

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED 5-10-16 10:24 AM ARCHIVES DIVISION SECRETARY OF STATE

Oregon Health Authority, Health Policy and Analytics Agency and Division	409 Administrative Rules Chapter Number
Zarie Haverkate Rules Coordinator	(503) 931-6420 Telephone
Oregon Health Authority, Health Policy and Analytics, 500 Summer St. NE, E-65, Salem, OR 97301 Address	

RULE CAPTION

Establishes rules relating to Primary Care Services Reporting by Coordinated Care Organizations.

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
6-16-16	10:00 a.m.	500 Summer St NE, Room 554, Salem, OR 97301	Zarie Haverkate

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

OAR 409-027-0005, 409-027-0015, and 409-027-0025

AMEND:

REPEAL:

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

Statutory Authority:

ORS 413.042; Section 1 to 4, Chapter 575, Oregon Laws 2015; and Section 7, Chapter 26, Oregon Laws 2016

Other Authority:

Statutes Implemented:

Section 1 to 4, Chapter 575, Oregon Laws 2015; and Section 7, Chapter 26, Oregon Laws 2016

RULE SUMMARY

The Oregon Health Authority needs to adopt rules to implement the requirements of House Bill 4017 (2016 legislature) which amended Chapter 575, Section 3 of 2015 Oregon Laws (SB 231) requiring non-claims based primary care expenditures and non-claims based total health care expenditures must be reported to the Oregon Health Authority by Coordinated Care Organizations. These rules define the type of providers and data to be reported to the Authority by October 1 of each year through December 31, 2018.

A copy of the proposed administrative rule is located on our rules website at:

<http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx>.

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.

06-20-2016 5:00 p.m. Last Day (m/d/yyyy) and Time for public comment	Zarie Haverkate Rules Coordinator Name	zarie.haverkate@state.or.us Email Address
--	---	--

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
5-10-16 10:24 AM
ARCHIVES DIVISION
SECRETARY OF STATE

Oregon Health Authority, Health Policy and Analytics
Agency and Division

409
Administrative Rules Chapter Number

Establishes rules relating to Primary Care Services Reporting by Coordinated Care Organizations.

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

The adoption of 409-027-0005, 409-027-0015, and 409-027-0025.

Statutory Authority:

ORS 413.042; Section 1 to 4, Chapter 575, Oregon Laws 2015; and Section 7, Chapter 26, Oregon Laws 2016

Other Authority:

Statutes Implemented:

Section 1 to 4, Chapter 575, Oregon Laws 2015; and Section 7, Chapter 26, Oregon Laws 2016

Need for the Rule(s):

These rules are necessary to implement requirements of Chapter 26, Section 7 of Oregon Laws 2016 (HB 4017) which amended Chapter 575, Section 3 of Oregon Laws 2015 (SB 231) requiring non-claims based primary care expenditures and non-claims based total health care expenditures must be reported to the Oregon Health Authority by Coordinated Care Organizations. These rules define the type of providers and data to be reported to the Authority by October 1 of each year through December 31, 2018.

Documents Relied Upon, and where they are available:

House Bill 4017 (2016 Legislative Session) is available at: <https://olis.leg.state.or.us/liz/2016R1/Downloads/MeasureDocument/HB4017/Enrolled>. Senate Bill 231 (2015 Legislative Session) is available at: <https://olis.leg.state.or.us/liz/2015R1/Measures/Overview/SB231>.

Fiscal and Economic Impact:

No fiscal or economic impact.

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

None

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

None

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

N/A

c. Equipment, supplies, labor and increased administration required for compliance:

N/A

How were small businesses involved in the development of this rule?

N/A

Administrative Rule Advisory Committee consulted?: Yes

If not, why?:

Members included representatives from Coordinated Care Organizations and clinical provider professional associations.

06-20-2016 5:00 p.m.

Zarie Haverkate

zarie.haverkate@state.or.us

Last Day (m/d/yyyy) and Time

Printed Name

Email Address

for public comment

Administrative Rules Unit, Archives Division, Secretary of State, 800 Summer Street NE, Salem, Oregon 97310.

ARC 925-2007

CHAPTER 409

**OREGON HEALTH AUTHORITY,
HEALTH POLICY AND ANALYTICS**

**DIVISION 27
PRIMARY CARE SERVICES REPORTING**

409-027-0005

Purpose and Scope

These rules (OAR 409-027-0005 to 409-027-0025) define primary care services that must be reported by all Coordinated Care Organizations to the Oregon Health Authority no later than October 1 of 2016 - 2018 for the prior calendar year's data. The findings generated from these reports will be presented to the legislature no later than February 1 of 2017 - 2020.

Stat. Auth: 413.042; Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016
Stats. Implemented: Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016

409-027-0015

Definitions

The following definitions apply:

- (1) "Authority" means the Oregon Health Authority.
- (2) "Coordinated care organization (CCO)" has the meaning given that term in ORS 414.025.
- (3) "Non-claims based primary care expenditures" means resources given to a primary care provider or practice for the following services or arrangements:
 - (a) Capitation and salaried arrangements with primary care providers or practices not billed or captured through claims.
 - (b) Risk-based reconciliation for arrangements with primary care providers or practices not billed or captured through claims.
 - (c) Payments to Patient-Centered Primary Care Homes or Patient-Centered Medical Homes based upon that recognition or payments for participation in proprietary or other multi-payer medical home initiatives.
 - (d) Retrospective incentive payments to primary care providers or practices based on performance aimed at decreasing cost or improving value for a defined population of patients.

- (e) Prospective incentive payments to primary care providers or practices aimed at developing capacity for improving care for a defined population of patients.
 - (f) Payments for Health Information Technology structural changes at a primary care practice such as electronic records and data reporting capacity from those records.
 - (g) Workforce expenses including payments or expenses for supplemental staff or supplemental activities integrated into the primary care practice such as practice coaches, patient educators, patient navigators, and nurse care managers.
- (4) “Non-claims based total health care expenditures” means resources given to a provider or practice for the following services or arrangements:
- (a) Capitation or salaried arrangements with providers or practices not billed or captured through claims.
 - (b) Risk-based reconciliation for arrangements with providers or practices not billed or captured through claims.
 - (c) Payments to Patient-Centered Primary Care Homes, Patient-Centered Medical Homes, or Patient-Centered Specialty Practices based upon that recognition or payments for participation in proprietary or other multi-payer medical home or specialty care practice initiatives.
 - (d) Retrospective incentive payments to providers or practices based on performance aimed at decreasing cost or improving value for a defined population of patients.
 - (e) Prospective incentive payments to providers or practices aimed at developing capacity for improving care for a defined population of patients.
 - (f) Payments for Health Information Technology structural changes at a practice such as electronic records and data reporting capacity from those records.
 - (g) Workforce expenses 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.
- (5) “Patient-Centered Medical Home (PCMH)” means a practice or provider who has been recognized as such by the National Committee for Quality Assurance.

- (6) "Patient-Centered Primary Care Home (PCPCH)" means a health care team or clinic as defined in ORS 414.655, meets the standards pursuant to OAR 409-055-0040, and has been recognized through the process pursuant to OAR 409-055-0040.
- (7) "Patient Centered Specialty Practice (PCSP)" means a practice or provider who has been recognized as such by the National Committee for Quality Assurance.
- (8) "Practice" means an individual, facility, institution, corporate entity, or other organization which provides direct health care services or items, also termed a performing provider, or bills, obligates and receives reimbursement on behalf of a performing provider of services, also termed a billing provider (BP). The term provider refers to both performing providers and BPs unless otherwise specified.
- (9) "Primary care" means family medicine, general internal medicine, naturopathic medicine, obstetrics and gynecology, pediatrics or general psychiatry.
- (10) "Primary care provider" means:
 - (a) A physician, naturopath, nurse practitioner, physician assistant or other health professional licensed or certified in this state, whose clinical practice is in the area of primary care.
 - (b) A health care team or clinic certified by the Authority as a PCPCH.

Stat. Auth: 413.042; Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016
Stats. Implemented: Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016

409-027-0025

Coordinated Care Organization (CCO) Reporting Requirements

- (1) No later than October 1 of each year from 2016 through 2018 each CCO shall submit all non-claims based primary care expenditures as defined in OAR 409-027-0020 for the prior calendar year's data [Example: January 1, 2015 through December 31, 2015 data needs to be submitted by October 1, 2016] using the approved file layout and format available at: <http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx>.
- (2) No later than October 1 of each year from 2016 through 2018 each CCO shall submit all non-claims based total health care expenditures as defined in OAR 409-027-0020 for the prior calendar year's data [Example: January 1, 2015 through December 31, 2015 data needs to be submitted by October 1, 2016] using the approved file layout and format available at: <http://www.oregon.gov/OHA/OHPR/pages/rulemaking/index.aspx>.
- (3) Each category included in the approved file format is mutually exclusive; therefore, expenditures shall only be accounted for in one category.

- (4) Claims-based primary care and total health care expenditures will be calculated for each CCO by the Authority using data from the Authority's All-Payer All-Claims Database.
- (5) Expenditures for services or activities outside the primary care setting, regardless of a primary care capacity building intent, are not considered primary care expenditures for purposes of this report.

[NOTE: Other CCO rules can be found at [OAR 410-141-3000 to 410-141-3485](#).]

Stat. Auth: 413.042; Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016
Stats. Implemented: Sec. 1 to 4, Ch. 575, OL 2015; and Sec. 7, Ch. 26, OL 2016