

Primary Care Strategy Committee

Opportunities

May 21, 2026

Support and pay for whole-person team-based care, including requiring minimum expenditure and adopting flexible payment models

Opportunity	Considerations	Cost	Legislation	LC
Require all payers to pay sufficiently through <ul style="list-style-type: none"> • A PMPM for PCPCH • Medicare Advanced Primary Care Management and Behavioral Health Integration codes and classify as preventive services to reduce co-pay burden • Increasing Medicaid payment rates to at least 100% of the Medicare • Amounts that support staff capacity and technology for screening and referral of HRSN • Maintaining practices' payment rates when increasing quality incentive payments • If in a value-based payment contract, disburse quality performance payments prospectively quarterly at a minimum • Paying for interpreters meeting federal requirements 	None	Yes	Yes	Yes
	None	Yes	Yes	Yes
	None	Yes	Yes	No
	None	Yes	Yes	No
	None	Yes	Yes	No
	None	No	Yes	No
	None	No	Yes	Yes
	None	Yes	Yes	No
Expand use of flexible payment models <ul style="list-style-type: none"> • Increase use of the PCPRC VBP model by all payers • Develop a common total cost of care shared savings VBP model • Require implementation of payment models that support programs to address HRSN through, for example, social risk adjustment • Require tailored VBP models to support small, independent, rural and resource-limited practices, recognizing differences in capacity and infrastructure 	None	Yes	Yes	No
	None	No	Yes	No
	None	Yes	No	No
	None	Yes	Yes	No
	None	Yes	Yes	No

<ul style="list-style-type: none"> Require payers to provide technical assistance to support provider participation in VBP 	None	Yes	Yes	No
Provide educational opportunities on topics beyond the PCPCH Program standards, such as clinic leadership and management, administrative processes like billing for services, team-based care, and how to ensure providers can serve at the “top of their license.”	None	Yes	No	No

Enhance care coordination

Opportunity	Considerations	Cost	Legislation	LC
Require all payers to use data-driven dashboards and health navigators to engage patients, close care gaps and coordinate referrals and align to reduce administrative burden for practices.	None	Yes	Yes	No
More payers provide grants or resources to support technology for care coordination (for example, EHR, HIE, CIE, care management platforms and population health tools) and technology upgrades.	None	Yes	Yes	No

Reduce administrative burden: Credentialing, privileging, and enrollment barriers

Opportunity	Considerations	Cost	Legislation	LC
Create a common credentialing program	Unsuccessfully previously pursued, technical feasibility	Yes	Yes	No
Connect clinics to payer information to easily verify eligibility of patients, including co-payments and deductibles	Technical feasibility	Yes	Yes	No

Reduce administrative burden: Simplify quality metrics

Opportunity	Considerations	Cost	Legislation	LC
Identify and require all payers to use a limited common set of metrics and specifications that considers the impact of incentive measure requirements on primary care	None	No	Yes	No
Systematically consider administrative burden placed on primary care when identifying quality incentive metrics for Medicaid and other programs	Process for metrics selection by Metrics and Scoring Committee, OEBC/PEBB), and the Oregon Health Insurance Marketplace metrics	No	Yes	No

Reduce manual documentation requirements for all quality measures	Payers' metrics selection processes	No	Yes	No
Consider using PCPCH tier as a single quality measure for quality incentive payments	Payer process	No	Yes	No
Where possible, shift CCO metric reporting burden to CCOs instead of PCPs, including upstream and home-grown measures	None	No	Yes	No
Pause requirement for practices to collect race, ethnicity, language and disability (REALD) and sexual orientation and gender identity (SOGI) data that could be collected by OHA or CCOs and other payers	OHA guidance	No	No	No

Reduce administrative burden: Reform prior authorization

Opportunity	Considerations	Cost	Legislation	LC
Eliminate the use of automatic PA denials.	None	No	Yes	No
Implement a gold card program that exempts physicians who earn an exemption from future PA requirements for common services within their practice or patient population.	None	No	Yes	No
Require specialists, rather than the PCP, to submit needed information (CPT codes, diagnosis, etc.) once the referral is made.	None	No	Yes	No
Implement an efficient process to approve standard and effective medications	None	No	Yes	No

Measure and report on investment

Opportunity	Considerations	Cost	Legislation	LC
Convene partners to agree on a new spend methodology	None	No	Yes	Yes
Develop mechanisms to enforce the 12 percent target	None	Yes	Yes	No
Track costs and revenues for advanced primary care services separately from general primary care budgets to support accountability, sustainability and payer negotiations	None	No	Yes	No
Study the true cost for providers to deliver whole-person team-based care.	There may already be data on this	Yes	Yes	No