



Oregon

Kate Brown, Governor

Primary Care Spending Report Non-Claims Based Expenditures Reporting Template Guidelines

Background

The Oregon Legislature enacted Senate Bill [231](#) (2015) and House Bill [4017](#) (2016) which requires the Oregon Health Authority (OHA) and the Department of Consumer and Business Services (DCBS) to report the percentage of medical spending allocated to primary care by the following health care payers:

- Prominent carriers, defined as health insurance carriers with annual Oregon premium income of \$200 million or more;
- Health insurance plans contracted by Public Employees' Benefit Board (PEBB), and Oregon Educators Benefit Board (OEBB); and
- Medicaid Coordinated Care Organizations (CCOs).

[The Primary Care Spending Report](#) must be submitted to the legislature by February 1 each year through 2020.

To prepare this report, OHA and DCBS collects medical spending data from:

- Claims-based payments using Oregon's All-Payer, All-Claims (APAC) Reporting Program. The APAC codes used in the report are listed in subsequent section of this document.
- Non-claims-based payments using a specialized reporting template completed by carriers and CCOs.

Carriers and CCOs must submit the non-claims based expenditures reporting template to PC.ServicesReport@state.or.us by October 1, 2017.

Non-Claims Based Expenditures Reporting Template Guidelines

Non-claims based expenditure reporting requirements for carriers and CCOs have been adopted in Oregon Administrative Rule (OAR). DCBS: [OAR 836-053-1500 to 836-053-1510](#). OHA: [OAR 409-027-0005 to 409-027-0025](#).

Please review the Rule thoroughly as it defines many terms used in the reporting template such as "primary care", "primary care provider", "practice", and the categories of non-claims based expenditures.

This document provides additional guidance for each category of the non-claims based expenditures defined in the Rule to assist carriers and CCOs as they complete the template.

Capitated or Salaried Expenditures

Capitation or salaried arrangements with providers or practices not billed or captured through claims.

Example: Fixed dollar payments for a defined set of services are paid to a provider for each person cared for by the capitated provider.

Risk-based reconciliation

Risk-based reconciliation for arrangements with providers or practices not billed or captured through claims.

Example: Services are paid on a fee-for-service basis. At the end of the year, the cost of services is compared against a pre-determined annual budget. If the cost of services is below the budget amount, the provider will share savings with the carrier or CCO. If the cost of services is above the budget amount, the provider will share losses with the carrier or CCO.

Patient-Centered Primary Care Homes/Medical Homes

Payments to Patient-Centered Primary Care Homes (PCPCH), 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.

Example: A per-member-per-month payment based on a practice's PCPCH tier level.

Provider Incentives

Prospective incentive payments to providers or practices aimed at developing capacity for improving care for a defined population of patients.

Retrospective incentive payments to providers or practices based on performance aimed at decreasing cost or improving value for a defined population.

Example: Bonus payments to a provider when the provider meets the predetermined baseline or target of medical service use, such as a specified vaccination rate.

Health Information Technology

Payments for Health Information Technology structural changes at a practice such as electronic records and data reporting capacity from those records.

Example: A carrier or CCO pays the electronic health record licensing fee for a practice.

Workforce Expenditures

Workforce expenditures 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.

APAC Codes for Claims-based Expenditures

CPT Codes	Description
99201-99205	Office or outpatient visit for a new patient
99211-99215	Office or outpatient visit for an established patient
99241-99245	Office or other outpatient consultations
99341-99345	Home visit for a new patient
99347-99350	Home visit for an established patient
99381-99385	Preventive medicine initial evaluation
99391-99395	Preventive medicine periodic reevaluation
99401-99404	Preventive medicine counseling and/or risk reduction intervention
99411-99412	Group preventive medicine counseling and/or risk reduction intervention
99420	Administration and interpretation of health risk assessments
99429	Unlisted preventive medicine service
59400	Routine obstetric care including vaginal delivery (global code) *60% of payment
59510	Routine obstetric care including cesarean delivery (global code) *60% of payment
59610	Routine obstetric care including VBAC delivery (global code) *60% of payment
59618	Routine obstetric care including attempted VBAC delivery (global code) *60% of payment
90460-90461	Immunization through age 18, including provider consult
90471-90472	Immunization by injection
90473-90474	Immunization by oral or intranasal route

Specialty taxonomy code

Specialty taxonomy code	Description
261QF0400X	Federally Qualified Health Center
261QP2300X	Primary care clinic
261QR1300X	Rural Health Center
207Q00000X	Physician, family medicine
207R00000X	Physician, general internal medicine
175F00000X	Naturopathic medicine
208000000X	Physician, pediatrics
2084P0800X	Physician, general psychiatry
2084P0804X	Physician, child and adolescent psychiatry
207V00000X	Physician, obstetrics and gynecology
207VG0400X	Physician, gynecology

208D00000X	Physician, general practice
363L00000X	Nurse practitioner
363LA2200X	Nurse practitioner, adult health
363LF0000X	Nurse practitioner, family
363LP0200X	Nurse practitioner, pediatrics
363LP0808X	Nurse practitioner, psychiatric
363LP2300X	Nurse practitioner, primary care
363LW0102X	Nurse practitioner, women's health
363LX0001X	Nurse practitioner, obstetrics and gynecology
363A00000X	Physician's assistant
363AM0700X	Physician's assistant, medical
207RG0300X	Physician, geriatric medicine
175L00000X	Homeopathic medicine
2083P0500X	Physician, preventive medicine
364S00000X	Certified clinical nurse specialist
163W00000X	Nurse, non-practitioner

APAC Codes for Claims-based Expenditures – *additional codes* used for February 2018 Report

CPT Codes	Description
90649	Human Papilloma virus vaccine
90658	Influenza virus vaccine
90670	Pneumococcal conjugate vaccine
90686	Influenza virus vaccine
90688	Influenza virus vaccine
90715	Tetanus, diphtheria toxoids adsorbed
90732	Pneumococcal polysaccharide vaccine
90736	Zoster (shingles) vaccine
96372	Therapeutic, prophylactic, or diagnostic injection
98966-98968	Nonphysician telephone services
98969	Online assessment, mgmt services by nonphysician
99406	Smoking and tobacco use cessation counseling visit
99442	Telephone calls for patient mgmt
99444	Non-face-to-face on-line Medical Evaluation
99495-99496	Transitional Care Management Services
G0008	Administration of influenza virus vaccine
G0009	Administration of pneumococcal vaccine
G0444	Annual depression screening
G0502	Initial psychiatric collaborative care management
G0503	Subsequent psychiatric collaborative care management
G0504	Initial or subsequent psychiatric collaborative care management

G0505	Cognition and functional assessment
G0506	Comprehensive assessment of and care planning for patients requiring chronic care management services
G0507	Care management services for behavioral health conditions