

OFFICE OF THE SECRETARY OF STATE

TOBIAS READ

SECRETARY OF STATE

MICHAEL KAPLAN

DEPUTY SECRETARY OF STATE



ARCHIVES DIVISION

STEPHANIE CLARK

DIRECTOR

800 SUMMER STREET NE

SALEM, OR 97310

503-373-0701

## **NOTICE OF PROPOSED RULEMAKING** INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 409

**OREGON HEALTH AUTHORITY**

**HEALTH POLICY AND ANALYTICS**

**FILED**

06/27/2025 3:08 PM

ARCHIVES DIVISION

SECRETARY OF STATE

FILING CAPTION: End reporting requirement for Coordinated Care Organizations participating in the Comprehensive Primary Care Plus model

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 07/21/2025 5:00 PM

*The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.*

CONTACT: Karen Hampton

503-383-8045

[karen.r.hampton@oha.oregon.gov](mailto:karen.r.hampton@oha.oregon.gov)

421 SW Oak St

Ste 850

Portland, OR 97204

Filed By:

Pete Edlund

Rules Coordinator

### HEARING(S)

*Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.*

DATE: 07/16/2025

TIME: 11:05 AM - 11:30 AM

OFFICER: Pete Edlund

### REMOTE HEARING DETAILS

MEETING URL: [Click here to join the meeting](https://www.zoomgov.com/j/1602916853?pwd=qDIW1UmrxA5jw6UeCNY8xTpewAu6N6.1)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1602916853

### SPECIAL INSTRUCTIONS:

Join ZoomGov Meeting

<https://www.zoomgov.com/j/1602916853?pwd=qDIW1UmrxA5jw6UeCNY8xTpewAu6N6.1>

Meeting ID: 160 291 6853

Passcode: 853372

---

One tap mobile

+16692545252,,1602916853# US (San Jose)

+16468287666,,1602916853# US (New York)

### NEED FOR THE RULE(S)

The requisite status to report under this rule (participation in the Centers for Medicare and Medicaid Comprehensive Primary Care Program Plus program) no longer exists. Reporting has not occurred since the model ended in December

2021. Clarifying current responsibilities of Coordinated Care Organizations through repeal of the rules creates greater clarity and transparency.

---

#### DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

Conclusion of model as active program <https://www.cms.gov/priorities/innovation/innovation-models/comprehensive-primary-care-plus>

---

#### STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

This rule does not impact racial equity as it required reporting of three points only – a count of providers participating in the Comprehensive Primary Care Plus program with whom the Coordinated Care Organization was contracted, whether alternative payment methodologies were used in the contracts (count) and if not used, whether alternative payment methodologies were offered (count). No demographics or quality measures were included in the report.

---

#### FISCAL AND ECONOMIC IMPACT:

This action removes an obsolete reporting requirement for Coordinated Care Organizations.

---

#### COST OF COMPLIANCE:

*(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).*

Repeal of the rule recognizes the end of the Comprehensive Primary Care Plus model through the Centers for Medicare and Medicaid Services and the subsequent reporting of participation. There should be no cost of compliance for reporting, record keeping, administrative or professional services. There is no impact on state agencies, local governments, small businesses or the public.

---

#### DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Small businesses are not impacted by this proposed rule repeal and were not involved in the proposed repeal.

---

#### WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? NO IF NOT, WHY NOT?

An exception to the requirement of a Rule Advisory Committee was approved. The report required by these rules was limited to Coordinated Care Organizations participating in the Comprehensive Primary Care Plus model. The model ended in 2021. Since no Coordinated Care Organization has participated in the model since 2021, no reporting has occurred under these rules. Coordinated Care Organizations will be notified by mail of the proposed rule change (repealing the three rules) and provided the opportunity to submit comments.

---

#### RULES PROPOSED:

409-028-0000, 409-028-0010, 409-028-0020

REPEAL: 409-028-0000

RULE SUMMARY: Fully repeal. Program no longer exists.

#### CHANGES TO RULE:

409-028-0000

Purpose and Scope

Senate Bill 934 (2017 Legislature) requires all commercial carriers and coordinated care organizations (CCOs) participating in a national primary care medical home payment model, conducted by the Center for Medicare and Medicaid Innovation, that includes performance-based incentive payments for primary care, to offer a similar alternative payment methodology (APM) to all Patient-Centered Primary Care Homes (PCPCHs) that serve their members or beneficiaries. These rules (OAR 409-028-0000 to 409-028-0120) define CCO reporting requirements to the Oregon Health Authority (OHA). The data will inform the work of the Primary Care Payment Reform Collaborative as it develops and reports on the progress of the legislatively mandated Primary Care Transformation Initiative, the purpose of which is to direct greater health care resources and investments towards supporting and facilitating health care innovation and care improvement in primary care as a means to achieve the triple aim.

Statutory/Other Authority: ORS 413.432, OL 2017, Ch. 489

Statutes/Other Implemented: OL 2017, Ch. 489

REPEAL: 409-028-0010

RULE SUMMARY: Fully repeal. Program no longer exists.

CHANGES TO RULE:

409-028-0010

Definitions

~~The following definitions apply to OAR 409-028-0000 to OAR 409-028-0120.~~¶

~~(1) "APAC Data Reporting Program" means the all payer all claims data reporting program pursuant to ORS 442.464, 442.466, and 442.993.~~¶

~~(2) "APM" means alternative payment methodologies.~~¶

~~(3) "Annual Supplemental Provider Level APM Summary report" means a data set composed of total and primary care-related dollars disbursed, by payment arrangement and line of business in the APAC Data Reporting Program, pursuant to OAR 409-025-0120.~~¶

~~(4) "Authority" means the Oregon Health Authority.~~¶

~~(5) "Comprehensive Primary Care Plus (CPC +)" means a national primary care medical home payment model, conducted by the Center for Medicare and Medicaid Innovation in accordance with 42 U.S.C. 1315a, that includes performance-based incentive payments for primary care.~~¶

~~(6) "Coordinated care organization (CCO)" shall have the meaning pursuant to ORS 414.025.~~¶

~~(7) "Patient-Centered Primary Care Home (PCPCH)" means a health care team or clinic as defined in ORS 414.655 that meets the standards and has been recognized pursuant to OAR 409-055-0040.~~

~~Statutory/Other Authority: ORS 413.432, OL 2017, Ch. 489~~

~~Statutes/Other Implemented: OL 2017, Ch. 489~~

REPEAL: 409-028-0020

RULE SUMMARY: Fully repeal. Program no longer exists.

CHANGES TO RULE:

~~409-028-0020~~

~~Coordinated Care Organization Reporting Requirements~~

~~(1) No later than September 30 of each year beginning September 30, 2019, a coordinated care organization (CCO) participating in CPC+ shall submit to the Authority the Annual Supplemental Provider Level APM Summary report using the APAC Data Reporting Program for the prior calendar year [Example: January 1, 2018 through December 31, 2018 data needs to be submitted by September 30, 2019]. ¶~~

~~(2) No later than September 30 of each year beginning September 30, 2019, a CCO participating in CPC+ shall submit to the Authority a PCPCH APM Reporting Form (PCPCH APM-1) for the prior calendar year [Example: January 1, 2018 through December 31, 2018 data needs to be submitted by September 30, 2019] providing the following information: ¶~~

~~(a) The number of PCPCHs in their network; ¶~~

~~(b) The number of PCPCHs in their network with an APM in their contract; ¶~~

~~(c) The number of PCPCHs in their network offered an APM. ¶~~

~~[ED. NOTE: Form referenced are available on the agency's website at:~~

~~<http://www.oregon.gov/oha/HPA/ANALYTICS/Pages/All-Payer-All-Claims.aspx>.]~~

~~Statutory/Other Authority: ORS 413.432, OL 2017, Ch. 489~~

~~Statutes/Other Implemented: OL 2017, Ch. 489~~