

November 4, 2025

Public Comment from the Children's Health Alliance (CHA)

Importance of the Quality Incentive Program Funds to Primary Care and Pediatrics

We appreciate the leadership of OHA, OHPB and the Metrics and Scoring Committee for the continued leadership with goal setting and distribution of CCO Quality Incentive Program (QIP) funds which support quality of care for approximately 50% of children in our state. We are all worried about the impact of decreased quality dollars in upcoming years.

Call to Action:

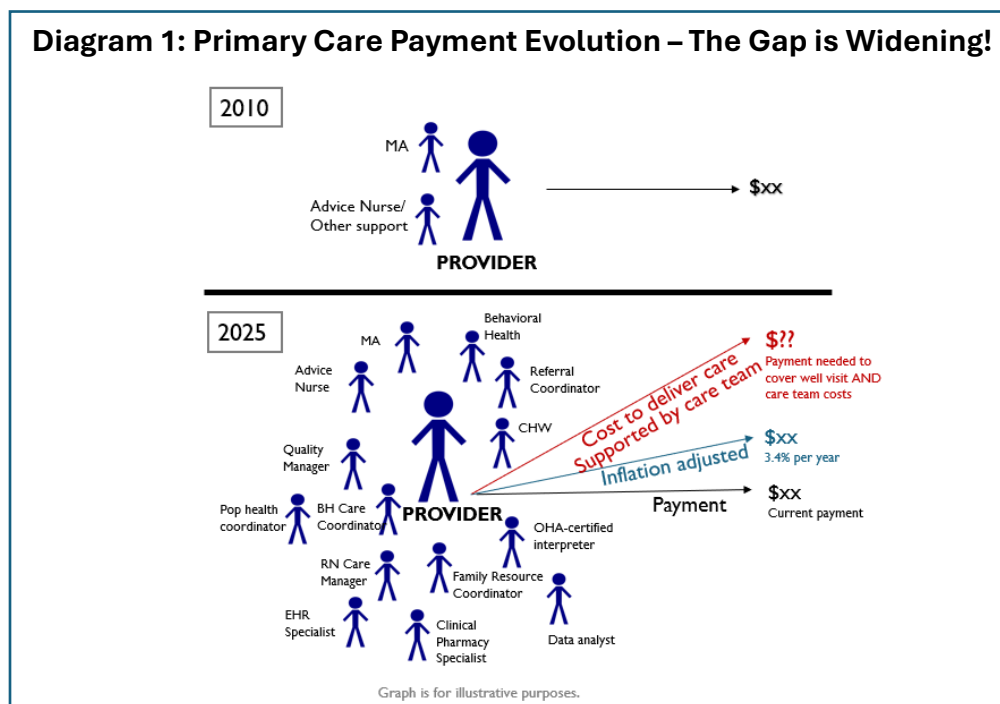
As a network of pediatric providers caring for over 52,000 children enrolled across four CCOs, we strongly urge the Oregon Health Policy Board to recognize and advocate for **replenishing the Quality Incentive Program funds** that support the important programs executed in primary care to further OHA's vision of eliminating health disparities and improving health outcomes in our community by 2030. If the funds available to primary care are diminished, our state must recognize that **access to primary care services and outcomes of quality will look different during reduced resources and funding periods.**

Important considerations:

The Children's Health Alliance (CHA) has long supported important state-level conversations and policies related to the growing crisis in primary care payment, including those underway currently within the Oregon Health Policy Board (OHPB).

The viability of primary care has been at risk for years, even before the current OHP funding crisis, because payments have not kept up with the increasing roles of primary care providers which include a wide array of non-billable care to support quality and upstream health goals.

In the OHPB working sessions, the visual in Diagram 1 has been shared to articulate the widening primary care payment gap resulting from tremendous growth in the scope of primary care services to support our state's ambitious and impactful medical home goals, integrated behavioral health goals, care quality improvement goals and health equity goals.



While this model illustrates the overall gap in primary care funding, this gap is **significantly wider for Medicaid payment levels**. OHA's recent rate adjustments are a welcome step to sustaining the viability of the CCOs, but will likely not be applied to primary care services due to other significant funding gaps. **Rate adjustments will not close gaps in funding for the many added patient-centered medical home services** that cannot be billed but are necessary to deliver today's high quality primary care and upstream programs.

Over the past eight years, Oregon has achieved remarkable improvement in quality performance. **These gains have been driven in large part by investments made by primary care providers in services and programs that are not directly reimbursed**. These include behavioral health integration (offsetting access shortages in behavioral health), integrated community health workers for social needs screening and support, language access efforts, vaccine hesitancy campaigns, tailored care management, and population health outreach to support patient care and assist with barriers to member engagement.

These unpaid enhanced services are currently only possible for OHP patients through quality incentive funding. If quality incentive dollars decrease, primary care will be forced to scale back services that have been essential to improving care for our state's most vulnerable children.

The sustainability of these robust, patient-centered, upstream care models has always been fragile in the absence of direct reimbursement. That fragility has been amplified by increasingly ambitious quality targets set by the Metrics & Scoring Committee and growing administrative and data collection burdens which draw resources away from direct patient care. **We urge OHPB and OHA to consider the disproportionate impact on primary care when the quality incentive program funds are used instead to replenish the budget gap created by the CCO rate increase in 2026.**

In our experience working with over 30 pediatric clinics, *each of these medical home sites rely on CCO quality incentives to sustain otherwise unpaid services that enable high quality performance*. Services such as their Population Health staff and Community Health Workers, and even many of their Integrated Behavioral Health staff and Care Managers. The fear is that if quality incentives are reduced, then *these highly impactful unpaid services are at risk*. And in turn, our quality performance could slide accordingly, which hurts the health outcomes for children in our state.

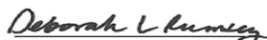
Please understand that primary care providers and pediatrician members of the CHA remain fully committed to Oregon's vision of eliminating health inequities and improving health outcomes in our communities. But **with current OHP funding gaps, primary care cannot do more. And if the Quality Incentive Program funds are reduced and less is available for the primary care network, our current access levels and care delivery models will not be sustainable**, much to our dismay as caring for Oregon's children is our collective mission.

Thank you for your consideration.


Thank you,



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November 5, 2025

Subject: Submission of Public Comment – Quality Incentive Program (QIP) Funding Impacts

Dear Oregon Health Policy Board Members,

We are writing on behalf of a group of providers and CCOs to share a recently submitted public comment to the Oregon Health Authority (OHA) via the Metrics & Scoring Committee, addressing proposed changes to the Quality Incentive Program (QIP) funding. The full text of the comment including the logos of all who signed on is available here: [Public Comment](#).

In brief, the comment highlights the following key concerns:

- The QIP serves as a foundational tool in Oregon’s coordinated care model, driving improvements in health outcomes, reducing disparities, and incentivizing high-quality care.
- Proposed funding reductions for 2025 and 2026 (from 3.48% to potentially 2%) represent a significant cut (60 % in 2025) for programs already in operation.
- These reductions risk destabilizing provider and CCO investments in care coordination, preventive services, chronic disease management, and the underlying infrastructure that supports quality improvement efforts.
- If the funding is not restored, the committee is urged to recalibrate expectations: prioritize fewer, high-impact metrics (especially claims-based ones), reduce administrative burdens, and avoid penalizing providers who have delivered against established goals.

Given the importance of this issue for our health system—both operationally and financially—we request time on the December OHPB agenda for system partners to discuss the QIP program and its impact on communities across Oregon.

Thank you for your attention to this matter, and for your ongoing leadership in ensuring that our OHP program remains strong, responsive, and focused on high-quality care.

For next steps, please contact Samantha Shepherd at Samantha@CCOOregon.org.