#) in the Cost Growth Target Program are identified using payer data submissions each year. Payers attribute members to specific provider organizations using a primary care-based attribution method.¹

Primary care attribution includes attribution to organizations (i.e., hospitals, health systems, medical groups, federally qualified health centers, independent practice associations, etc.) that employ or contract with primary care providers.

Attribution includes both member choice of provider and methodologies to attribute a member to a specific organization based on utilization or other factors. Not all of a health plan's members will be attributed. Payers must attribute members using three hierarchical tiers:

Tier 1	Member selection: Members who were required to select a primary care provider or a primary care home by plan design should be assigned to that primary care provider's organization.
Tier 2	Contract arrangement: Members not included in #1 who were attributed to a primary care provider or a primary care home during the measurement period pursuant to a contract between the payer and provider should be attributed to that primary care provider's organization. For example, if a provider is engaged in a total cost of care arrangement, then the payer may use its attribution model for that contract to attribute members.

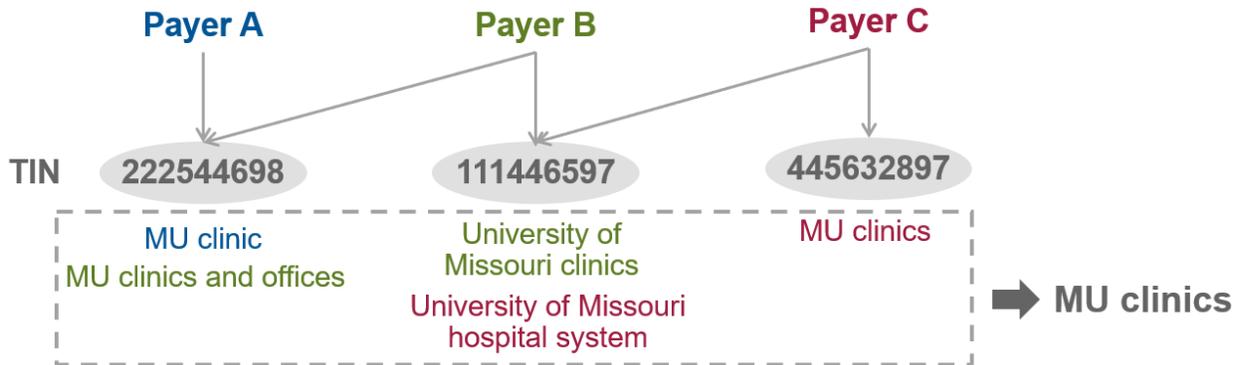
¹ Cost Growth Target CGT-2 Data Specification Manual
<https://www.oregon.gov/oha/HPA/HP/Cost%20Growth%20Target%20documents/CGT-2-Data-Specification-Manual.pdf>

Tier 3	<p>Utilization: Members not included in #1 or #2 who can be attributed to a primary care provider or a primary care home based on the member’s utilization, using the payer’s own attribution methodology.</p>
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Methodology

Provider organizations were identified using finalized CGT files from all reporting payers. Data in the PROV_ID tab was analyzed to determine overlapping TINs and the greatest common provider entity. This process created a “Master TIN”, a dummy variable OHA can relate back to the TIN and provider organization name lists.

Example of the logic:



In this example, the Master TIN would be 222544698 (identified as the first one listed, it is not the most correct but a unique ID that OHA uses to link back to the original list of TINs). This Master TIN would be associated with the following TINs (222544698, 111446597, and 445632897) since all three TINs have names that are identified to be the same provider organization when all payers’ CGT-1 files are examined. OHA would call this provider entity “MU clinics” based on logic and most common name used. This logic was implemented across all finalized payer files. Once the Master TINs were aggregated, OHA reviewed the total member months for each provider organization by year and by market.