# Background

The Oregon Legislature established the Sustainable Health Care Cost Growth Target (CGT) program in 2019 to address runaway health care costs.

The CGT program’s establishing legislation (ORS 442.386) directs the Oregon Health Authority to implement a health care cost growth target, calculate and report annual health care cost growth, and require payers or provider organizations that exceed the cost growth target to undertake a performance improvement plan.

The aim of the CGT Performance Improvement Plan (PIP) is to successfully reduce growth in per capita health care spending. A payer or provider organization that exceeds the cost growth target in a given performance year, with statistical confidence and without a reasonable cause, may be required to submit a PIP. For more information about PIP requirements, please see ORS 442.386 and OAR 409-065-0040.

# Submission Instructions

Payers and provider organizations required to undertake a PIP must complete this template and submit it electronically to OHA at [HealthCare.CostTarget@oha.oregon.gov](mailto:HealthCare.CostTarget@oha.oregon.gov). See the Oregon CGT [PIP Template Guidance](https://www.oregon.gov/oha/HPA/HP/Cost%20Growth%20Target%20Meeting%20Documents/CGT-6-PIP-Template-Guidance.pdf) for more detailed guidance and instructions.

Narrative responses should be concise (less than 500 words per question), while containing sufficient detail. You may opt to provide additional information or documentation to support your PIP. Please clearly identify which section of the PIP any attachments support.

If any of the information in the PIP or attachments is confidential, please clearly label it as such. (See PIP Template Guidance for more information about handling confidential information). The final approved PIP will be published on [OHA’s website](https://www.oregon.gov/oha/HPA/HP/Pages/Sustainable-Health-Care-Cost-Growth-Target.aspx) with confidential information redacted.

# Entity Information

Provide the name of your entity, PIP year, and submission date. PIP year refers to the performance period during which your entity exceeded the cost growth target.

|  |  |
| --- | --- |
| Entity name | Click or tap here to enter text. |
| PIP year | Click or tap here to enter text. |
| Submission date | Click or tap to enter a date. |
| PIP Start Date | Click or tap to enter a date. |
| PIP End Date | Click or tap to enter a date. |

# Entity description

Describe your entity (e.g., nature of business in Oregon, business segments, coverage or service types offered in the state, number of patients or members you typically serve, etc.) (500 words or less)

Click or tap here to enter text.

# Cost Growth Performance

[Insert performance summary language specific to the entity and a table with growth percentage by market. For example: *In performance year 2022, Entity A exceeded the cost growth target (3.4%) with statistical confidence for the Commercial market.*]

# Drivers of health care cost growth

Describe the reasons or factors that caused your entity to exceed the cost growth target. (500 words or less)

Click or tap here to enter text.

# Goal

Describe your entity’s overall goal for reducing growth in per capita health care spending to meet the cost growth target in future years. Provide a dollar amount and timeline. Explain how you selected the savings goal and how the goal was calculated. (500 words or less.)

Click or tap here to enter text.

# Strategies to contain cost growth

Describe the strategies your organization will pursue to reduce growth in per capita health care spending and meet the cost growth target in subsequent years. If you have multiple strategies, use a new table for each strategy. At least one strategy should be directly related to prices or contracting, subject to OHA’s discretion.

Required attachments: Please attach sufficient data and evidence to support your responses. This may include peer-reviewed literature, internal data, or other documentation to demonstrate that your proposed strategies are likely to successfully address cost growth. If your strategy is dependent on the participation of any partnering entities, please provide evidence that you have secured the support of those entities.

| **Strategy Name** | Click or tap here to enter text. |
| --- | --- |
| **Strategy Description** | Describe the strategy you are proposing to address drivers of health care cost growth. For each strategy, include information about which driver(s) the strategy addresses, how the strategy will result in reducing growth in per capita health care spending, evidence supporting how this strategy is likely to influence cost growth, and the sustainability of the strategy. (At least 500 words)  Click or tap here to enter text. |
| **Projected Savings** | Provide a dollar amount or range for the projected savings you estimate will result from the strategy.  Click or tap here to enter text. |
| **Key activities** | Describe the main steps, milestones, and target completion dates for the strategy to be successful. (At least 500 words)  Click or tap here to enter text. |
| **Strategy measures** | Describe how your organization will assess progress related to this strategy. This may include process measures and outcomes measures.  Click or tap here to enter text. |
| **Balancing strategy** | Describe how your organization will avoid potential negative effects of the strategy on access, quality, health equity, or the health care workforce.  Click or tap here to enter text. |
| **Balancing measures** | Describe measures your organization will track to ensure that the strategy does not negatively affect access, quality, health equity, or the health care workforce.  Click or tap here to enter text. |
| **Strategy adjustment** | Describe how your organization will adjust the strategy over time in response to continued health care cost growth or measures, negative effects on quality or access or equity, or other negative effects.  Click or tap here to enter text. |
| **Benefit to consumers and purchasers** | Describe how the strategy will result in benefits to consumers, purchasers, or both.  Click or tap here to enter text. |
| **Plan for savings** | Payers: Explain how any savings generated from reducing per capita health care cost growth will be passed on to consumers and purchasers.  Providers: Explain how savings generated from reducing per capita health care cost growth will be passed on to payers.  Click or tap here to enter text. |
| **Partners** | Describe other entities that will be involved in the strategy or activities. This may include contracting partners, clinical partners, community partners, vendors, or other entities.  Click or tap here to enter text. |
| **Dependencies** | Describe any assumptions, dependencies, or risk that may impact the success of your strategy. This may include executing contracts, regulatory authorization, or other dependencies.  Click or tap here to enter text. |
| **Reporting** | Describe what qualitative and quantitative data will be reported to OHA and specify the frequency of such reporting.  Note: The entity is required to submit an update to OHA every six months, at a minimum. OHA will specify the manner in which reports shall be submitted.  Click or tap here to enter text. |

# Timeline

Attach a detailed a timeline for the implementation of your organization’s PIP. The timeline should include start and end dates, milestones, measurement, and reporting for all your organization’s strategies.

## Technical Assistance Requests

Would you like to request technical assistance to support your PIP implementation?  Yes  No

If yes, please describe the technical assistance you are requesting.

Click or tap here to enter text.

## Required PIP Contact Information

The PIP Coordinator will be the primary point of contact between OHA and the organization.

The PIP Executive Sponsor is the organizational contact responsible for and accountable to OHA for the development and implementation of the PIP. This person should have decision-making and sign-off authority within the organization.

The PIP Executive Sponsor and all other PIP contacts included below will be copied on all communications to the PIP Coordinator. The information below will not be included in the public posting of the final approved PIP.

|  |  |
| --- | --- |
| Entity Name: | [enter name] |
|  |  |
| PIP Coordinator: | [enter name] |
| Title: | [enter title] |
| Email: | [enter email] |
| Phone: | [enter phone] |
| PIP Executive Sponsor: | [enter name] |
| Title: | [enter title] |
| Email: | [enter email] |
| Phone: | [enter phone] |
| Alternative PIP Contact (optional) | [enter name] |
| Title: | [enter title] |
| Email: | [enter email] |
| Phone: | [enter phone] |

## Attestation

The PIP Coordinator and PIP Executive Sponsor must attest to and sign the statement below of truthfulness and good faith.

*Having read the Oregon CGT-6 PIP Guidance, the above PIP proposal, and all PIP proposal attachments, I can attest that the information contained in the PIP proposal and all attachments are accurate and true.*

|  |  |
| --- | --- |
| PIP Coordinator signature: | Date: |
| PIP Executive Sponsor signature: | Date: |

*Upon approval of the PIP proposal by OHA, the entity will implement all components of the PIP and reporting requirements in good faith.*

|  |  |
| --- | --- |
| PIP Coordinator signature: | Date: |
| PIP Executive Sponsor signature: | Date: |

### OHA to complete:

|  |  |
| --- | --- |
| Receipt date | [enter receipt date] |
| Review date | [enter review date] |
| Approval date | [enter approval date] |