

Committees of the Board

Committee Digest

Volume: 2025 - Quarter 1

January – March

Submitted May 2025

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Summary

The Committee Digest (Digest) serves as a progress update for the Committees of the Oregon Health Policy Board (OHPB). The Digest summarizes key work accomplished by Committees and recognizes decisions and activities planned for the upcoming year. Committee information included in the Digest is provided by Oregon Health Authority (OHA) lead Committee staff and will be distributed to OHPB members following each quarter.

For additional information or questions, contact [Tara Chetock](#), OHPB Project Manager.

2025 OHPB and Committees Meeting Schedule*

JANUARY

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12	13	14	15	16	17	18
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FEBRUARY

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JUNE

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JULY

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AUGUST

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SEPTEMBER

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OCTOBER

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DECEMBER

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	Behavioral Health Committee		Health Insurance Marketplace Advisory Committee
	Health Care Workforce Committee		Metrics and Scoring Committee
	Health Equity Committee		Medicaid Advisory Committee
	Health Information Technology Oversight Committee		Primary Care Payment Reform Committee
	Oregon Health Policy Board		Public Health Advisory Board

(*) Meeting dates are subject to change

See Committee websites for meeting logistics.

Committee Work Addressing the OHA Strategic Plan

Below are some ways in which the work of the OHPB Committees intersects with [OHA's strategic plan](#) to eliminate health inequities.

Goal pillar 1. Transforming behavioral health

Health Information Technology Oversight Council (HITOC):

- HITOC supports the adoption and use of Community Information Exchange (CIE), a technology for social needs screening and referrals, which can be used by behavioral health organizations to connect people to services to address their social needs. (Strategy 3)
- Electronic Health Records (EHRs), CIE, and other health IT solutions can make data collection and reporting easier. HITOC supports greater adoption of health IT for behavioral health providers, which have lower rates of EHR use than other provider types. Health IT for behavioral health is a priority area for HITOC in 2025 and will be the focus of their June 5, 2025, retreat. (Strategy 4)

Medicaid Advisory Committee (MAC):

- Network adequacy is a MAC priority and highlighted in Pillar 1. (Strategies 1 & 5)
- CCO Procurement, as it pertains to developing and utilizing an equitable funding distribution model that supports primary prevention and treatment service needs in a geographic and culturally responsive way and network adequacy, is a MAC priority. (Strategy 3)

Primary Care Payment Reform Collaborative:

- Integrating behavioral health into primary care increases accessibility to behavioral health services, enables earlier identification of behavioral health issues, improves overall health outcomes, reduces stigma, allows better coordination of care, and can save costs, particularly for patients in low-income or rural areas who might only access behavioral health through their primary care provider. PCPRC supports increased behavioral health integration in primary care. (Strategies 2,3,4)

Goal Pillar 2. Strengthening access to affordable care for all

Health Insurance Marketplace Advisory Committee (HIMAC):

- Provides advice to the Oregon Health Insurance Marketplace in their work to help eligible Oregonians access federal subsidies and enroll in quality, affordable private health insurance plans. (Strategy 1)
- Supports the Oregon Health Insurance Marketplace's outreach and enrollment programs, which includes a Marketplace Community Partner Program and a Marketplace Partner Agent Program. (Strategy 1)
- Serves as one of the State-based Marketplace (SBM) Project's key shareholders and is consulted on a regular basis. (Strategy 1)

Health Information Technology Oversight Council (HITOC):

- CIE adoption is one of HITOC's core priorities. HITOC recommends that partners across Oregon support, accelerate, and improve statewide CIE efforts. (Strategy 3)
- Reducing administrative burden related to health IT is included as part of HITOC's Strategic Plan for Health IT 2024-2028. HITOC outlined various approaches that can reduce burden and will pursue supports as appropriate. For example, HITOC recommends that partners support policy and regulatory initiatives to improve the usability of EHRs and reduce provider burden. (Strategy 3)

Medicaid Advisory Committee (MAC):

- The MAC has Eligibility and Network Adequacy as two of their current priorities. (Strategy 1 & 2)
- Non-Emergency Medical Transportation (NEMT) is a perennial MAC concern but not yet a specific priority. (Strategy 3)
- Health-related social needs (HRSN) implementation is a MAC priority and 1115 Waiver oversight a required role. (Strategy 4)

Primary Care Payment Reform Collaborative:

- One of the three charges of the PCPRC is to increase primary care spend. Increasing primary care spend can result in health issues being addressed earlier and with fewer costly emergency room visits and hospital admissions, saving money for employers, health plans and members.
- Traditional Health Workers (THWs) are trusted individuals from their local communities who may also share socioeconomic ties and lived life experiences with health plan members. THWs have historically provided person and community-centered care by bridging communities and the health systems that serve them, increasing the appropriate use of care by connecting people with health systems, advocating for health plan members, supporting adherence to care and treatment, and empowering individuals to be agents in improving their own health. PCPRC supports the integration of THWs into primary care. (Strategy 2)
- Inherent in value-based payment models is data collection and reporting resulting in administrative burden. PCPRC supports efforts to align payment models across payers which can reduce administrative burden. (Strategy 3)

Goal pillar 3. Fostering healthy families and environments

Health Information Technology Oversight Council (HITOC):

- Accessibility of health information is a priority for HITOC, related to clinical information available through health IT (such as patient portals attached to their provider's EHR). HITOC recommends that partners across Oregon strengthen accessibility of health IT by ensuring content is culturally relevant, available in plain language, multiple languages, and modes that are accessible for people with disabilities (e.g., braille, screen readers. HITOC will support this priority as appropriate. (Strategy 1)
- As part of HITOC's CIE strategy, HITOC recommends that OHA use policy levers, such as the 1115 Medicaid Waiver's HRSN services, to support/improve statewide CIE efforts. CIE adoption by local partners and contractors can make this work more efficient and aligned across efforts. CIE supports screening and referrals for climate needs and other social needs. (Strategy 2)

- HITOC recommends activities to support, accelerate, and improve statewide CIE efforts in their Health IT Strategic Plan, which can be used to help connect children, parents, and families to social services and resources. (Strategy 5)

Health Insurance Marketplace Advisory Committee (HIMAC):

- Gives guidance to the Oregon Health Insurance Marketplace's outreach and enrollment efforts, including marketing and communications strategies. (Strategy 1)

Medicaid Advisory Committee (MAC):

- MAC has required duties concerning CCO marketing tools. (Strategy 1)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 2)
- Network adequacy is a MAC priority. (Strategy 3)
- Health-related social needs (HRSN) implementation and 1115 Waiver oversight is a MAC priority and role. (Strategy 5)

Public Health Advisory Board

- PHAB is responsible for monitoring progress of the governmental public health system toward improving health outcomes through accountability metrics. PHAB's current metrics align with activities and metrics for Pillar 3, including increasing immunization rates, reducing syphilis rates, and building community resilience for climate effects on health.

Goal pillar 5. Building OHAs internal capacity and commitment to health inequities

Health Equity Committee (HEC):

- HEC is supporting the Community Engagement Framework. (Strategy 5)

Medicaid Advisory Committee (MAC):

- These actions relate to shared staff/volunteer/contractor work setting up the MAC-related Beneficiary Advisory Committee. (Strategy 5)

Behavioral Health Committee (BHC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Maritza Herrera Andrea Boachie	Ana Day Nick Chaiyachakorn	Dr. Rosemarie Hemmings Peter Starkey	11 (voting) 5 (non-voting)	3 (voting) 0 (non-voting)

[Committee website](#)

[Email BHC](#)

Quarter 1 2025 Committee Update:

January 13, 2025, Meeting

Outcomes:

- Learned about the Screening, Brief Intervention, Referral to Treatment (SBIRT) measure.
- Learned about downstream measure recommendation options for measure year 2026.
- Presented a measure recommendations timeline.

Summary:

Erin Macauley, Behavioral Health Quality and Metrics Manager, and Katie Howard, Behavioral Health Senior Policy Advisor, presented on the Screening, Brief Intervention, Referral to Treatment (SBIRT) metric. Members learned that SBIRT is a behavioral health screening tool used primarily in primary care and emergency departments for individuals 12 and older and that SBIRT no longer qualifies as a downstream metric and will shift to a "report only" status for 2025-2027 measure year. This means SBIRT will not be incentivized through the coordinated care organization (CCO) Quality Incentive Program (QIP). Erin proposed exploring SBIRT as a potential recommendation to continue incentivizing it through the QIP. The metric encourages providers to engage individuals in conversations about substance use, offer harm reduction strategies, and connect them to additional resources. The SBIRT metric previously incentivized CCOs for screening and providing brief interventions or referrals. Katie shared that CCOs have been more successful in screening than in interventions or referrals. Erin also addressed questions from the November 2024 meeting, including whether other metrics could be recommended alongside SBIRT and the risks of not moving forward recommending SBIRT into the QIP. Lastly, Erin presented a timeline for downstream metric recommendations, with final recommendations needing to be submitted to the Metrics and Scoring Committee (M&SC) between April and May.

Timeline for Making Recommendations for Measure Year 2026:

- February 2025: Review downstream measures and have members rank their top five measures.
- March 2025: Review February's top five measures and decide which to recommend to M&SC.
- April 2025: Submit a request to M&SC to present recommendations at the May or June M&SC meeting for 2026 measure selection.

February 10, 2025, Meeting

Outcomes:

- Learned about the Centers for Medicaid and Medicare Services (CMS) downstream measures.
- Reviewed the 2026 CMS Metric Crosswalk created by the Health Policy and Analytics team.
- Members selected their top five behavioral health downstream measures from the CMS Metric Crosswalk.
- Learned about the opportunities and risks for moving forward (or not) with the recommendations.

Summary:

Erin Macauley, the Behavioral Health Quality and Metrics Manager, presented an overview of Behavioral Health Downstream Metrics provided by the Centers for Medicaid and Medicare Services (CMS). For 2025, the Metrics and Scoring Committee (M&SC) selected 13 measures for the coordinated care organization's (CCO) Quality Incentive Program (QIP). The 2025 measure set included five upstream and eight downstream measures, with only three of the 13 measures being in the behavioral health domain. The committee has an opportunity to influence behavioral health priorities and the bonus dollars CCOs receive through the QIP. Before the meeting, members reviewed the 2026 CMS Metric Crosswalk. The Crosswalk considered the committee's five legislative priorities in relation to the CMS measures. During the meeting, members were asked to select their top five behavioral health downstream measures for potential recommendations to M&SC for measure year 2026. Once members selected their top five measures, Erin highlighted the risks of not presenting any recommendations, including a limited scope of behavioral health measures, the continued distribution of over 300 million dollars in QIP funds to CCOs, and instead selecting more dental and/or physical health measures.

March 17, 2025, Meeting

Outcomes:

- Shared a recap and assessed the committee's progress and timelines to date.

- Reviewed the preliminary measure rankings.
- Reviewed Fist to Five and Thumbs Up/Down and Sideways voting method options.
- The committee did not reach quorum, so no voting decisions were made.

Summary:

The committee did not reach quorum, and no decisions were made. However, discussions took place to generate recommendations for the April's meeting. Tessa Jaqua, Behavioral Health Quality Metrics Lead, provided a Measure Recommendation Recap which included a review of the timeline, the benefits for and risks for not making recommendations, the Screening, Brief Intervention, Referral to Treatment (SBIRT) measure, Centers for Medicaid and Medicare Services (CMS) Behavioral Health Core Set, and the preliminary measure rankings members selected. Mireya Williams, Behavioral Health Metrics and Committee Manager, and Tessa reviewed the CMS Behavioral Health Core Set Selection and highlighted the top five measures members ranked, listed below. Members emphasized the importance of follow-up care for mental illness and substance use across the lifespan, suggesting that measures for ages 6-17 and 18 and older should be prioritized. Lastly, Mireya reviewed two voting methods, the Fist to Five and the Thumbs Up/Down and Sideways, with members expressing a preference for the Thumbs Up/Down and Sideways method, although no official vote on the voting method took place.

Preliminary Measure Rankings:

- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)
- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)
- Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (AAP-CH)
- Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)
 - Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

Upcoming Committee Work and Decisions:

Metrics:

The Behavioral Health Committee is charged with establishing:

- Quality metrics for behavioral health services provided by Coordinated Care Organizations, health care providers, counties, and other government entities; and

- Incentives to improve the quality of behavioral health services

Behavioral Health:

The quality metrics and incentives determined by the BHC will address and expand on the following areas of priority:

- Improve timely access to behavioral health care,
- Reduce hospitalizations,
- Reduce overdoses,
- Improve the integration of physical and behavioral health care, and
- Ensure individuals are supported in the least restrictive environment that meets their behavioral health needs.

CCO Procurement:

The quality metrics and incentives determined by the Behavioral Health Committee will have an impact on coordinated care organization procurement in addition to other contracts.

Upcoming recruitment needs:

To fill the following vacant representations:

- System of Care Representative
- Tribal Government Representative
 - Health Plan Quality Metrics Committee (HPQMC) Chairperson: Unable to fill this seat, HPQMC is not currently meeting.

Upcoming 2025 meeting dates:

- May 19, 2025
- Jun 16, 2025
- Jul 21, 2025
- Aug 18, 2025

- Sep 15, 2025
- Oct 20, 2025
- Nov 17, 2025
- Dec 15, 2025

Zoom meeting link:

<https://www.zoomgov.com/j/1605275690?pwd=aFg2NWpva3MyNGV1a1hIQVhldTREZz09>

One tap mobile:+16692545252,,1605275690# US (San Jose),
+16468287666,,1605275690# US (New York); Passcode: 532404

Health Care Workforce Committee (HCWF)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats
Deepti Shinde	Ian Strauss, Chair Laura McKeane, Immediate Past Chair	Melina Moran	24	0

[Committee website](#)

[Email HCWF](#)

Quarter 1 2025 Committee Update:

The Health Care Workforce Committee (HCWF) activity included:

- HCWF Committee Gender Affirming Care (GAC) Provider Workgroup
 - Held January 8 HCWF Committee Gender Affirming Care Provider Workgroup. In this meeting, the workgroup members discussed and approved the workgroup report.
 - This report was presented at the Feb 12 HCWF Special Committee Meeting where it was approved by the committee. The report was also presented at the Health Equity Committee on Feb 13 and approved. It was also presented at the March 4th OHPB meeting and approved.
 - This report was then sent to OHA Director Dr. Sejal Hathi in response to her letters asking the HCWF committee to advise OHA and OHPB on ways to improve training, hiring and retention of GAC providers.
- Held January 6th special meeting to vote on approval of the 2025 Health Care Workforce Needs Assessment which was approved. The Needs Assessment was also presented at the January 7th OHPB meeting where it was approved by the board. Final report is located [here](#).
- Held January 8th HCWF Committee meeting; topics and speakers included the election of chair and vice-chairs for committee leadership, introductions for the six new committee members and review and approval of the 2024 Health Care

Workforce Diversity Profile with Piper Block, Andy Davis, and Meredith Halling from OHA's Health Care Workforce Reporting Program presenting. Ian Strauss, who was previously vice-chair, was elected to the chair position and assumed these duties. Laura McKeane assumed the immediate past chair role. There were no committee members interested in the position of vice-chair and the committee currently does not have a vice-chair.

- Held February 12th special committee; topics and speakers included a presentation and vote on approval on the Gender Affirming Care Provider Workgroup Report by workgroup members Alayna Schoblaske, Coi Vu and Julia Przedworski and an update on 2024 Rural Tax Credit Parameters and changes for Grants Pass by Robert Duehmig and Bill Pfunder from the Oregon Office of Rural Health. The report was approved.
- Held March 5th HCWF Committee meeting; topics included the 2025 Evaluation of Effectiveness of Health Care Provider Incentive Programs in Oregon by Jill Boyd, and Kim Tolchinsky from the Clinical Supports, Integration, and Workforce Unit (CSIW), OHA; the State of the Traditional Health Workers in Health Care Transformation for CCO 2.0 by Abdiasis Mohamed, Lily Sintim, and Alexander Shi, from the Equity and Inclusion Division, OHA; and HCWF Committee Planning for 2025 by Deepti Shinde and Neelam Gupta from OHA and Ian Strauss.

Upcoming Committee Work and Decisions:

Major work and decisions anticipated in 2025:

- Further development and work around committee's Strategic Framework priority areas:
 - Workforce wellness
 - Workforce diversity
 - Workforce development and retention
- Continue to convene committee educational webinars on priority areas and other topics of interest.
- Conclusion of the HCWF Committee GAC Provider Workgroup

- Presentation and approval of the 2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon during Q2 2025.

Support or guidance needs:

The below are a list of presentations that will be coming to OHPB in Q2 2025:

- May 13th, 2025 – Educational webinar - [2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon](#). Available on [the OHPB meetings archive website](#).
- June 10th, 2025 - Presentation and approval of the 2025 Evaluation of the Effectiveness of Health Care Provider Incentive Programs in Oregon.

Links to webinars or educational opportunities:

- 04/09/2025 – [HCWF Committee Educational Webinar on Graduate Medical Education](#)

Upcoming 2025 HCWF meeting dates:

Past meeting recordings can be found on the [Healthcare Workforce Committee Meeting Archives website](#).

- 04/15/2025 - HCWF Committee GAC Provider Workgroup Meeting
- 04/14/2025 - Healthy Oregon Workforce Training Opportunity (HOWTO) Program Advisory Committee
- 5/14/2025 – HCWF Committee Meeting
- 06/11/2025- HCWF Committee Educational Webinar on Workforce Wellness
- 7/9/2025 - HCWF Committee Meeting
- 9/10/2025 - HCWF Committee Meeting
- 11/5/2025 - HCWF Committee Meeting

Health Equity Committee (HEC)

Lead Staff	Chairs	OHPB Liaisons	Members (#)	Vacant Seats (#)
Maria Elena Castro Alex Freedman	Beck Fox Andi Walsh	Dr. Rosemarie Hemmings	14	2

[Committee website](#)

[Email HEC](#)

Quarter 1 2025 Committee Update:

HEC members approved their new [2025 strategic priorities](#) in their March meeting.

Strategic Goal	Details
Policy Goal 1: Culturally specific health inequities	Addressing population / culturally specific health inequities through community-based policy advocacy & action
Feedback Goal 1: Health Equity Toolkit	Provide feedback and support to agency efforts to create a health equity toolkit, including Health Equity Impact Assessment and Community Engagement Framework
Collaboration Goal 1: Tribal Relationship building	Build relationship with individual Tribes to better understand the unique challenges, strengths, and needs of people affiliated with the Nine Federally Recognized Tribes of Oregon.

In February, HEC received a presentation of the Healthcare Workforce and HEC Gender Affirming Care Provider Recommendations Workgroup Report. Several members from HEC participated in this workgroup and helped to present to HEC, HCWF, and to OHPB in March. The report received a unanimous vote of approval.

HEC members followed up on the Behavioral Health Associates Medicaid billing proposed rule change, which they received testimony about in a special public forum session in December 2024. HEC members drafted and approved a letter to OHPB, making recommendations for OHA to provide additional information and data regarding the health

equity impacts of the policy. The HEC formally requested OHA Equity & Inclusion division staff to complete a Health Equity Impact Assessment of the proposed rule change.

Upcoming recruitment needs:

HEC is recruiting for two vacant seats to be filled by July 2025, with slate presentation to OHPB in July 2025.

Support or guidance needs:

Ongoing support on HEC's strategic priorities, including following up on implementation of the GAC provider recommendation workgroup's report and tracking next steps in HEC's advocacy on behavioral health workforce concerns.

Upcoming 2025 HEC meeting dates:

- Thursday, May 9, 2025
- Thursday, June 12, 2025
- Thursday, July 10, 2025 – Retrospective meeting (Hybrid)
- Thursday, August 14, 2025
- Thursday, September 11, 2025
- October 2025 – In-Person Retreat (Date TBD)
- Friday, November 13, 2025
- Thursday, December 11, 2025

Health Information Technology Oversight Council (HITOC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Laurel Moffat	David Dorr, Chair Amy Henninger, Vice-Chair	Vacant	13 members + 1 ex officio	2

[Committee website](#)

[Email HITOC](#)

Quarter 1 2025 Committee Update:

HITOC held one meeting this quarter on February 6, during which they finalized their [2025 Workplan](#). This workplan was based on the strategies and activities outlined in [Oregon's Strategic Plan for Health Information Technology 2024-2028](#). Additionally, members learned about state and federal guidance for the use of artificial intelligence (AI) and discussed the implications of AI use with health IT. HITOC also learned how state and federal priorities aligned with HITOC's Strategic Plan for Health IT. The presentation featured the current goals of the Oregon Health Policy Board, the OHA Strategic Plan, the Oregon Governor, and the Federal Health IT Strategic Plan Framework.

Upcoming Committee Work and Decisions:

Behavioral Health:

HITOC plans to focus on health IT for behavioral health providers as part of their June 2025 retreat, during which they will learn about and discuss their unique challenges and opportunities.

CCO Procurement:

HITOC will continue to discuss CCOs' progress in health IT and highlight strategies that CCOs use to support providers and communities in their service areas with health IT.

Upcoming recruitment needs:

HITOC currently has two membership vacancies: one for an oral health representative and one reserved for a Tribal representative. Recruitment for this seat is managed through OHA Tribal Affairs and is at the discretion of the Tribes. Recruitment for new members is expected in 2026.

Support or guidance needs:

HITOC welcomes an OHPB liaison. The position has been vacant since John Santa ended his second OHPB term in December 2023. HITOC would benefit from the oversight of an OHPB liaison as they implement their 2025 work plan and seek alignment with OHPB's priorities.

Links to webinars or educational opportunities:

[Oregon's Strategic Plan for Health Information Technology 2024-2028](#)

Upcoming 2025 meeting dates:

- June 5: in-person retreat in Portland, Oregon, focused on health IT for behavioral health
- August 7
- October 9
- December 11

Health Insurance Marketplace Advisory Committee (HIMAC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Victor Garcia Dawn Shaw	Chair - Lindsey Hopper Vice chair – Nashoba Temperly	Bill Kramer	13	2

[Committee website](#)

[Email HI-MAC](#)

Quarter 1 2025 Committee Update:

HIMAC did not have any meetings in first quarter of 2025.

Upcoming Committee Work and Decisions:

- Ongoing work for our transition into a State Based Marketplace in 2027.
- Review of the 2025 Open Enrollment Period and preparation for the 2026 Open Enrollment Period.
- Approval of the 2026 Assessment Rate.

Affordability:

- Review of 2025 Marketplace plans and approval of 2026 plans.

Upcoming recruitment needs:

We have two open membership seats with one candidate on queue for Governor appointment and Senate confirmation in the November 2025 round. Our second slot is reserved for a Tribal representative and the Marketplace is working with OHA Tribal Relations to determine next steps.

Our DCBS ex-officio is going to work at the Oregon Employment Department. We are awaiting the announcement of his replacement.

Links to webinars or educational opportunities:

SBM Project Listening Sessions:

- **For assisters at community partner organizations:**

Last Weds. of Jan., April, July, and Oct. through Jan. 2027

2-3:30 p.m.

Register at orhim.info/SBMLS-Assisters

- **For insurance agents/brokers:**

Last Thurs. of Jan., April, July, and Oct. through Jan. 2027

2-3:30 p.m.

Register at orhim.info/SBMLS-Agents

- **For insurance carriers:**

Last Thursday of Jan., April, July, and Oct. through Jan. 2027

3:30-4:30 p.m.

Register at orhim.info/SBMLS-Carriers

Upcoming 2025 meeting dates:

- June 20 - Assessment Rate Rule hearing
- July 17
- October 16
- December 4

Health Plan Quality Metrics Committee (HPQMC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Katie Howard	Shaun Parkman, chair Maggie Bennington-Davis, vice-chair	Vacant	11	4

[Committee website](#)

[Email HPQMC](#)

Quarter 1 2025 Committee Update:

Due to the changes to the committee responsibilities under Senate Bill 966 (2023), OHA will keep the HPQMC on hiatus while the study of the CCO Quality Incentive Program is conducted. The enrolled bill automatically adds any measures from the Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets and allows for measures to be added by the Metrics and Scoring Committee.

Medicaid Advisory Committee (MAC)

Lead Staff	Chairs	OHPB Liaisons	Membership (#)	Vacant Seats (#)
Sarah Wetherson	Heather Jefferis, Caroline Barrett, MD	Peter Starkey Antonio Germann, MD	11	4

[Committee website](#)

[Email MAC](#)

Quarter 1 2025 Committee Update:

The Medicaid Advisory Committee met twice during the quarter, on January 29 and February 26, 2025. The January meeting agenda included:

- An introduction to the Oregon Supplemental Income Program – Medical (OSIP-M)
- An overview of network adequacy rules
- Updates from the consumer subcommittee and OHA Ombuds and
- Votes to affirm the MAC’s end of year letter, guidance to OHA regarding CCO marketing material, and recommendations to the Oregon Health Policy Board about CCO procurement.

In January, the MAC approved its end-of-year letter to OHA reviewing its work in 2024. Highlights included elevating the work the OHA Ombuds program, supporting OHA work to implement the Federal Access rule, learning from OHP members, and reviewing its first Form A related to a proposed financial transaction involving a CCO. The MAC also endorsed guidelines for OHA to use when reviewing CCO marketing materials. Finally, the committee approved recommendations to OHPB regarding the next CCO procurement.

Testimony in January touched on OSIP-M, network adequacy, health-related social needs application issues, delays in getting long-term care assessments and the Benefit Update Project.

In February, the MAC discussed:

- Oregon's health care workforce
- Progress toward setting up a Beneficiary Advisory Council
- An overview of the Children's Extraordinary Needs Program
- The Substance Use Disorder 1115 Waiver

Testimony at the February MAC meeting addressed a proposed rule change regarding billing for a category of mental health practitioners, CCO procurement, and allegations of fraud, waste and abuse at CareOregon.

Upcoming Committee Work and Decisions:

The MAC has been actively recruiting to fill four open committee positions and will be forwarding recommended candidates to the Governor's Office for consideration in June. The MAC will also be discussing strategic priorities for 2025-2027 at an upcoming retreat on May 28.

Upcoming recruitment needs:

Four positions: 1) consumer, 2) representative from a health care consumer group, 3) oral health representative, and 4) consumer advocate.

We expect to fill these positions by June 30, 2025. After that, we hope not to need to recruit again until the end of 2025.

Support or guidance needs:

Introduction of the Beneficiary Advisory Council; whether to make a Committee of the Board.

Upcoming 2025 meeting dates:

- May 28
- June 25
- September 17
- October 29
- December 3

Metrics and Scoring Committee (M&SC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Milena Malone Allison Proud	Dr. Jorge Ramirez Garcia Vice-Chair is vacant	Peter Starkey	8	1

[Committee website](#)

[Email M&SC](#)

Quarter 1 2025 Committee Update:

The Metrics & Scoring Committee (M&SC) is tasked with selecting healthcare quality measures for inclusion in the CCO Quality Incentive Program. Through this program, CCOs can earn hundreds of millions of dollars in bonus funds for improving care for OHP members.

In January, the Committee reviewed its workplan for the upcoming year and received updates on OHA work relevant to the Committee. The Committee also heard a presentation outlining how the Quality Incentive Program works and how they fit into the overall program. The purpose of this presentation was to create a shared understanding among committee members of the program structure and prepare the Committee for the upcoming 2026 measure and benchmark selection.

In February, the Committee heard a presentation about the changes made to the 2026 CMS Core Sets and how these changes will affect the Committee's decisions for the 2026 incentive measure set. The Committee also voted to adopt OHA's proposal for a baseline adjustment to the Meaningful Language Access measure performance in 2024.

Finally, preparation for selection of the 2026 incentive measure set began with a presentation explaining a pre-measure selection survey that the Committee would complete prior to the March 2025 meeting. The purpose of this survey was to gauge the Committee's satisfaction with the current incentive measure set and identify any gaps or areas of concern that the Committee would like to explore in depth.

In March, the Committee revisited the changes made to the 2026 CMS Core Sets and discussed their options for 2026 incentive measure selection based on these changes.

Due to changes to the 2026 CMS Core Sets, two current incentive measures are no longer eligible for the incentive measure set beginning in 2026:

1. Oral Evaluation for Adults with Diabetes
2. Diabetes: HbA1c Poor Control

To continue incentivizing adult oral health care, the Committee would need to incentivize at least one of the two adult oral health measures on the 2026 Core Set:

1. Oral Evaluation During Pregnancy
2. Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults

To continue incentivizing diabetes care, the Committee would need to incentivize the Glycemic Status Assessment measure or a different diabetes-related measure on the CMS Core Set.

The Committee also reviewed the results of the pre-measure selection survey. High-level results of the survey are below:

- Committee members were most satisfied with 1) the Primary Care Access and Preventative Care measure set and 2) the Upstream measure set.
- Committee members were least satisfied with 1) the Dental or Oral Health measure set and 2) the Care of Acute and Chronic Conditions measure set.
- In particular, Committee members were concerned with the gap in adult dental or oral health and diabetes-related measures.

Upcoming Committee Work and Decisions:

Metrics:

Given the current timeline and requirements of the Quality Incentive Program, the Metrics and Scoring Committee typically dedicates the second and third quarter of each calendar year to formally selecting incentive measures and benchmarks for the upcoming measurement year. In upcoming meetings, the Committee will decide:

- The 2026 incentive measure set

- The 2026 Challenge Pool set
- 2026 benchmarks and improvement targets for all measures in the 2026 incentive measure set

Additionally, there are a few key initiatives that will guide the Committee in the process of selecting 2026 incentive measures and benchmarks:

[OHA Quality Incentive Program Study Findings](#)

Senate Bill 966 (2023) directed OHA to examine the CCO Quality Incentive Program and develop recommendations for programmatic or structural changes to address health inequities. OHA contracted with the Regional Research Institute at Portland State University to study and make recommendations for the potential of the QIP to further progress toward OHA's goal of eliminating health inequities by 2030. The final report was released in September, and an OHPB Educational Webinar was held on September 17. The Committee heard a presentation in November 2024 on the study findings and will continue to consider the study results and recommendations in their decisions.

[Continue to explore equity-centered benchmarking and measure selection](#)

During 2024, the Metrics and Scoring Committee continued to explore and build upon earlier efforts to identify 1) a framework for selecting measures (equity measures in particular) and 2) a methodology for choosing equity-centered benchmarks. Important progress toward these goals was made in March with the release of the [Equity-Centered Benchmarking Data Feasibility Analysis](#).

OHA anticipates continuing to build on this work. This includes convening a limited-term workgroup (which will include representatives from the Metrics and Scoring Committee, among others) and additional contracted support.

Upcoming recruitment needs:

Active recruitment is in progress for the vacant member-at-large seat and for an upcoming measurement expert seat vacancy (current member will finish final term in June 2025).

Support or guidance needs:

Senate Bill 966 directs OHA and OHPB to regularly evaluate the measures selected by the Committee. Inclusion of OHPB is new. In addition, the OHPB has selected metrics as a priority area. The Committee looks forward to working with OHPB on what this review and collaboration might look like moving forward.

Links to webinars or educational opportunities:

OHPB Educational Webinar: [Senate Bill 966 Study Findings – 9/17/2024](#)

Upcoming 2025 meeting dates:

Third Friday of each month, 9 am – 12 pm.

Primary Care Payment Reform Collaborative (PCPRC)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats (#)
Summer Boslaugh	Not applicable	Melina Moran	30	

[Committee website](#)

[Email PCPRC](#)

Quarter 1 2025 Committee Update:

At the January 21 PCPRC meeting, members reviewed and discussed a legislative document developed by some members of the Steering Committee describing primary care challenges related to workforce, payment and administrative burden. The document contains a call to action to prioritize primary care; invest in sustainability, streamline administrative process; and support workforce development. Some members decided to sign onto the document while others wanted more time to discuss within their organizations. Members from the Oregon Academy of Family Physicians (OAFP) and the Oregon Primary Care Association (OPCA) shared that they are in communication with Representative Rob Nosse about a possible presentation on primary care to the House Behavioral Health and Health Care Committee in January and will inform the PCPRC about the status when more is known. Members then discussed legislation relevant to the work of the PCPRC. Following the meeting, OPCA and OAFP learned that a presentation to the House Committee would not happen until later in the legislative session.

The Steering Committee met in February, March and April to plan for the April 22 PCPRC meeting and for a May 6 OHPB meeting focused on primary care. The April 22 meeting focused on: learning about primary care policy work in Massachusetts followed by an update on state legislation relevant to the PCPRC; use of the policy document developed by some members of the PCPRC; and the May 6 OHPB meeting on primary care. The discussion with Dr. Wayne Altman, founder of Primary Care 4 You Massachusetts, focused on the concept of a primary care stabilization fund to support practices that opt into a primary care medical home model. The fund would be administered by the Massachusetts Health Policy Commission, an independent state agency, that commercial payers would pay into and would pay providers through a prospective payment model.

Members are interested in following the work in Massachusetts and continuing the discussion about applicability in Oregon.

Some members of the PCPRC Steering Committee presented at the May 6 OHPB meeting on primary care challenges, but did not present on behalf of the PCPRC, since not all members had signed on to the legislative document. The presentation included content from the legislative document describing primary care challenges related to workforce, payment and administrative burden.

At the May 13 Steering Committee meeting, members discussed the likely opportunity to present on May 27 to the House Behavioral Health and Health Care Committee. They will meet again on May 20 to continue the discussion.

Upcoming Committee Work and Decisions:

At the July 14 meeting, members will discuss:

- Movement on policy work, including the May 6 OHPB meeting and the May 27 House Committee meeting.
- Possible data to support increased investment in primary care and improved and aligned payment models and alignment of payment models.

Affordability:

Excerpts from the document to inform legislators of the top challenges facing primary care related to affordability and the May 6 presentation to the OHPB:

- Primary care payment does not recognize or pay for added services in the PCPCH model of care
- Payment to primary care falls short of actual costs incurred (inflation, labor costs, supply costs)
- Rate increases to primary care have been stagnant and do not honor increased RVU values for services provided in primary care
- Value-based contracts are complex and unpredictable, adding significant administrative burden and costs
 - Clinical staff have additional reporting and administrative tasks detracting time from clinical care and adding costs
 - Incentive payments are not typically received until Q3/Q4, challenging cash flows and investment in the care team

Support or guidance needs:

The PCPRC and OHA staff look forward to following up with the OHPB on topics identified during and after the May 6 meeting.

Upcoming 2025 meeting dates:

- April 22, 2025, 12:30-2:30pm
- July 14, 2025, 12:00-2:00pm

Public Health Advisory Board (PHAB)

Lead Staff	Chairs	OHPB Liaison	Membership (#)	Vacant Seats
Sara Beaudrault Steven Fiala Veronica Herrera	Sarah Present, Chair Veronica Irvin, Past Chair Jackie Leung, Incoming Chair	Brenda Johnson	21 (18 voting members)	0

Quarter 1 2025 Committee Update:

Upcoming Committee Work and Decisions:

- PHAB is completing the annual update on the charter and bylaws.
- PHAB will use information from the 2024 Public Health Modernization Capacity and Cost Assessment, the 2023-25 Public Health Modernization Evaluation and other sources to advise OHA on strategies to continue to advance a modernization public health system in the coming biennia.
- PHAB is on track to complete two deliverables by June 2025: a Public Health System Workforce Plan and a Public Health Equity Framework. These deliverables were identified as essential to continuing to advance a modern public health system during the 2023 legislative session.
 - Public Health System Workforce Plan: The workgroup met monthly from January – December 2024 to review existing data on workforce needs, gaps, recommendations, and feedback from engagement sessions conducted in June-September 2024 with workers in the public health system. The recommendations are intended for the PHAB to review, edit, approve and ultimately will be utilized by the OHA Public Health Division to meet a Public Health Modernization deliverable of developing a comprehensive statewide public health workforce plan.
 - Public Health Equity Framework: This document is meant as a guide for community-based organizations (CBO), Oregon Health Authority (OHA), and local public health authorities (LPHA) to collaborate on roles related to health equity and cultural responsiveness. These roles were developed collaboratively by a workgroup with members representing CBOs, Tribal Health, OHA, LPHAs, and a

member of the OHPB Health Equity Committee, using the Public Health Modernization Manual as a guide and overseen by PHAB.

PHAB Accountability metrics:

PHAB's Accountability Metrics subcommittee led work in 2022-2023 to establish an updated set of public health accountability metrics to demonstrate the governmental public health system is making progress toward population health priorities. This year, the subcommittee will develop methodology for equity benchmarking and will begin work to develop policy-related metrics. The subcommittee will work with OHA to publish two metrics reports in 2025. PHAB is interested in meeting with OHPB and the CCO Metrics and Scoring Committee to discuss opportunities to increase metrics alignment.

Support or guidance needs:

Summer 2025- PHAB will bring its updated charter to OHPB for approval once complete. PHAB requests time to meet with OHPB to discuss opportunities for metrics alignment.

Upcoming 2025 meeting dates

Second Thursdays of each month from 3:00-5:30.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact Tara Chetock at tara.a.chetock@oha.oregon.gov or 971-304-9917. We accept all relay calls.

[Oregon Health Policy Board](#)

