



OREGON
HEALTH
AUTHORITY

September 14, 2026

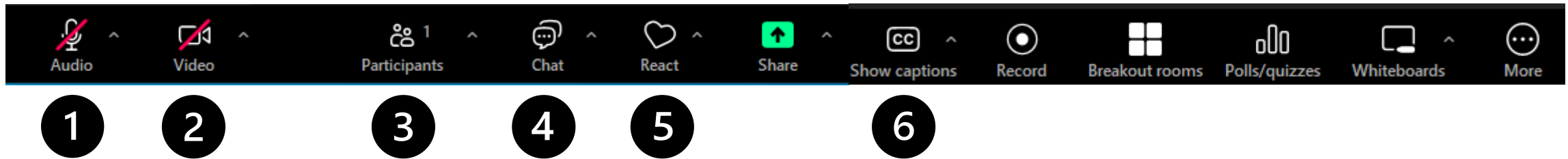
Quality and Health Outcomes Committee (QHOC)

- Please remain muted when not speaking:
 - Use the microphone icon to mute and unmute
 - Phone: use *6 to mute and unmute if double-muted
- So that all listeners can follow the conversation, please:
 - State your name prior to speaking
 - Turn on your camera when speaking
- When possible, use the “raise hand” function (under “reactions”) to:
 - Raise hand, prior to speaking
 - Participate in a vote



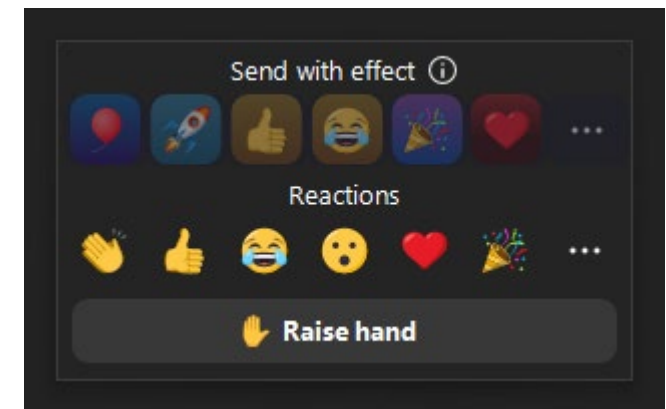
Zoom Call-in Info: 1-669-254-5252 / Meeting ID 161 123 2033 / Passcode 312509

Technology Tips: Zoom



1. Mute and unmute
2. Start and stop video
3. Participant list
4. Chat (send privately or to everyone)
Note: Chat is public record
5. React: raise hand, thumbs up (yes/no) answering
6. Closed captioning available on Zoom menu

React menu options



September 14 QHOC Agenda: Morning

Clinical Director Session (10:05 a.m.–12:30 p.m.)

#	Time	Topic	Presenter(s)
1	10:05 a.m.	Welcome and announcements	Lisa Bui Mark Buchholz
2	10:15 a.m.	Proposed CCO contract change: minimum reimbursement for ABA	Dr. Meg Cary
3	10:20 a.m.	New Maternity Codes	Jason Daniels Nathan Roberts
4	10:40 a.m.	Pharmacy and Therapeutics (P&T) update	Sara Fletcher
6	10:50 a.m.	Health Evidence Review Commission (HERC) update	Dr. Ariel Smits
8	11:00 a.m.	Healthier Oregon Transition (HOT) Training: Provider Orientation information	Kim Tolchinsky Mariah Andrews
9	11:15 a.m.	Lunch	

September 14 QHOC Agenda: Afternoon

Quality Performance Improvement Session (1:05–3 p.m.)

#	Time	Topic	Presenter(s)
1	1:05 p.m.	Quality Performance Improvement (QPI) introductions and announcements	Courtney Whidden-Rivera
2	1:15 p.m.	Statewide Performance Improvement Project (PIP): Oral Health Metrics and Analytics	Rachel Matty Frank Wu
3	2:15 p.m.	Updates • October Learning Collaborative • Performance Improvement Project (PIP) timelines • QHOC annual schedule	Kristen Bloberger
4	2:30 p.m.	Adjourn	All

October Hybrid QHOC meeting

Barbara Roberts Human Services Building (HSB)
500 Summer Street, NE, Salem OR

*Hand sanitizer and masks will be provided for those who choose.

Key Topics

Language Access Learning Collaborative
CCO Performance Metrics

11:00 am – 12:30 pm
1:00 pm – 3:00 pm

Oregon Health Plan Changes in Late 2026 to 2028

- [Oregon Health Authority : Oregon Health Plan Changes in Late 2026 to 2028 : Oregon Health Plan : St...](#)

CCO Metrics 2025 Final Report

We are happy to announce that the [CCO Metrics 2025 Final Report](#) and [Executive Summary](#) are now available! 2025 updates to the [Overall Population](#) and [Incentive Payments](#) dashboards are also live.

This report is a summary of performance by Oregon's coordinated care organizations (CCOs) in 2025. It includes highlights of statewide performance and CCO payments for 2025 incentive metrics in the [CCO Quality Incentive Program](#).

You can find links to all of these resources and more on our [CCO Metrics Dashboards and Reports webpage](#). If you have any questions or comments, please contact us at Metrics.Questions@odhsoha.oregon.gov.



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Proposed CCO contract change: minimum reimbursement for ABA



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HR1 Work or Activity Rules: CMS Final Regulation Update



**Oregon remains committed
to keeping health care as
accessible as possible.**



Oregon Health Authority's goals



Keep people covered



Reduce inequities and harm to the people we serve



Adhere to federal rules

CMS CFR 42 § 435.554(c)(5) Overview

What have we learned?

- Limited options for self-attestation in 2028 and beyond
- Strict rules for volunteering
- Most medical exemptions need to prevent someone from working
- Required changes to language to distinguish between excluded and excepted individuals, which OHA refers to as exemptions

9/3/26: CMS provided further clarification:

- How to comply with some of the medical exemption requirements

Additional questions remain:

- Allowable verification for some exemption types

What is Oregon Health Authority doing now?

- Making revisions to align with the new CFR and CMS guidance and preserve enrollment for eligible members.
- Oregon has joined 25 other states in litigation that challenges the unexpected policy changes in CMS' June 1st Interim Final Rule.

Medical Exemption Code Set Methodology

Medical exemption code set is only used for automatic verification. Code set includes:

- Tier 1 conditions: Diagnosis alone
- Tier 2 conditions: Diagnosis plus service utilization

There will always be a medical exemption path for members whose health condition is not in the code set:

- 2027: self attestation
- 2028: self attestation + additional documentation. More information to come in 2027

Jason Daniels



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Maternity Code Update

3.10.2026

AMA policy summary

The AMA has overhauled procedure codes used for billing for maternity services. They have deleted the global maternity codes altogether, added new codes for labor and delivery, and replaced antepartum and postpartum care codes with E&M codes.

Topics

- Code structure
- Rates
- Upcoming decisions

Coding changes

- Most significant change to maternity coding in decades
- Global maternity codes end on 1/1/2027
- Changes
 - 12 new codes
 - 17 terminated
 - 7 revised
- AMA code set finalizes today
- Revision of overall maternity policy out of scope for 1/1/2027 implementation

Maternity code structure

- Current state – Global code
 - Single global code simplifies billing
 - Obscures variation and complexity
- Future state – Unbundled
 - Global maternity codes end
 - More granular reporting
 - Structure identifies four phases of care

Phases of care billed separately

- Antepartum: Each visit billed using E&M codes
- Labor management: New category for billing
- Delivery: Services billed separately
- Postpartum: Each visit billed using E&M codes

Adopt CPT or HCPCS codes

- OHA needs to decide whether to adopt CPT or HCPCS codes
- Recognize the need to avoid operating two code structures
- Decision will be based on the direction that CCOs and commercial insurers are doing
- Early indications favor CPT
- CCOs should share their preferences

Cases that span 1/1/2027

- Global codes terminate 1/1/2027
- Antepartum care before January, labor and delivery after 1/1/2027
- Need policy for maternity cases that span 1/1/2027 transition
- Evaluating using E/M or existing codes for antepartum care

Reimbursement rate intent

- Intent is that change is budget neutral
- Change up or down does not meet OHA policy intent
- Reduction would reduce overall reimbursement
 - Potential impact on network sufficiency
- Increase could have significant budget impact
 - HR 1 has reduced funding for Medicaid programs
 - Increase in overall funding unsustainable

Reimbursement rate considerations

- Selection of code set
- Insufficient time/data to evaluate RVUs
- Assumption that CMS meets objective of budget neutrality
- Actual claims information will allow CMA and OHA to adjust rates
- Tentative: Adopt CMS-provided rates using existing maternity conversion factor

Upcoming policy decisions

- Selection of CPT or HCPCS – CCO feedback
- Process for billing cases spanning 26/27
- Adoption of CMS rates

Discussion

Drug Use Research & Management (DURM) Program



Sara Fletcher, PharmD, MPH, BCPS

August P&T Committee OHA Approved Recommendations

<https://www.oregon.gov/oha/HPA/DSI-Pharmacy/Pages/PT-Recordings.aspx>

Approved August 11, 2026



Oncology Policy Updates

- Add the following new FDA-approved antineoplastic agent to Table 1 in the **Oncology Agents** prior authorization (PA) criteria:
 - Cavhanza (nilotinib)
 - Decnupaz (pivekimab sunirine-pvzy)
 - Beqalzi (sonrotoclax)
 - Veppanu (vepdegestrant)

https://www.orpdl.org/durm/PA_Docs/oncology.pdf

Non-Insulin Diabetes Drugs Literature Scan

- No changes to the PDL based on the review of clinical evidence
- Remove PA for preferred SGLT-2 Inhibitors and update approved indications in Table 1 of PA criteria
- After comparative cost consideration in executive session:
 - **DPP-4 Inhibitors:** Make linagliptin/metformin, alogliptin and alogliptin/metformin preferred; and Onglyza non-preferred
 - **Misc. Diabetes Drugs:** Make repaglinide, acarbose, metformin ER osmotic, glipizide-metformin, nateglinide, glyburide-metformin, and metformin ER gastric preferred
 - **SGLT-2 Inhibitors:** Make Jardiance non-preferred
 - **Sulfonylureas:** Make chlorpropamide, glipizide tablets, glipizide ER 24 tablets, and micronized glyburide preferred

Glaucoma Drugs Literature Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make dorzolamide drops, brimonidine 0.2% drops, and the beta blockers levobunolol and timolol maleate-PF preferred

Antianginals Literature Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make isosorbide mononitrate ER, isosorbide dinitrate SL tabs and ranolazine tab ER 12h preferred
 - Make isosorbide mononitrate IR tablets non-preferred

Ophthalmic Anti-inflammatory Drugs Lit Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make difluprednate drops and prednisolone sodium phosphate drops preferred

Topical Steroids Literature Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make all generic hydrocortisone rectal products, hydrocortisone-aloe cream, clobetasol shampoo, emollient cream, gel and foam, hydrocortisone lotion, fluticasone cream and ointment, desonide lotion, betamethasone valerate lotion, betamethasone ointment and foam, betamethasone pg ointment, triamcinolone lotion, halobetasol ointment and cream, fluocinolone solution, gel, oil, and ointment, fluocinolone shower cap oil, fluocinonide ointment and gel, and mometasone cream, ointment and solution preferred
 - Make hydrocortisone gel, fluocinonide-dimethicone kit, and clobetasol 0.025% cream non-preferred

Combination Antihypertensive Drugs, Calcium Channel Blockers and Oral Beta-Blockers Lit Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - **Beta-blockers:** Make sotalol, nebivolol and bisoprolol preferred
 - **Calcium Channel Blockers:** Make felodipine, diltiazem 24-hour ER (LA), nifedipine capsules, and generic nimodipine capsules preferred. Make NIMOTOP capsules and nimodipine solution non-preferred
 - **Combination Antihypertensives:** Make valsartan-HCTZ, amlodipine-benazepril, irbesartan-HCTZ, bisoprolol-HCTZ, atenolol-chlorthalidone, amlodipine-valsartan, and candesartan-HCTZ preferred

Oral Potassium and Potassium Phosphate Literature Scan

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make Kaochlor liquid, potassium gluconate elixir, KCL ER capsules and tablets, Effer-K packets, Klor-Con packets, and K-Vesent packets preferred
 - Make Pokonza products non-preferred

Healthier Oregon Policy Update: Antifungals, Oral

- No changes to the PDL based on the review of clinical evidence
- After comparative cost consideration in executive session:
 - Make ketoconazole tablets and itraconazole capsules preferred

Redemplo (plozasiran) New Drug Evaluation

- Make plozasiran non-preferred in the “Other Dyslipidemia Drug” PDL class
- Include plozasiran in the **Apolipoprotein C-III Inhibitors** PA criteria to ensure it is used according to supporting evidence and FDA labeling

https://www.orpdl.org/durm/PA_Docs/APOC3.pdf

Newer Drugs for Heart Failure Class Update

- Rename “Diuretics, Oral” to “Diuretics, Outpatient” to include new outpatient sub-Q and nasal formulations
- Update **Finerenone** PA criteria to include use in patients with LVEF > 40%
https://www.orpdl.org/durm/PA_Docs/finerenone.pdf
- Maintain the following as non-preferred on the PDL: chlorthalidone 12.5 mg tabs; sub-Q forms of furosemide; oral suspensions and solutions of HCTZ, losartan, and ramipril; and bumetanide nasal spray

Newer Drugs for Heart Failure (Continued)

- Make a metolazone product preferred based upon AHA recommendation
- Retire **Sacubitril/Valsartan (Entresto)** PA to support the use of ARNIs as part of GDMT in heart failure
- After comparative cost consideration in executive session:
 - Make the diuretics eplerenone and metolazone preferred
 - Make the RAAS inhibitors captopril and perindopril preferred
 - Make the ARNI sacubitril/valsartan preferred
 - Make valsartan solution non-preferred

Tziel (teplizumab) Prior Authorization Update

- No changes to the PDL based on the review of clinical evidence
- Maintain teplizumab as non-preferred
- Update **Teplizumab** PA criteria to include the new indication for teplizumab for use in Stage 3 T1D

Herpes Simplex Class Update

- No changes to the PDL based on the review of clinical evidence
- Update **Antivirals for Herpes Simplex Virus** PA criteria to accommodate future changes to the prioritized list of health services
- After comparative cost consideration in executive session:
 - Make famciclovir tablets preferred

Enzyme Replacement for Hunter Syndrome Orphan Drug Evaluations

- Create a PDL class of drugs for “MPS II (Hunter syndrome)”
- Implement **Enzyme Replacement Therapy for Hunter Syndrome** PA criteria for the use of idursulfase and tvidenofusp alfa-eknm, based on the FDA approved indications in patients with MPS II

https://www.orpdl.org/durm/PA_Docs/orphandrugs.pdf

Monoclonal Antibodies for Lupus

Class Update and NDE

- Move Gazyva (obinutuzumab) to “Monoclonal Antibodies for Lupus” Class and implement **Obinutuzumab (GAZYVA)** PA with a clear pathway to the **Oncology Agents** policy for oncology indications and make non-preferred
- Update **Anifrolumab-fnia** and **Belimumab (Benlysta)** PA criteria as presented to allow longer approval duration

C-Type Natriuretic Peptides Class Update and NDE

- Add the “C-Type Natriuretic Peptides” class to the PDL and include vosoritide and navepegritide
- Designate vosoritide and navepegritide non-preferred
- Implement the proposed **C-type Natriuretic Peptides** PA criteria to ensure appropriate use

https://www.orpdl.org/durm/PA_Docs/pegzilarginase.pdf

August P&T Committee Meeting

- Meeting scheduled to be held 8/06/2026
- Agenda and Final Documents were posted on 7/07/2026

[https://pharmacy.oregonstate.edu/drug-policy/
oregon-p-t-committee/meetings-agenda](https://pharmacy.oregonstate.edu/drug-policy/oregon-p-t-committee/meetings-agenda)

Thank You





Health Evidence Review Commission (HERC) Update

Ariel Smits, MD, MPH

HERC Medical Director

9/14/2026

2027 Prioritized List

- Version 3.0 available at <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Prioritized-List-Pending.aspx> (Pending Prioritized List page)
- A new version reflecting changes approved through July 30, subject to verification and continued error checking
- Please look over and give any feedback!

September VBBS/HERC

- September 3, 2026
- Cardiac defibrillator guideline merge:
 - merged wearable and implantable guidelines and updated wearable criteria
- Neuroimaging:
 - Added additional functional MRI code to coverage, broadened guideline to include prior to other intracranial procedures
- Toenail fungus guideline:
 - edited to remove medication criteria

September VBBS/HERC

- Impella re-review
 - Removed coverage other than for cardiogenic shock
- Drug testing
 - Remove individual drug tests from the Diagnostic file (not open on fee schedule)
 - Minor modifications to guideline
- Benefits Update Project
 - Convert guideline wording from “medically necessary” to “covered/not covered”
 - Merge hysterectomy guidelines

September VBBS/HERC

■ July HCPCS codes:

- Unable to vote, will discuss further in October
- Lumbar facet arthroplasty: do not cover
- Non-facility catheter embolization: do not cover
- Suction enabled ureteroscopy: further discussion needed

■ October HCPCS codes

- External ocular negative pressure pumps for glaucoma: do not cover
- Algorithmic assessment for autism spectrum disorders using technology: CMS withdrew code

September VBBS/HERC

- No coverage added
 - Hyaluronic acid injections for knee arthritis: recommend no change in non-coverage
 - High intensity laser therapy (HILT)
- Coverage guidance: disposable insulin pumps
 - Create new guideline limiting to type 1 diabetics
 - Children aged 5 and younger
 - Children with low insulin infusion rates
 - Children with ID/DD, ASD, ADHD
 - Child/adolescent with disruptive, impulse control or conduct disorders

Oral Health Advisory Panel

- September 10, 2026
- 2027 CDT codes:
 - one code tabled, members agreed with other recommendations
- Exostosis excision
 - Members supported adding when needed for dentures
- Frenectomy and frenotomy guideline merge/clarification
 - Members agreed

Oral Health Advisory Panel

- Handicapping malocclusion guideline: tabled
- Silver diamine fluoride (SDF) guideline clarification
 - Most members supported requiring SDF to be 38% solution, no change in 2 treatment a year limit
- Impacted teeth guideline—members supported expanding to non-wisdom teeth
- Premade porcelain crowns for children: tabled
- Office dispensing of home medication: supported removal from coverage

Oral Health Advisory Panel

- **Soft/hard tissue oral biopsies:**
 - Members supported continued coverage
- **Dental code for salivary gland biopsy**
 - Members supported removal from coverage; use medical code
- **Dental restoration materials:**
 - Further discussion planned for November 19th HERC meeting

Future meetings

- Oral Health Advisory Panel
 - October 9, 2026
 - Virtual
 - Continued discussion of preventive medicaments
 - Handicapping malocclusion guideline changes
 - Porcelain crowns
 - BUP oral health coding updates

October VBBS/HERC

- October 22, 2026
 - Portland State Office Building/Virtual
- Materials available for 2 week public comment period until September 25th
 - <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Public-Comments.aspx>
- July HCPCS
 - Catheter enabled suction ureteroscopy
 - Non-facility pressure catheter embolization
- Update on VEXAS code placement

October VBBS/HERC

- Follow up BUP guideline issues
- 2027 CPT code review
 - Straightforward codes
 - Laboratory codes
 - Home sleep studies
 - Drug eluting balloon coronary angioplasty
 - Glial fibrillary acidic protein
 - Vestibular tests

October VBBS/HERC

- 2027 CPT code review continued
 - Endoscopic submucosal dissection
 - Ablation of bone tumors
 - Intraosseous fiducial markers
 - Robotic transoral surgery
- Delete chemodenervation guideline
- Mohs surgery for squamous cell carcinoma in situ
- Genicular artery embolization

Future meetings

■ Genetics Advisory Panel

- October 28, 3-5 p.m.
- 2027 CPT codes related to genetic testing
- Minimal residual disease genetic testing for cancer
- New hereditary cancer line discussion
- Large panel prenatal carrier screening tests

■ Behavioral Advisory Panel

- November 2, 10 a.m.-12 p.m.
- May be cancelled due to lack of agenda items

November VBBS/HERC

- November 19, 2026
 - Portland State Office Building/virtual
- Coronary plaque quantification
- Any topics you bring us!

HERC staff listening sessions

- Planning quarterly sessions
- Topics suggestion

Your Feedback or Issues

- HERC.Info@OHA.Oregon.gov
- HERC staff
 - Ariel.Smits@oha.Oregon.gov
 - Heidi.Gullett@oha.Oregon.gov
 - Jason.D.Gingerich@oha.Oregon.gov
 - Daphne.Peck@oha.Oregon.gov
- Topic nominations: <https://www.surveymonkey.com/r/HERC-topic-nomination-2023>
- Written/verbal public comment/registration: <https://www.oregon.gov/oha/HPA/DSI-HERC/Pages/Public-Comments.aspx>



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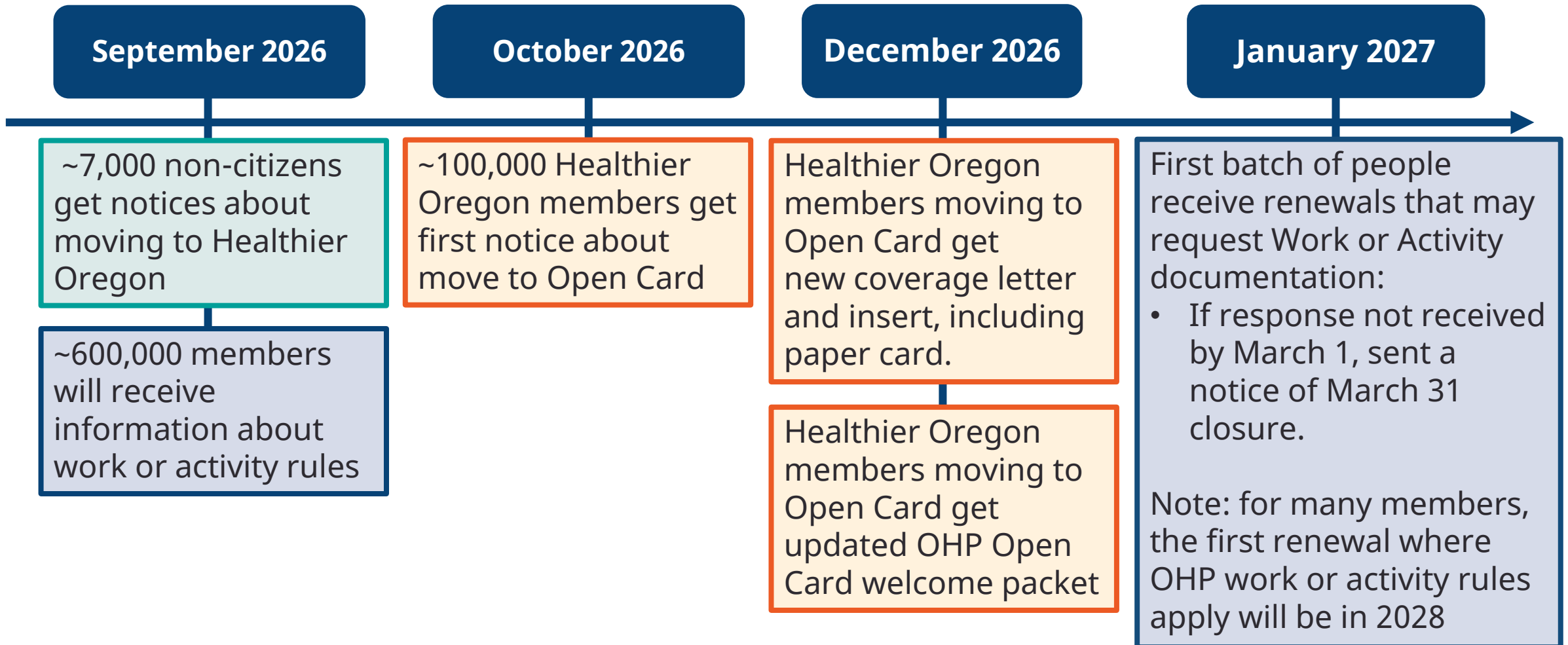
Healthier Oregon Transition Provider Information



Agenda

1. Healthier Oregon Transition (HOT) notices timeline
2. Next steps for providers
3. Open Card provider enrollment
4. HOT CCO engagement opportunities
5. Open Card training and resources

Timeline of upcoming member notices



How providers can prepare for the changes



Verify Open Card provider enrollment

Verifying Open Card provider enrollment may save providers time. If you are an Encounter Only provider enrolled by a CCO, you will want to enroll in Open Card to acquire access to MMIS for billing and PAs. Trainings and support is available on the OHP Provider Enrollment website.



Attend Healthier Oregon Partner Work Sessions

Ongoing and are intended to share updates with partners, providers and CCOs with time for questions.



Save and share Open Card resources

Visit the [OHA Provider website](#) to access informational resources, forms, the provider portal, and contact the provider support team.



Care Coordination

CCOs can expect to see data transfer requests as early as October 2026. Details and exact dates will be communicated in advance.

Want to know which providers can take Open Card?

- ✓ **For CCOs:** Weekly list of active providers is posted for CCOs
 - List contains both Open Card and Encounter Only providers.
 - Each CCO has a process for downloading and processing the file and sharing the information with their subcontractors.
 - List is available on the [Tools for OHP Health Plans website](#)
- ✓ **For Providers:** Verify Open Card Provider Enrollment list
 - Lists active Open Card providers
 - Available on the [OHP Enrollment Website](#)
- ✓ **For Members:** Open Card Provider Directory
 - Search tool for members to find Open Card providers
 - Currently undergoing updates. If you see your information is incorrect, please reach out to provider.enrollment@odhsoha.oregon.gov
 - Available on the [OHP Open Card Website](#)

How CCOs can help with continuity and access

Enroll in Open Card! Help ensure no member loses their doctor.

About 100,000 OHP members will transition from CCO coverage to Open Card (also known as Fee-for-Service or FFS) on January 1, 2027. We are encouraging all clinicians across our network to enroll in OHP Open Card so patients can keep seeing the doctors they know and trust. Your enrollment helps prevent care disruptions and supports a smooth transition for the communities we serve. Learn more about the [transition](#).

How to enroll:

If you are an “Encounter Only” provider, you can email Provider.ENROLLMENT@odhsoha.oregon.gov with "Healthier Oregon" in the subject line and include the following in the body of the email:

- NPI and Medicaid ID
- Contact name, phone number and email address
- A copy of the license or certification (if applicable)
- A brief description of the services rendered.

You can also visit [Provider Enrollment Website](#) or call 800-336-6016 (option 6) to learn more

Encounter Only Provider Letters

- Letters will be sent via mail to notify 400+ Encounter Only providers serving Healthier Oregon members of upcoming changes.
- Letters will inform the provider:
 1. That they are serving OHP members who will be switching to Open Card on January 1, 2027
 2. That they currently can only see CCO members
 3. What steps they need to take in order to bill for Open Card
- Letters will **not** list the members impacted by the change or mention Healthier Oregon.

HOT CCO/ Provider Engagements

- CCO Healthier Oregon Transition workgroup
 - Bi-weekly meeting for CCOs to provide feedback and receive timely information
 - Invitation shared on request
 - If you have any questions, please route them through other meetings or your CCO
- [CCO to Open Card](#) Partner Work Sessions
 - Fourth Tuesday of the month from 2-3 PM
- [Provider Network Adequacy and Engagement](#) Partner Work Sessions
 - Second Tuesday of the month, 2-3PM

Open Card Provider Trainings

Open Card Enrollment Training	Newly Enrolled Provider Training
Learn how to become an OHP provider and enroll in Open Card. • Same session offered twice a month Upcoming Sessions • October 14 : Monday, 1-2PM • *New link coming soon	Get oriented with OHA resources on how providers can successfully navigate Open Card • Three-part training from 10-11am on the second Mon. – Wed. of every month. • Registration for each session: • Session 1 • Session 2 • Session 3

Resources

- **Open Card member resources**

- [Open Card Member Handbook](#) (available in multiple languages)
- Acentra manages care coordination for most Open Card Members. The [OHP Open Card Care Coordination](#) website contains member support resources and a provider directory.

- **Provider resources**

- [Provider Resources](#) page is the main hub for OHA's provider resources
- [Provider Enrollment](#) website will be good place to see where to get started and verify if providers/clinics are enrolled and can bill for Open Card (FFS)
- [Provider Contacts page](#)

- **How to get involved**

- Sign up for the [Provider Matters newsletter](#)
- Attend quarterly [Clinical Connections](#) meetings with Medicaid Medical Leadership



THANK YOU!



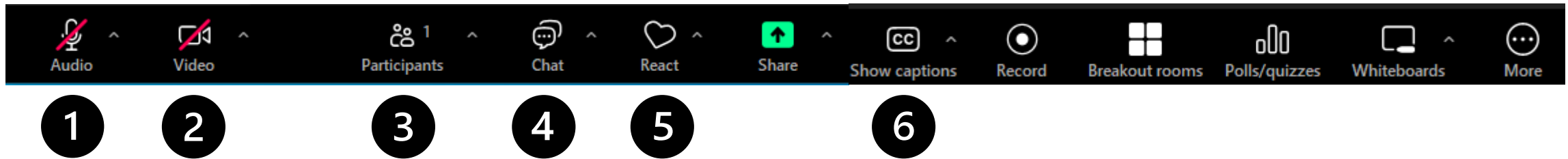
LUNCH

Return at 1:05 p.m.

Quality Performance Improvement Session

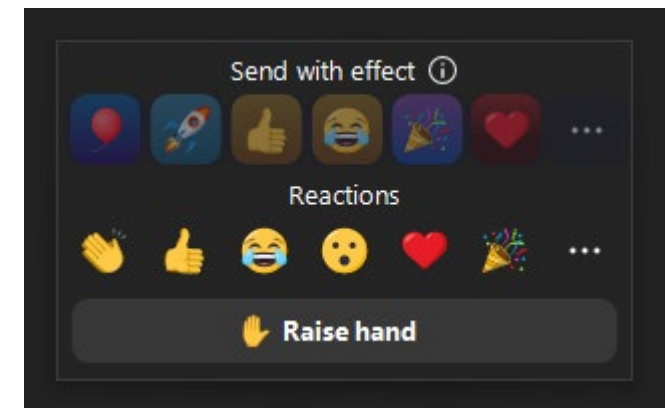


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3	2:15 p.m.	Updates • October Learning Collaborative • Performance Improvement Project (PIP) timelines • QHOC annual schedule	Kristen Bloberger
4	2:30 p.m.	Adjourn	All

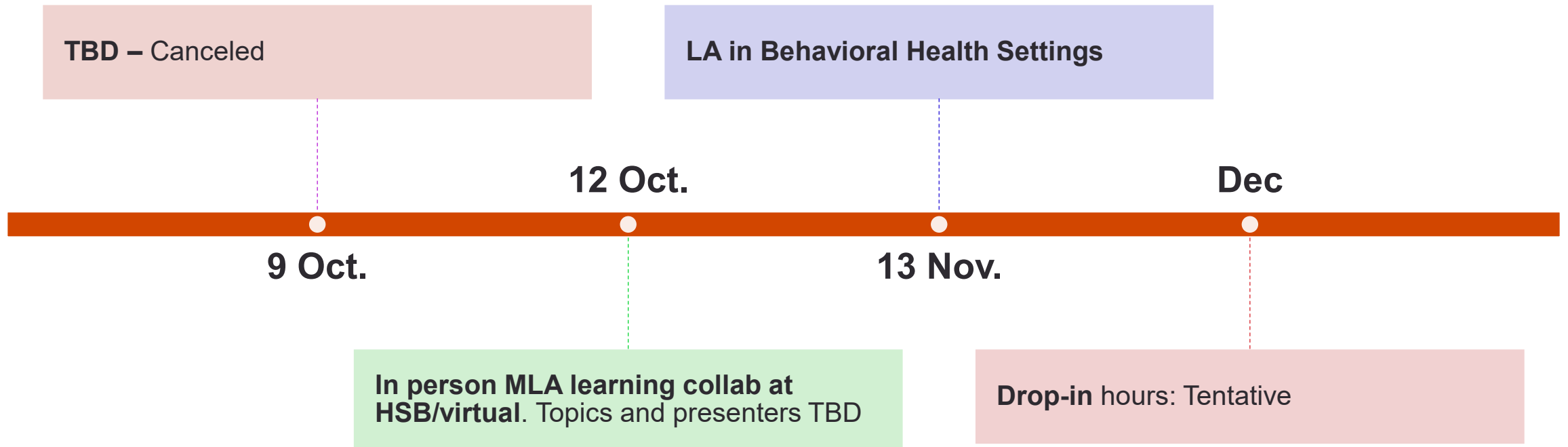
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QHOC MLA Workgroup Update





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PIP EDV-AD: Emergency Department Visits for Non- Traumatic Dental Conditions in Adults

Rachael Matty & Frank Wu

EDV-AD Overview

Description: The number of Emergency Department visits for ambulatory care sensitive non-traumatic dental conditions per 100,000 member months for adults.

Lower Rate = Better Quality

Numerator: # of ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among individuals 18 years and older.

Denominator: Total number of months of Medicaid enrollment for beneficiaries age 18 and older during the measurement year.

Data: Administrative enrollment and claims data

Full CMS Specifications can be found (page 62) [here](#).

Population

- Dual eligible members will be included in the measurement ([CMS methodology](#)).
- HOP/BHP members are not included in the incentive population for the PIP. However, quarterly dashboards will include HOP/BHP members for comparison purposes.
- Members must have a CCO Plan that includes physical coverage: CCOA or CCOB

Denominator

- Total number of months of Medicaid enrollment for beneficiaries age 18 and older during the measurement year.
- Age for each member is determined on the 15th of each month and applies to the whole month.
- Member months are counted as whole numbers rather than fractions.

September						
		1	2	3	4	5
6	7 	8	9	10	11	12
13	14	15 	16	17	18	19
20	21	22	23	24 	25	26
27	28	29	30			

If turning 18 is September counted? ...

Person 1 = yes, 4 member months this year

Person 2 = no, 3 member months this year

Numerator

- ED visits with an ambulatory care sensitive non-traumatic dental condition diagnosis code among beneficiaries age 18 and older during enrolled months within the measurement year.
- ED visits identified using
 - CPT codes (99281-99285) OR
 - Revenue Codes (0450-0459, 0981) OR
 - Service Code (23)
- Non-traumatic dental condition diagnosis identified using [diagnosis code tables](#):
 - ICD-10 code in Table EDV-A is listed as the primary diagnosis code, OR
 - ICD-10 code in Table EDV-B is listed as the primary diagnosis code , AND an ICD-10 code in Table EDV-A is listed as an additional diagnosis code.

Numerator (cont.)

- ED visit must occur in a month for which the member is age-eligible and enrolled to be counted in the numerator.
- Numerator cases are stratified based on age (using date of birth) on date of ED visit.

Numerator (cont.)

If turning 18 in September...

- Person 1:
 - Count towards the denominator for September.
 - ED visit A would not count towards the numerator (not yet 18)
 - ED visit B would count towards the numerator
- Person 2:
 - Would not count towards the denominator for September.
 - ED visit C would not count towards the numerator (not in the denominator population for September)

September						
		1	2	3	4 	5
6	7 	8	9	10	11	12 
13	14	15 	16	17	18	19
20	21	22	23	24 	25	26
27 	28	29	30			

Numerator: Inpatient Admission

- ED visits that result in inpatient admission within 2 days are excluded from the numerator.
- If there are multiple ED visits within the 2 days of the same inpatient admission only one of the ED visits will be excluded.
- Only one ED visit is counted per day.

September						
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 	16 	17 	18	19
20	21	22	23	24	25	26
27	28 	29	30 			

ED visit A would count towards the numerator
ED visit B would not count towards the numerator
ED visit C would not count towards the numerator

Results

- Rate is calculated per 100,000 beneficiary months
 - $(\text{Numerator total ED visits} \div \text{Denominator total member months}) \times 100,000$
- **Measurement Periods:** January 1st to December 31st of the measurement year
 - Baseline: January 1, 2026, through December 31, 2026
 - Remeasurement 1: January 1, 2027, through December 31, 2027
 - Remeasurement 2: January 1, 2028, through December 31, 2028

Questions?



Dental RCA Fishbone

This is not a complete RCA. Each CCO should expand this RCA with your teams and partners.

- What is missing?
- Where can you ask “why”? You will still need to dig deeper to identify specific barriers (step 4).
- How will your organization prioritize areas to work on?



Updated based upon August QHOC and Oral Health Forum feedback

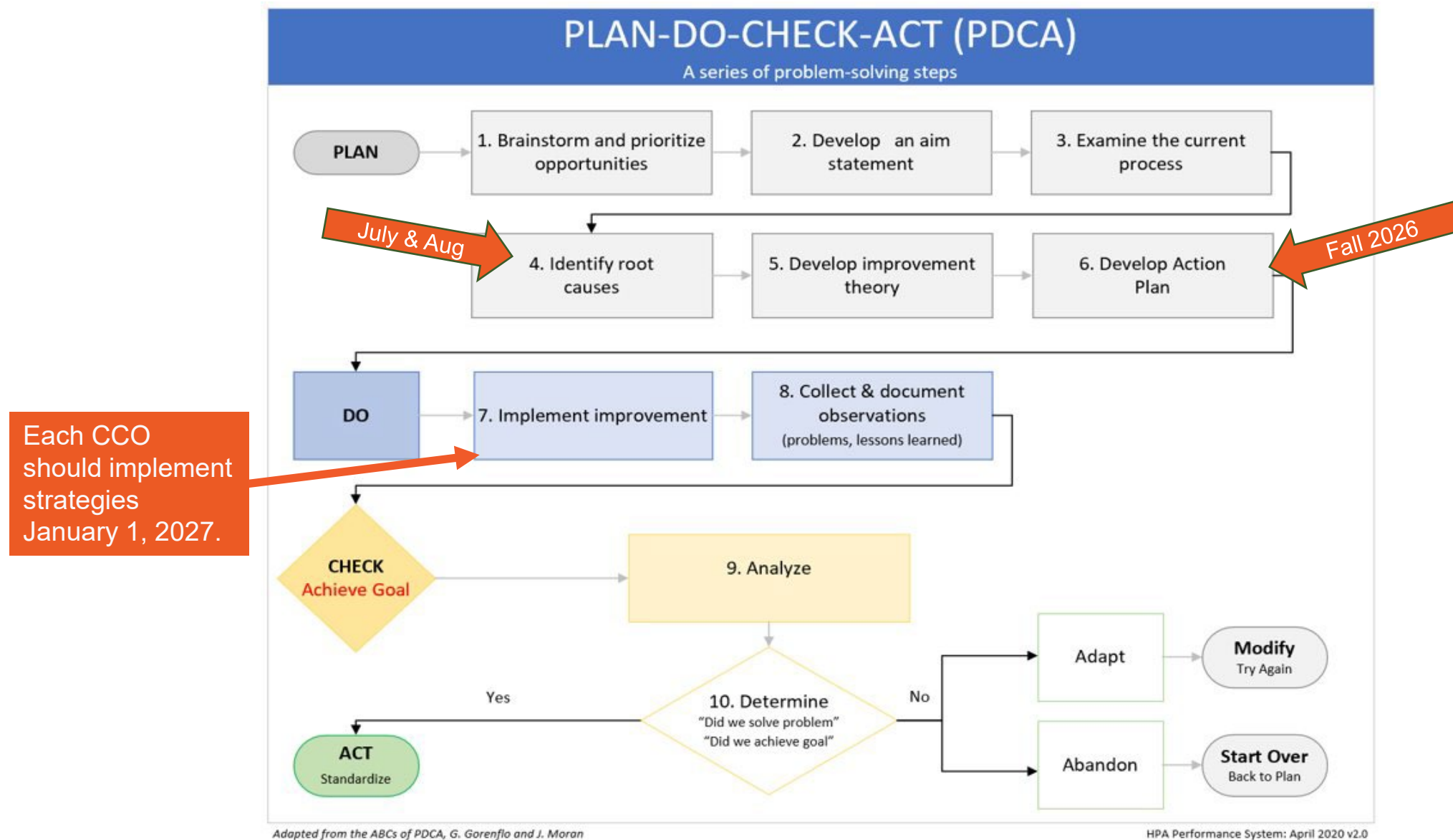


Source Format: Visio



Please email OHA for the original file, so your organization can build from.
OHA.QualityQuestions@odhsoha.oregon.gov

Where should I be in the PIP process?



We made it!!

Thank you!!

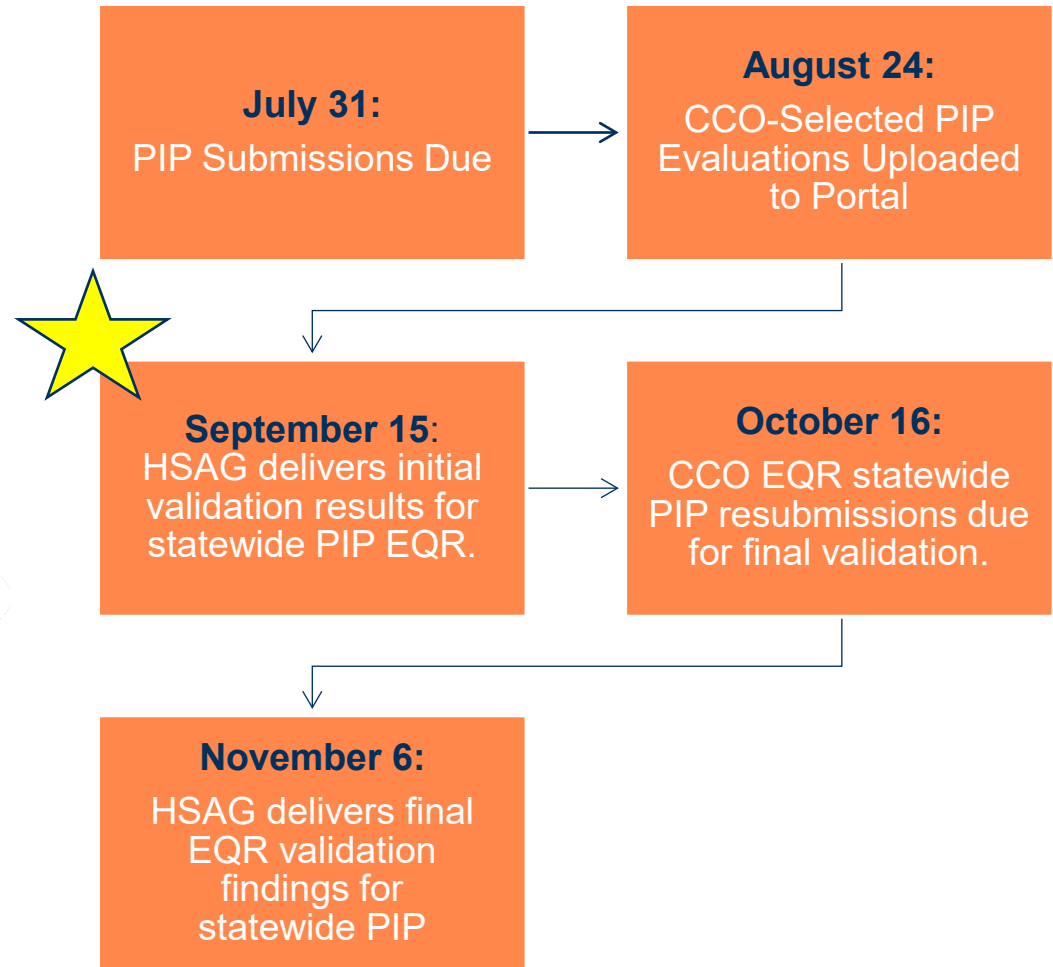


- CCO Selected PIP evaluations are complete and have been uploaded to the portal.

Great work!

- Please let us know if you have any questions or feedback.

PIP Submission Timeline



October Hybrid QHOC meeting

Barbara Roberts Human Services Building (HSB)
500 Summer Street, NE, Salem OR

*Hand sanitizer and masks will be provided for those who choose.

Key Topics

Language Access Learning Collaborative
CCO Performance Metrics

11:00 am – 12:30 pm
1:00 pm – 3:00 pm

Learning Collaborative (LC) Background

“Involve bringing together teams from different organizations and using experts to educate and coach the teams in quality improvement, implementing evidence-based practices, and measuring the effects.”^{[1](#)}

QHOC LCs have been a part of the health transformation and CCO model of coordinated care.

Language Access Learning Collaborative

Format: Panel – agenda and details to come.

Session SMART Goal: Identify and learn at least one Language Access (LA) best practice to be implemented within my CCO region by March 31, 2027.

Objective:

- Identify Language Access (LA) best practices for CCOs and provider systems
- Share strategies from around the state that could inspire or help others with developing strong partnerships, delivery system interventions or evidence-based care to better serve their populations

Reminders



Next QI Office hours – **October 1st @ 1pm**



QI technical assistance is always available. To schedule, please contact Ming Chou at ming.m.chou@oha.oregon.gov. You can request a 25- or 50-min appointment.



Adjourn

“Excellence is to do a common thing in an uncommon way.”

— Booker T. Washington

