



PERMANENT ADMINISTRATIVE ORDER

OHP 3-2025

CHAPTER 409

**OREGON HEALTH AUTHORITY
HEALTH POLICY AND ANALYTICS**

FILED

10/24/2025 11:40 AM
ARCHIVES DIVISION
SECRETARY OF STATE
& LEGISLATIVE COUNSEL

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

EFFECTIVE DATE: 10/24/2025

AGENCY APPROVED DATE: 09/17/2025

CONTACT: Karen Hampton
503-383-8045
karen.r.hampton@oha.oregon.gov

421 SW Oak St
Ste 850
Portland, OR 97204

Filed By:
Pete Edlund
Rules Coordinator

RULES:

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

REPEAL: 409-028-0000

RULE TITLE: Purpose and Scope

NOTICE FILED DATE: 06/27/2025

RULE SUMMARY: Fully repeal. Program no longer exists.

RULE TEXT:

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 TITLE: Definitions

NOTICE FILED DATE: 06/27/2025

RULE SUMMARY: Fully repeal. Program no longer exists.

RULE TEXT:

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 TITLE: Coordinated Care Organization Reporting Requirements

NOTICE FILED DATE: 06/27/2025

RULE SUMMARY: Fully repeal. Program no longer exists.

RULE TEXT:

(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