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

PERMANENT ADMINISTRATIVE ORDER

FILED
12/12/2025 10:48 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

DMAP 88-2025
CHAPTER 410
OREGON HEALTH AUTHORITY
HEALTH SYSTEMS DIVISION: MEDICAL ASSISTANCE PROGRAMS

FILING CAPTION: Repeal of rules for comprehensive primary care plus demonstration for FFS OHP clients

EFFECTIVE DATE: 01/01/2026

AGENCY APPROVED DATE: 12/05/2025

CONTACT: Brenna Bird
503-979-8907
medicaid.rules@oha.oregon.gov

500 Summer St. NE
Salem,OR 97301

Filed By:
Kelsey Gleeson
Rules Coordinator

RULES:
410-149-0100, 410-149-0110, 410-149-0120, 410-149-0130, 410-149-0140, 410-149-0150

REPEAL: 410-149-0100

RULE TITLE: Definitions

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the definitions for the comprehensive primary care plus demonstration program.

RULE TEXT:
(1) “Alternative Payment Methodology (APM)” means a payment mechanism that is at least a partial alternative to fee-for-service (FFS) payments for Track 2 practice sites. APMs shall allow Track 2 practice sites the flexibility to provide comprehensive care outside of the constraints of a billable office visit.
(2) “Attributed Members” means those Oregon Health Plan (OHP) clients assigned to the CPC+ practice under the Comprehensive Primary Care Plus (CPC+)demonstration who are not enrolled with a managed care plan or CCO for physical health services.
(3) “Care Management Fees” means per-member per-month (PMPM) incentive payments issued by the Oregon Health Authority (Authority) to CPC+ practice sites for attributed members.
(4) “Participating Providers” means the health care providers practicing within the practice site approved by CMS to participate in CPC+.
(5) “Patient-Centered Primary Care Home” means a primary care practice site that has applied and achieved recognition as a PCPCH at a particular tier level by the Authority.
(6) “Performance Based Incentive Payment (PBIP)” means a PMPM payment made to the CPC+ practices, based on annual performance on quality measures, patient experience of care, and utilization measures.
(7) “Practice” means the practice site that has been selected by CMS to participate in the CPC+ demonstration.
(8) “Track 1 Practice” means a CPC+ practice designation issued by CMS as one of two possible designations that stipulate the advanced care requirements and payment options available to the practice.
(9) “Track 2 Practice” means a CPC+ practice designation issued by CMS as one of two possible designations that stipulate the advanced care requirements and payment options available to the practice.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 413.259, 414.065

REPEAL: 410-149-0110

RULE TITLE: Technical Requirements for Participation in the Authority CPC+ Demonstration

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the requirements for participating in the comprehensive primary care plus demonstration program.

RULE TEXT:
(1) The CPC+ practice site shall be recognized by the Authority as a Patient-Centered Primary Care Home (PCPCH) under the 2017 PCPCH recognition standards, or a later set of standards.
(2) Individual CPC+ practice sites shall be enrolled with Oregon Medicaid with a site specific Oregon Medicaid ID number.
(3) The CPC+ practice site shall execute the Comprehensive Primary Care Plus Agreement with the Authority.
(4) The practice must have access to the Oregon Medicaid Management Information System (MMIS) Provider Web Portal to attribute members for care management and PBIPs.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 413.259, 414.065

REPEAL: 410-149-0120

RULE TITLE: CPC+ Practice Reimbursement and Program Integrity

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the comprehensive primary care plus demonstration program rules for reimbursement of service delivery.

RULE TEXT:

(1) All funds received through the CPC+ demonstration shall be used to support the participating practice site.

(2) As a condition of payment, a participating CPC+ practice shall require and ensure that its participating providers and staff implement the care delivery requirements set forth in their Comprehensive Primary Care Agreement.

(3) Practices shall be entitled to care management fees for all attributed members that had a primary care visit in the prior 18 months from January 1, 2017, and any new attributed members with a primary care visit after January 1, 2017. Under the care management fees, no changes to FFS rates shall be made as additional compensation for services provided.

(4) No part of the care management fee, APM, or PBIPs may be used as an inducement for practices to promote or otherwise affect the provision of any health care item or service owned or distributed by the Authority.

(5) PBIP may be issued prospectively and reconciled to the practice's actual performance score once quality and utilization measurement data becomes available.

(6) Care management fees are provided for care management services and not healthcare service delivery and not subject to Oregon insurance laws and regulations on provider contracting and payment. Any healthcare services rendered by the provider shall be governed by the participating provider agreement between the provider and the Authority.

(7) The enrolled CPC+ practice must use aggregate payments received solely to support infrastructure and provide salary support in meeting the terms, conditions, and milestones of CPC+ as directed by CMS.

(8) If the practice fails to comply with the terms and conditions of the CPC+ demonstration, the Authority may seek reimbursement for any fees paid to the practice.

(9) The Authority shall give the practice prior notice that it has determined the practice was not making a good faith effort to comply with the terms and conditions of the CPC+ demonstration and allow the practice an opportunity to take corrective action, within 90 days of the notice send date, to avoid having to reimburse fees to the Authority.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 413.259, 414.065

REPEAL: 410-149-0130

RULE TITLE: Care Management Fees

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the care management fee structure for the comprehensive primary care plus demonstration program.

RULE TEXT:

(1) The Authority shall provide care management fees as a PMPM payment to practice sites for FFS OHP attributed members. These payments shall be used to:

(a) Provide up-front investment in participating practices; and

(b) Assist practices to continue practice transformation efforts and offer comprehensive integrated services for patients.

(2) Care management fees vary by practice track and PCPCH tier and are issued in the following amounts:

(a) Track 1:

(A) Tier 1 PCPCH qualifies for $2 PMPM;

(B) Tier 2 PCPCH qualifies for $4 PMPM;

(C) Tier 3 PCPCH qualifies for $6 PMPM;

(D) Tier 4 PCPCH qualifies for $8 PMPM;

(E) Tier 5-STAR PCPCH qualifies for $10 PMPM.

(b) Track 2:

(A) Tier 3 PCPCH qualifies for $9 PMPM;

(B) Tier 4 PCPCH qualifies for $12 PMPM;

(C) Tier 5-STAR PCPCH qualifies for $18 PMPM.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 413.259, 414.065

REPEAL: 410-149-0140

RULE TITLE: Performance Based Incentive Payments (PBIP)

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the rules for performance based incentive payments for the comprehensive primary care plus demonstration program.

RULE TEXT:

(1) To assess quality performance and eligibility for the CPC+ PBIP, both Track 1 and Track 2 practices shall be required to report electronic clinical quality measures (eCQM) to CMS annually at the practice site level.

(2) Additional PMPM payments shall be available based on performance measures included in eCQM from CMS and utilization measures calculated by the Authority:

(a) Practices must report to CMS on the amount of eCQMs required by CMS for the measurement period in order to receive PBIP payments;

(b) PBIP payments may be issued prospectively prior to eCQM performance results and reconciled at a later date when eCQM performance is available.

(3) PBIP vary by practice track and are issued in the following amounts:

(a) Track 1:

(A) PMPM amount for achieving maximum eCQM targets is $1;

(B) PMPM amount for achieving maximum utilization targets is $1.

(b) Track 2:

(A) PMPM amount for achieving maximum eCQM targets is $2;

(B) PMPM amount for achieving maximum utilization targets is $2.

(4) Practices shall be eligible to achieve the maximum eCQM and utilization incentive amounts or partial amounts. Incentive percentage available shall be calculated by CMS based on each individual eCQM measure and by the Authority for two utilization measures.

STATUTORY/OTHER AUTHORITY: 413.042

STATUTES/OTHER IMPLEMENTED: 413.042, 413.259, 414.065

REPEAL: 410-149-0150

RULE TITLE: CPC+ Alternative Payment Methodology

NOTICE FILED DATE: 10/06/2025

RULE SUMMARY: Repeals the rules for alternative payment for the comprehensive primary care plus demonstration program.

RULE TEXT:

(1) The APM for Track 2 practices is a lump sum payment based upon a percentage of expected revenue calculated from annual reimbursements for FFS Medicaid members in the third and second year prior (e.g., For CY2021 annual reimbursements will be based on the average of CY2018 and CY2019). FFS payments shall be reconciled or adjusted down by the same percentage of the APM payment (e.g., 10 percent lump sum payment for one year causes FFS payments issued throughout the same year to be reduced by 10 percent):

(a) This structure is intended to allow Track 2 practices flexibility to deliver comprehensive care outside of the constraints of billable office visits;

(b) Track 1 practices are not eligible for the APM;

(c) Track 2 practices shall receive lump sum APM payments based on expected revenue for FFS Medicaid beneficiaries beginning in 2021;

(d) The Authority will apply the ratio of lump sum APM payments and FFS claims payments that the Track 2 practice selected with CMS for the CPC+ initiative, each demonstration year.

(2) Beginning in Year 5, CY2021, eligible practices shall receive the ratio selected from CMS of expected FFS payments from the Authority for FFS Medicaid beneficiaries as an upfront lump sum, based on the average of claims paid in CY2018 and CY2019.

(3) Practices participating in Track 2 shall continue to bill Oregon Medicaid FFS or CCOs through existing Authority protocols.

(4) The Authority will reconcile Medicaid APM dollars based upon actual CY2021 utilization.

STATUTORY/OTHER AUTHORITY: ORS 413.042

STATUTES/OTHER IMPLEMENTED: ORS 413.042, 414.065