



Preliminary List of Payers and Provider Organizations for Oregon's Sustainable Health Care Cost Growth Target Program

Oregon's sustainable health care cost growth target applies at four levels: statewide, by market, by payer, and by provider organization. The Health Care Cost Growth Target Implementation Committee developed criteria for payers and provider organizations, including which payers are required to submit data and which payers and provider organizations should be held responsible for their performance relative to the cost growth target.

This document summarizes the Implementation Committee criteria and provides a preliminary list of which payers and provider organizations meet them, as well as the methodology OHA used to develop the lists.

These preliminary lists are non-binding and will be updated based on initial payer data submissions of 2018 and 2019 data, later in 2021. Not all payers and provider organizations listed here may be included in the cost growth target program.

For More Information

See Implementation Committee Recommendations Report (January 2021) for more details.

<https://www.oregon.gov/oha/HPA/HP/HCCGBDocs/Cost%20Growth%20Target%20Committee%20Recommendations%20Report%20FINAL%2001.25.21.pdf>

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PAYERS

The Implementation Committee recommended the following criteria for which payers should be included in the cost growth target program:

Payers who offer a comprehensive medical benefit

Payers who offer comprehensive medical benefits can be appropriately held to the cost growth target. The Implementation Committee recommended that total health care expenditures are measured for all payers, including:

- Medicaid – the Oregon Health Plan and Cover All Kids, through Coordinated Care Organizations (CCOs) or Fee For Service (FFS)
- Medicare – all Medicare Advantage coverage, as well as Medicare Fee For Service
- Commercial – all group and individual coverage, TRICARE and the Federal Employees Health Benefit Plan (FEHB), the Public Employee Benefit Plan and Oregon Educators Benefit Plan (PEBB/OEBB) and self-insured.

Additional details about which plan types are included in the required reporting will be developed with the Technical Advisory Group and the Rules Advisory Committee later this year. For example, Medicare Supplemental plans and stop loss only plans are not included in the reporting.

Enrollment size

Enrollment size must also be taken into account to be able to detect accurate and reliable changes in annual per capita total health care expenditures. To ensure the Health Care Cost Growth Target Program is capturing as much of the state as possible, the criteria for data submission should be as broad as possible. However, only payers with a reasonable number of members in Oregon will be identified in public reporting.

- Payers and Third-Party Administrators (TPAs) with at least 1,000 covered Oregon lives across all lines of business are required to submit data.
- Payers and TPAs with at least 5,000 lives in a given market (e.g. Medicaid, Medicare, Commercial) will be included in public reporting. All others will be reported in aggregate.

Only those payers and TPAs who meet the criteria for public reporting will then have their performance against the cost growth target tested for statistical significance. Only payers and TPAs with statistically significant growth year over year will be held to accountability measures.

Methods

OHA used December 2020 enrollment data from the Department of Consumer and Business Services (DCBS) to identify Medicare and Commercial payers who meet the above criteria, and December 2020 Oregon Health Plan enrollment data to identify Medicaid payers who meet the criteria.



Table 1. Preliminary List of Payers Required to Submit Data

At least 1,000 members across all lines of business

Payer (company name)	Commercial*	Self-Insured	Short-Term Medical	TRICARE and other federal	Medicare Advantage	Medicare HMO	Medicaid	TOTAL
ADVANCED HEALTH	-	-	-	-	-	-	23,461	23,461
AETNA LIFE INSURANCE COMPANY	20,278	91,266	-	-	884	-	-	112,428
ALLCARE HEALTH PLAN INC	-	-	-	-	4,307	-	51,981	56,288
ANTHEM INSURANCE COMPANIES INC	77	7,835	-	-	-	-	-	7,912
ATRIO HEALTH PLANS INC	-	-	-	-	19,170	-	-	19,170
BRIDGESPAN HEALTH COMPANY	2,804	-	-	-	-	-	-	2,804
CAREOREGON: COLUMBIA PACIFIC CCO	-	-	-	-	-	-	29,496	29,496
CAREOREGON: JACKSON CARE CONNECT	-	-	-	-	-	-	54,098	54,098
CASCADE HEALTH ALLIANCE	-	-	-	-	-	-	21,496	21,496
CIGNA HEALTH & LIFE INSURANCE CO	16,981	66,333	-	-	-	-	23,461	83,314
COMPANION LIFE INSURANCE CO	-	-	-	1,234	-	-	-	1,234
FIRST HEALTH LIFE & HEALTH INSURANC	-	-	-	-	3,374	-	-	3,374
HEALTH CARE SERVICE CORPORATION	5,269	41,223	-	-	-	-	-	46,492
HEALTHNET HEALTH PLAN OF OREGON	12,500	-	-	-	22,774	-	-	35,274
HEALTHNET LIFE INSURANCE COMPANY	-	-	-	-	20,636	-	-	20,636
HEALTH PLAN OF CAREOREGON INC	-	-	-	-	12,796	-	-	12,796
HEALTH SHARE OF OREGON	-	-	-	-	-	-	367,799	367,799
HUMANA INSURANCE COMPANY	19	32	-	-	5,442	-	-	5,493
HUMANA MEDICAL PLAN INC	5	-	-	-	6,547	-	-	6,552
KAISER FOUNDATION HEALTH PLAN	330,766	-	-	8,025	69,305	4,863	-	412,959
MEDICAID FEE FOR SERVICE	-	-	-	-	-	-	104,269	104,269
MODA HEALTH PLAN INC	159,168	73,274	-	-	9,573	-	58,426	300,441
PACIFICSOURCE COMMUNITY HEALTH	-	-	-	-	1,116	17,972	-	19,088
PACIFICSOURCE HEALTH PLANS	101,557	45,003	-	-	-	-	-	146,560



Payer (company name)	Commercial*	Self-Insured	Short-Term Medical	TRICARE and other federal	Medicare Advantage	Medicare HMO	Medicaid	TOTAL
PACIFICSOURCE: CENTRAL CCO	-	-	-	-	-	-	59,281	59,281
PACIFICSOURCE: GORGE CCO	-	-	-	-	-	-	13,967	13,967
PACIFICSOURCE: LANE CCO	-	-	-	-	-	-	69,283	69,283
PACIFICSOURCE: MARION POLK CCO	-	-	-	-	-	-	114,527	114,527
PROVIDENCE HEALTH ASSURANCE	-	-	-	-	59,362	-	-	59,362
PROVIDENCE HEALTH PLAN	164,889	164,032	-	-	-	-	-	328,921
REGENCE BLUECROSS BLUESHIELD OF O	195,617	88,796	-	54,283	51,439	4,024	-	394,159
SAMARITAN HEALTH PLANS INC	3,168	-	-	-	5,479	-	65,099	73,746
TRILLIUM CCO – TRICOUNTY	-	-	-	-	-	-	6,476	6,476
TRILLIUM COMMUNITY HEALTH PLAN	-	-	-	-	347	-	34,709	35,056
UMPQUA HEALTH ALLIANCE	-	-	-	-	-	-	31,235	31,235
UNITED HEALTHCARE INSURANCE CO	44,767	-	-	-	24,476	-	-	69,243
UNITED HEALTHCARE OF OREGON INC	316	-	-	-	59,916	-	-	60,232
YAMHILL CCO	-	-	-	-	-	-	29,890	29,890

The three payers highlighted in light grey above will be required to submit data but would not be identified individually in any public reporting at the payer level. Their data will be reported in aggregate at the state and market levels only.

Payers highlighted in light blue do not have at least 5,000 lives in a given line of business (Medicaid, Medicare, Commercial), and would not be identified individually in any public reporting for that specific market at the payer level. Their data for these specific markets will be reported in aggregate at the state and market level only.

* Commercial market column includes the individual market and the small group market, both on and off exchange, the large group market, as well as student plans and associations, trusts, and MEWAs (multiple employer trusts).

Other Data Submitters

OHA will request data directly from the Centers for Medicaid and Medicare Services (for Medicare Fee For Service). OHA is continuing to explore possibilities for data submission from Indian Health Services and the Department of Corrections.



Table 2. Preliminary List of Self-Insured Payers

At least 1,000 members across all lines of business

There is no known universe of all self-insured payers in Oregon. DCBS tracks the 85 self-insured payers that use TPAs. OHA reviewed December 2020 data to identify another 24 payers that only provide self-insured plans and meet the threshold for reporting. OHA will request data submission from these self-insured payers.

Payer (company name)	Self-Insured only
ALL SAVERS INSURANCE COMPANY	3,141
ALLEGIANCE BENEFIT PLAN MGMT INC	2,329
ALLIED BENEFIT SYSTEMS LLC	1,161
AMERICAN FIDELITY ASSURANCE COMPANY	1,529
BENEFIT & RISK MANAGEMENT SERVICES	1,051
BENESYS INC	16,678
CITY OF PORTLAND	9,588
CITY OF SALEM	2,753
COLLECTIVEHEALTH ADMINISTRATORS LLC	2,095
CYPRESS BENEFIT ADMINISTRATORS (LHS) LLC	2,117
EMPLOYEE BENEFIT MGMT SVCS LLC	7,831
HEALTHCARE MANAGEMENT ADMINISTRATORS, INC.	27,639
HEALTHCOMP LLC	7,194
HEALTHPLAN SERVICES, INC	14,994
IEC GROUP INC	4,028
KAISER PERMANENTE INSURANCE COMPANY	14,904
MANHATTANLIFE ASSURANCE COMPANY OF AMERICA	4,121
MERITAIN HEALTH INC	16,015
SHASTA ADMINISTRATIVE SVCS INC	7,652
UMR INC	21,350
UNITED HEALTHCARE SERVICES INC	100,606
WEBTPA EMPLOYER SERVICES LLC	2,535
WM MICHAEL STEMLER INC	1,144
ZENITH AMERICAN SOLUTIONS, INC	26,366

The payers highlighted in light grey above will be asked to submit data, but would not be identified individually in any public reporting. Their data will be reported in aggregate at the state and market levels only.



PROVIDER ORGANIZATIONS

The Implementation Committee provided several parameters for determining which provider organizations should be held responsible for their performance relative to the cost growth target.

Provider organizations that can be held accountable for Total Medical Expenditures

Provider organizations that can be held accountable for Total Medical Expenditures include only those organizations that could in theory take on contracts where they are responsible for the total cost of care because they (1) include primary care providers who direct a patient's care, and/or (2) can influence where a patient receives care to promote high value providers and care.

These include health systems, hospitals with primary care providers, medical groups with primary care providers, and a subset of specialists that provide care coordination (e.g. some oncologists) or provide a majority of primary care-like services (e.g. some OB/GYNs).

Health care cost growth is measured for provider organizations, not individual clinicians.

Provider organizations must have sufficient patient volume

Provider organizations must have sufficient patient volume to be able to detect accurate and reliable changes in annual per capita Total Medical Expenditures, and to help prevent situations where smaller provider organizations may exceed the health care cost growth target due to a few unusually complex and expensive cases.

Sufficient patient volume: Provider organizations with at least 10,000 unique all-payer attributed lives, or at least 5,000 attributed lives within any one market (Medicaid, Medicare, Commercial).

Methods

A list of which provider organizations in Oregon meet these criteria for the Cost Growth Target Program will be built from the actual payer data submissions for the cost growth target program. In advance of the payer data submissions, OHA created this preliminary list of provider organizations by collecting the provider information from All Payers All Claims (APAC) and grouping individual providers/local provider groups into larger provider organizations by matching addresses and names. 205 provider organizations were initially identified, then the preliminary list was refined by applying the criteria below.

Provider Organization Size

The patient volume of each provider organization was estimated using all the APAC medical claims in 2018 with denied and zero-paid claims excluded. Each claim line was assigned to one of the 205 provider organizations according to the billing/rendering provider NPIs on the claims. The number of unique patients from the claims was used as a proxy of the size of provider organizations.

Provider organizations which met the size criteria were those with at least 10,000 unique patients across all lines of business, or with at least 5,000 unique patients under any one line of business (commercial, Medicaid, or Medicare).

Provider Organizations Providing Primary Care

Not all the provider organizations meeting the size criteria would be accountable for Total Medical Expenditures, as some of them do not provide primary care, or primary care-like services. Provider



organizations that appeared to be specialists that would not provide primary care-like services were excluded from the tables below.

Note the actual payer data submissions for the cost growth target program will use primary care attribution methodology, as per Implementation Committee recommendations; OHA did not apply any attribution to this preliminary list. It is likely that the actual number of attributed patients to provider organizations will be lower than the patient totals in the tables below, which may result in fewer provider organizations having sufficient patient volume to be included in the cost growth target program.

Tables 3 and 4 below provide the preliminary list of provider organizations that provide primary care and meet the size criteria.

Table 3. Preliminary List of Provider Organizations:
At least 10,000 patients across all lines of business

These provider organizations have at least 10,000 patients across all lines of business and are likely to be included in the cost growth target program. Note that some of these provider organizations may have fewer than 5,000 patients in a given line of business and would not have their cost growth measured for that line of business individually but would still have their cost growth measured overall.

Provider Organization	Number of Patients in 2018			
	Total	Commercial	Medicaid	Medicare
PROVIDENCE HEALTH & SERVICES - OREGON	448,809	173,852	152,019	140,450
KAISER FOUNDATION HEALTH PLAN OF THE NW	401,210	291,518	43,357	73,755
LEGACY CLINICS LLC	272,085	83,541	118,565	79,407
OREGON HEALTH & SCIENCE UNIVERSITY	196,720	63,357	81,635	60,710
PEACEHEALTH MEDICAL GROUP	128,158	32,499	63,262	37,242
SAMARITAN HEALTH SERVICES	126,929	39,261	52,531	40,782
ASANTE PHYSICIAN PARTNERS	123,583	24,912	56,785	47,017
OREGON CLINIC PC	110,844	40,017	26,418	49,232
ST. CHARLES HEALTH SYSTEM, INC.	84,513	23,701	25,278	38,502
OREGON MEDICAL GROUP	63,174	34,299	14,055	16,556
PRAXIS MEDICAL GROUP, INC.	56,901	24,888	8,197	25,473
PORTLAND ADVENTIST MEDICAL CENTER	52,753	9,319	29,473	17,356
BEND MEMORIAL CLINIC PC	52,127	16,438	11,570	25,924
MERCY MEDICAL CENTER	49,094	9,214	21,342	20,802
SALEM CLINIC, PC	48,823	24,278	11,053	14,860
CORVALLIS CLINIC PC	47,585	21,395	10,898	16,922
MULTNOMAH COUNTY HEALTH DEPARTMENT	38,111	502	35,204	4,281
NORTH BEND MEDICAL CENTER INC	36,385	8,690	13,227	16,438
THE PORTLAND CLINIC	32,502	20,739	2,927	9,384
SKY LAKES MEDICAL CENTER INC	31,062	6,271	13,881	12,407
VIRGINIA GARCIA MEMORIAL HEALTH CENTER	26,697	2,181	21,509	3,626
ICCO, LLC	24,969	16,416	2,467	6,409



Provider Organization	Number of Patients in 2018			
	Total	Commercial	Medicaid	Medicare
EVERGREEN FAMILY MEDICINE, PC	21,738	4,810	11,717	5,889
WVP MEDICAL GROUP, LLC	20,692	9,935	6,273	5,182
NW MEDICAL FOUNDATION OF TILLAMOOK	19,785	4,632	7,965	7,951
YAKIMA VALLEY FARM WORKERS CLINIC	18,857	1,728	15,068	2,382
GOOD SHEPHERD HEALTH CARE SYSTEM	18,337	3,877	9,654	5,593
METROPOLITAN PEDIATRICS, LLC	17,782	8,608	9,338	†
LANE COUNTY OREGON	17,526	1,081	14,865	2,546
SAINT ALPHONSUS REGIONAL MEDICAL CENTER INC	17,482	2,841	8,896	6,656
SALEM HEALTH PROFESSIONAL SERVICES	17,318	9,128	5,817	2,678
UMPQUA HEALTH	16,723	2,767	7,264	7,436
GRANDE RONDE HOSPITAL, INC	16,053	4,091	6,648	6,086
CHILDRENS CLINIC PC	15,647	9,212	6,511	†
ZOOMCARE	15,011	15,011	†	†
COLUMBIA LUTHERAN CHARITIES	14,948	3,723	6,055	5,850
MOSAIC MEDICAL	14,329	2,061	9,191	3,586
BROADWAY MEDICAL CLINIC LLP	14,091	8,980	1,886	3,454
BAY CLINIC	14,053	3,265	5,557	5,837
SALEM PEDIATRIC CLINIC	13,835	5,848	8,193	†
LA CLINICA DEL VALLE FAMILY HEALTH CARE CENTER	13,394	1,490	10,477	1,872
NORTHWEST PRIMARY CARE GROUP, PC	13,276	9,276	626	3,527
CENTRAL OREGON PEDIATRIC ASSOCIATES	13,083	4,836	8,411	†
OREGON PEDIATRICS	12,705	4,267	8,566	†
SPRINGFIELD FAMILY PHYSICIANS LLP	12,313	3,648	6,116	3,025
ROGUE VALLEY PHYSICIANS	12,255	3,030	5,579	3,882
PHYSICIANS MEDICAL CENTER, PC	11,525	5,093	4,308	2,433
CURRY HEALTH DISTRICT	11,049	1,867	4,213	5,533
CLACKAMAS COUNTY	10,897	361	9,627	1,404
CHILDHOOD HEALTH ASSOCIATES OF SALEM	10,852	2,864	8,130	†

† Data have been suppressed for any cells where the number of patients in 2018 is <10.

Note an individual may have received care from multiple provider organizations listed above and included in the patient count for each provider organization. The table cannot be summed.



Table 4. Preliminary List of Provider Organizations:

At least 5,000 patients in one or more lines of business

These provider organizations have fewer than 10,000 patients in total but have at least 5,000 patients in at least one line of business (highlighted). These provider organizations would only be measured for their cost growth for any specific lines of business that meet the threshold. For example, Northwest Human Services would only be held accountable for cost growth relative to the target for Medicaid.

Provider Organization	Number of Patients in 2018			
	Total	Commercial	Medicaid	Medicare
NORTHWEST HUMAN SERVICES, INC	9,583	772	7,268	2,209
UMPQUA COMMUNITY HEALTH CENTER	8,841	781	6,595	1,985
COLUMBIA MEDICAL CLINIC PC	8,008	1,182	6,198	1,158
HILLSBORO PEDIATRIC CLINIC LLC	7,877	1,839	6,098	†
CENTRAL CITY CONCERN INC	7,198	16	6,610	1,235

† Data have been suppressed for any cells where the number of unique patients in 2018 is <10.

Note an individual may have received care from multiple provider organizations listed above, and would be included in the patient count for each provider. The table cannot be summed.

