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May 1, 2026

The Oregon Health Plan in 2026 and Beyond

Oregon Academy of Family Physicians

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Ariel Smits, MD, MPH – Health Evidence Review Commission Medical Director, OHA



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Gratitude, and acknowledgements



OHP Clinical Connections

Quarterly Meet and Share over Zoom

Presenters:

Dr. Ahmed Farag, Oral Health and Dental Director

Dr. Dawn Mautner, Medicaid Medical Director

Dr. Meg Cary, Behavioral Health Medical Director

Dates for 2026:

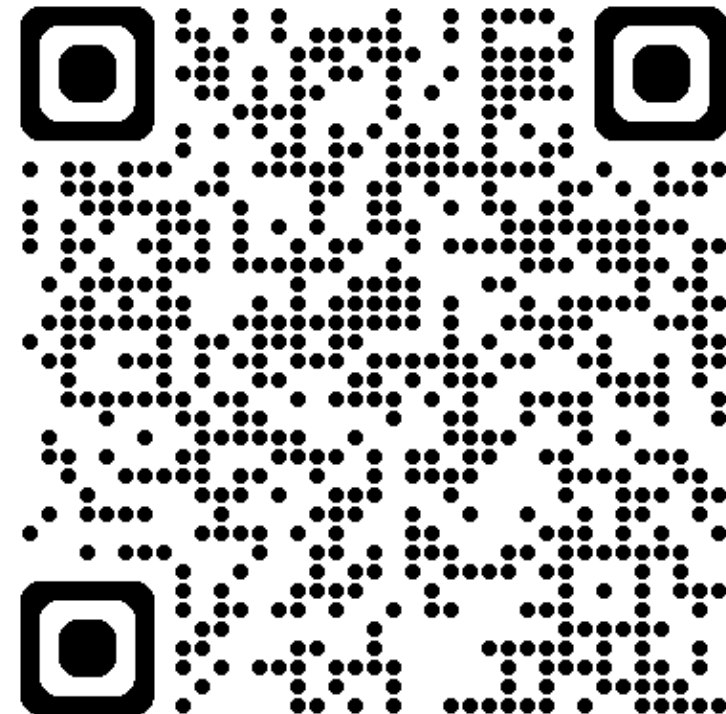
June 16, 2026

September 15, 2026

December 15, 2026

If you have questions about the [webinar](#), please contact Dan Cox at Dan.Cox@oha.oregon.gov or 503-979-8594 (voice and text).

Please scan the code below to register for 2026



Topics

- HR1 Medicaid Changes and Policy Updates
 - Healthier Oregon
- Medicaid 1115 Waiver
 - Prioritized List
- Rural Health Transformation Program

How many of you...

- Do direct patient care?
- See OHP patients?
- See Coordinated Care Organization (CCO) patients?
- See Open Card/ FFS patients?
- Understand differences between FFS / Open Card and CCO?
- Know things that you think OHP or 'the state' should know, that would make things better for patients and/or family docs? (Please write it on a card!)
- Would be interested in a conversation with your OHP Medical Directors?
- Are aware of the open invitation to doctors and clinical leaders for the quarterly webinar and dialogue, [OHP Clinical Connections](#)?
- (What's the time of day that makes the most sense for you? Please write it on a card!)



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HR1 Medicaid Changes and Policy Updates

Oregon Health Authority's goals



Keep people covered



Reduce inequities and harm to the people we serve



Adhere to federal rules

HR1 requires major changes to OHP

House Resolution 1 (HR1) will impact how, when, and where people in Oregon access health care and other critical services.

- ▶ **More frequent OHP renewals**
- ▶ **OHP work or activity rules for some adults**
- ▶ **Non-citizen OHP eligibility changes**

More frequent OHP renewals



Starting in 2027 at the earliest



Some adults will renew every six months



All other OHP members will renew once per year

- The federal government will require more frequent Oregon Health Plan (OHP) renewals.
- Currently, most OHP members renew every two years.
- People who must renew more often may have to do more to stay covered, including meeting work requirements or exemptions.
- A greater number of people in Oregon will be uninsured.

Work or activity rules



Starting in January 2027



Applies to some adults
ages 19 to 64



Does not apply to OHP
programs based on
disability, pregnancy, or
Medicare dual eligibility

**When some adults apply or renew,
they will be reviewed for:**

- One of many exemptions, or
- Qualifying activity (one or in combination)
 - Work
 - Volunteering
 - Education or training

Work or activity rules: non-clinical exemptions

Exempt populations include individuals who are:

- American Indian/Alaskan Native people who are eligible for Indian Health Services (IHS)
- Parents and/or caretakers with children 13 years of age or younger, or caring for someone with a disability
- Former foster youth
- Recently incarcerated
- Pregnant or postpartum
- Veterans determined to be completely disabled

Work or activity rules: clinical exemptions

- Receiving care in a hospital, nursing facility services, intermediate care facility, inpatient psychiatric hospital services, or other services of similar acuity, including outpatient care relating to the above-listed services
- Travel outside of community for an extended period of time to receive medical services necessary to treat a serious or complex medical condition
- Receiving SUD treatment services
- Medically frail or other special medical needs, *as defined in federal statute*

Medically Frail, Special Medical Needs

- Blind or disabled, as defined in section 1614 of SSA
- Have a substance use disorder
- Have a disabling mental health condition
- Have a developmental, intellectual, or physical disability that impairs ability to perform at least one activity of daily living (ADL)
- Have a serious or complex medical condition

Medical frailty and clinical exemptions



Final regulation guidance from Centers for Medicare & Medicaid Services (CMS) is expected by June 2026.



Guidance will clarify how much flexibility states may have in determining who qualifies for this exemption and how they will screen for it.



OHA is currently collecting clinical feedback on recommendations for qualifying conditions.

Think, pair, share

Non-citizen eligibility changes



Starting October 2026



Affects adults with asylee or refugee status



Affects survivors of domestic violence and human trafficking

- These adult Oregon Health Plan (OHP) members will automatically move from federally funded OHP to Healthier Oregon.
- Healthier Oregon is a mostly state-funded OHP program.

Changes that affect immigrants in 2026

Some people will move to Healthier Oregon

In October 2026, some OHP members will move to Healthier Oregon. Healthier Oregon is an OHP program and has the same benefits.


- This will affect some adults with certain immigration statuses.
- These changes will not affect children, or adults with these statuses who qualify for OHP Bridge.

Changes that affect immigrants in 2027

Healthier Oregon members will move to OHP Open Card

In January 2027, members who have OHP through Healthier Oregon will move to OHP Open Card.

- OHP Open Card is a type of OHP for members who are not in a coordinated care organization (CCO).
- OHP Open Card has the same OHP benefits.

 Members who have coverage through Healthier Oregon may be affected by other changes, including more frequent renewals and work or activity rules for some adults.

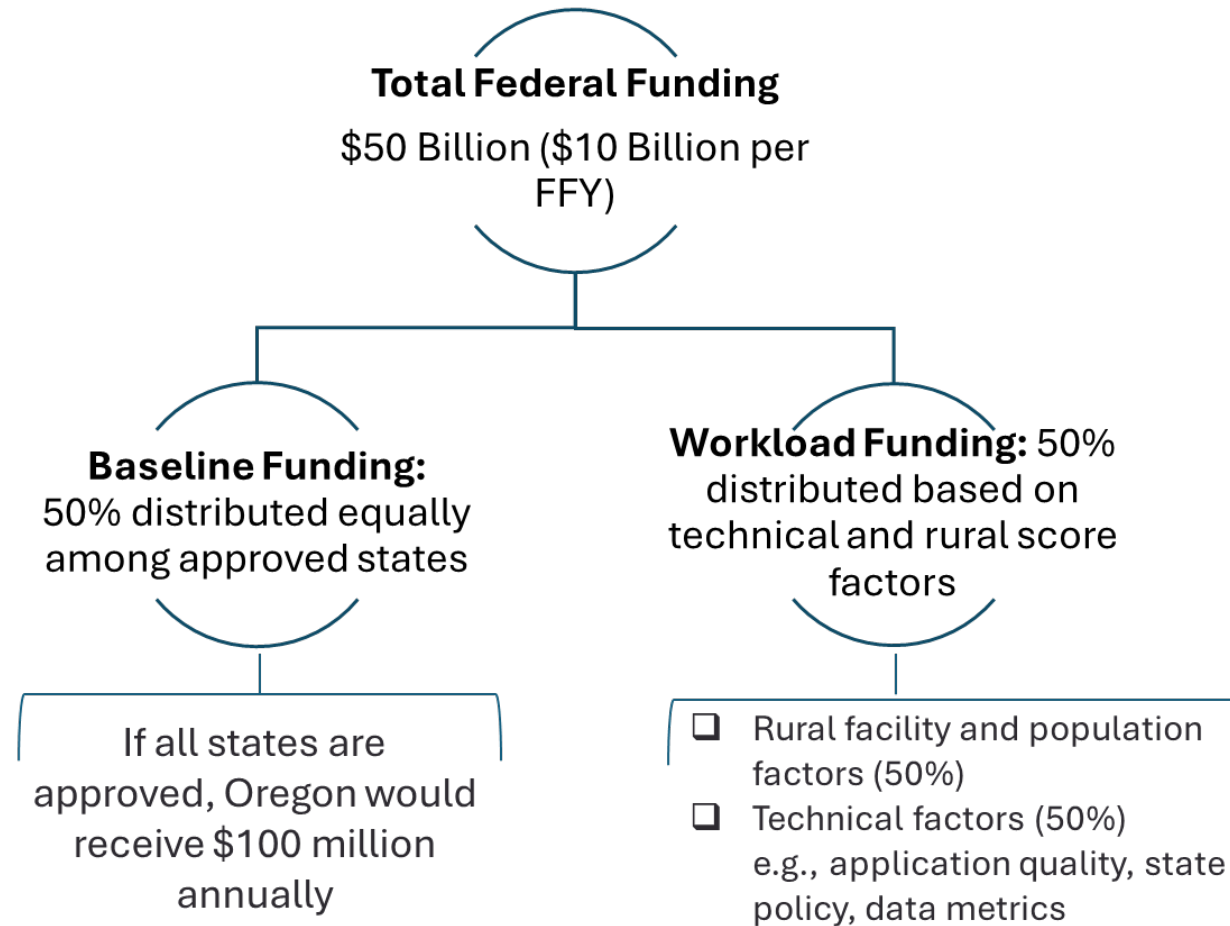
Rural Health Transformation Program: Background

- HR1 cuts an estimated \$15 billion in federal funding from Oregon
- RHTP was established through HR1 as a one-time, five-year program, which makes funding available to states for health-related activities supporting rural communities and rural health system transformation.
- Federal funding through RHTP is not intended to offset H.R. 1 Medicaid cuts.
- The Centers for Medicare & Medicaid Services (CMS) is charged with administering the program as a cooperative agreement.

Rural Health Transformation Program: Background

- On 12/29/25, CMS announced all 50 states will receive awards
- In 2026, first-year awards average \$200M, ranging \$147-281M
- Oregon is receiving \$197.3M in 2026
- If approved for a similar amount in subsequent years, Oregon will receive an estimated \$1B over the five-year grant period
- Grant proposals can be submitted through May 26th. More information: <https://www.oregon.gov/oha/hpa/hp/pages/rural-health-transformation.aspx>

Rural Health Transformation Program: Background



How to stay informed

Web page: Oregon Health Plan Changes Coming Soon

[OHP.Oregon.gov/HR1](https://www.oregon.gov/HR1)

Newsletter: Oregon Health News

www.oregon.gov/oha/erd/pages/oregon-health-news.aspx

Social Media

- Instagram: [@oregonhealthauthority](https://www.instagram.com/oregonhealthauthority)
- Facebook (English): [facebook.com/OregonHealthAuthority](https://www.facebook.com/OregonHealthAuthority)
- Facebook (Spanish): <https://www.facebook.com/OHAespanol/>
- LinkedIn: [linkedin.com/company/oregon-health-authority](https://www.linkedin.com/company/oregon-health-authority)

Oregon's 1115 Medicaid Waiver



1115 Waivers

- Waivers are **negotiated** permissions for states to change their Medicaid rules to implement and test **new innovations** for budget neutral or cost saving services. The Centers for Medicare and Medicaid Services (CMS) accepts or rejects proposals.
- In **1994 Oregon received approval** to implement Medicaid waivers to make the Oregon Health Plan (OHP) more flexible, provide additional services, and increase the number of individuals covered.
- Oregon's most recent 1115 Medicaid Waiver was **approved for October 1, 2022 through September 30, 2027.**

Oregon Current 1115 Waiver Goals



GOALS

- Address and advance health equity
- Create a more equitable, culturally- and linguistically-responsive health care system
- Ensure people can maintain their health coverage
- Improve health outcomes by addressing health-related social needs



Healthier Oregon OHP members are included in 1115 waiver benefits!

Oregon 1115 Waiver Changes



CHANGES

- Extended Oregon Health Plan (OHP) eligibility for young children, youth, and adults through the Early, Periodic Screening, Diagnostics, and Treatment (EPSDT) benefit
- Continuous OHP eligibility and enrollment for children up to age six*
- Two years of continuous enrollment for OHP members ages six and older*
- Coverage for young adults with special health care needs up to age 26 (YSHCN)*
- Health-related social needs (HRSNs) benefit*

* Indicates an approved change that is first-in-the-nation

Continuous Enrollment

- Continuous OHP eligibility and enrollment for children up to age six and two years of continuous enrollment for OHP members ages six and older
 - Implemented July 2023
 - Medicaid renewals post conclusion of the COVID Public Health Emergency (“the PHE unwinding”) completed February 2025
- Initial Data: continuous eligibility is already resulting in desired outcomes
 - Significant reduction in short term disenrollment than prior to PHE
- Working with CMS to understand when people in Oregon will be required to start more frequent renewals of their OHP/Medicaid benefits, due to new federal requirements in HR1.

The Future of the Prioritized List

OHA outlined its commitment to move forward with certain policy changes – within CMS guidance – in a February 11 letter to the legislature.

- Adhering to CMS requirements to transition away from certain features of the current system, **including the funding line and denials based on relative position to funding line**
- Maintaining the role of HERC and the spirit of the Prioritized List to the extent permissible
- Making only necessary changes to the structure of Prioritized List to comply with federal law

OHA Anticipates New OHP Services, Effective 1/1/2027

HERC has identified additional services that may be covered as a result of these changes.

Example Coverage Areas	Details
Primary care office visits and medications for currently non-covered conditions	<ul style="list-style-type: none">• Check-ups and reasonable testing are already covered• Many low-cost and safe medications are already covered
	<ul style="list-style-type: none">• Medications and equipment: no more denials because a condition is unfunded
Allergy treatment & testing	<ul style="list-style-type: none">• Newly covered conditions such as seasonal allergies and some rashes
Sports Medicine	<ul style="list-style-type: none">• Physical & occupational therapy for more conditions
Ophthalmology	<ul style="list-style-type: none">• Newly covered eye and eyelid conditions

The HERC has not recommended any service covered today no longer be covered in the future, as a result of this process, but will continue to evaluate medical evidence in the future.

Overview of Pharmacy Changes

The future state will require additional coverage pathways for drugs that may currently be in the unfunded region.

Current State

- Drugs in the unfunded region can be denied for being below the line.

Future State

- All drugs must have a pathway to coverage.
- Existing utilization management tools are still allowed.
- Oregon will continue to have a Preferred Drug List

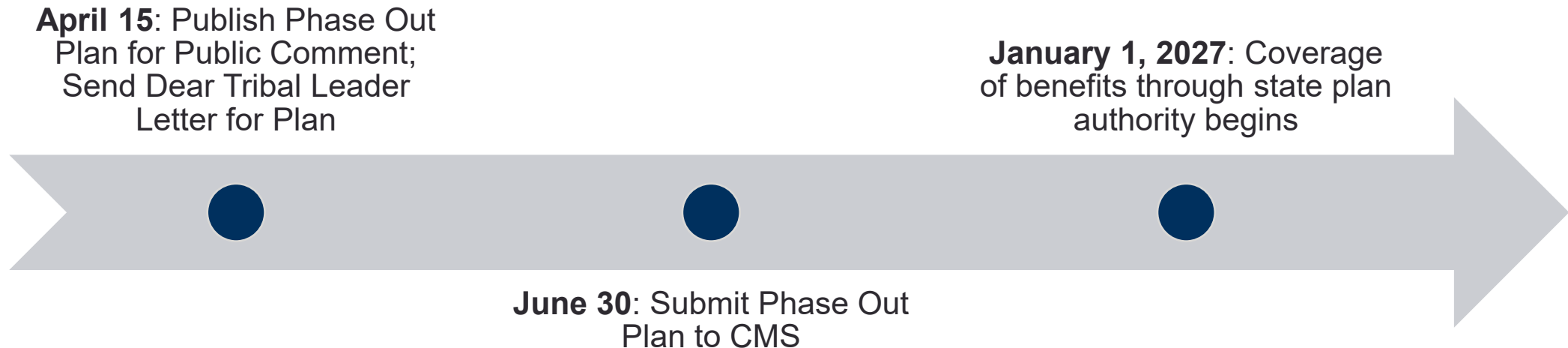
Existing tools include:

- Formularies
- Step therapy
- Prior authorization
- Generics substitution

CCOs may use P&T committee work as a guide for their own work.

Phase-Out Plan Timeline

OHA has posted the “Phase-Out Plan” for public comment through May 15. OHA must submit the plan by the end of June.



Think, pair, share

Resources

- Phase Out Plan for [public comment notice](#)
- February 11 [letter](#) from OHA to Legislature
- OHA [P&T BUP information](#)
- Resources on the HERC:
 - HERC [Website](#)
 - HERC [work plan to review services for BUP](#)
 - [Opportunities to Provide Input to the HERC](#)
- Resources on HERC Products:
 - [Searchable Prioritized List, Guideline Notes, Multisector Interventions and Services Recommended for Non-Coverage](#)



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Engaging in Policy Discussions with OHA

Health Evidence Review Commission

- The **Health Evidence Review Commission (HERC)** makes benefit-related decisions for OHP (Oregon Health Plan) and creates the Prioritized List of services covered by OHP.
- HERC meetings are public, and anyone can share comments in person, phone, video and writing, as well as suggest topics for discussion.
- Two HERC subcommittees support with additional policy and subject matter expertise recommendations.
- Visit the [HERC Website](#) to learn more about the process and how to get involved.

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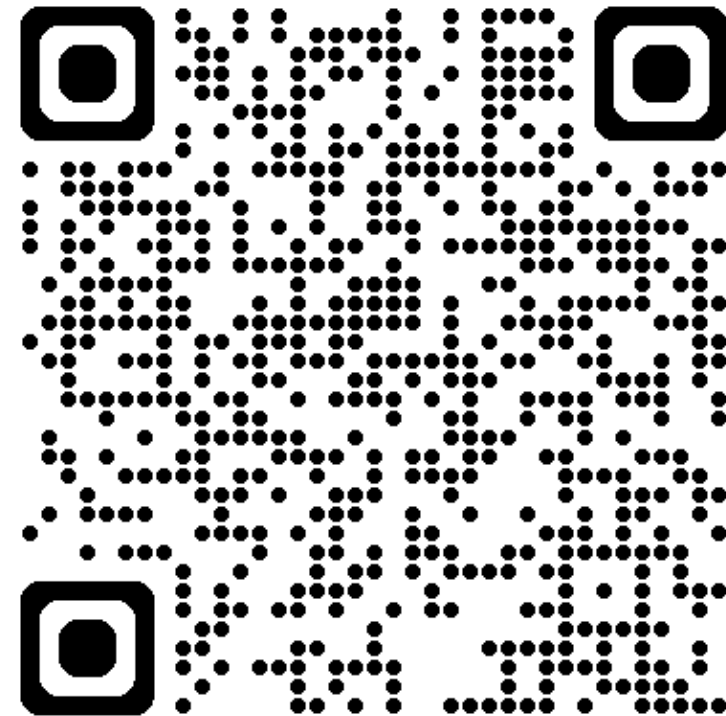
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First...what is EPSDT?

- Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a federally required benefit that provides funding and access to comprehensive health care services for children and youth under age 21.
- EPSDT covers all **medically necessary** *and* **medically appropriate** services, based on the member's **individual needs**.
- In Oregon, EPSDT is the child and youth benefit within the Oregon Health Plan. **You do not have to enroll in a separate program.**
 - [Oregon.gov/EPSDT](https://www.oregon.gov/epsdt)

Who gets EPSDT services?

- OHP members under 21 years old (members transition to adult coverage on their 21st birthday).
- OHP members with YSHCN benefits (eligible 19, 20 and 21-year-olds can get YSHCN benefits up to their 26th birthday).



These policies apply to both Open Card (sometimes called “Fee-for-service) and CCO-enrolled OHP members

EPSDT expanded coverage on 1/1/2023

- Many EPSDT services have been covered by OHP for many years (Routine primary care, emergency care, outpatient therapies, etc.).
- Until 2023, some treatments could still be denied for OHP members, no matter their age.
 - This was due to an agreement Oregon had with the federal government based on the Prioritized List of Health Services (a tool OHP uses to determine coverage of many services).
- **As of January 1, 2023, all medically necessary and appropriate services are covered for OHP members under 21-years-old.**
- **As of January 1, 2025, members with YSHCN benefits also receive EPSDT coverage up to their 26th birthday.**

Expanding Medicaid Benefits for Young Adults

On **January 1, 2025**, OHP started offering more benefits to young adults with qualifying health conditions under a new Medicaid eligibility category:

Young Adults with Special Health Care Needs (YSHCN).



Young Adults with Special Health Care Needs

YSHCN Eligibility & Coverage

Up to 205% Federal Poverty level

EPSDT including enhanced vision & dental benefits till age 26

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

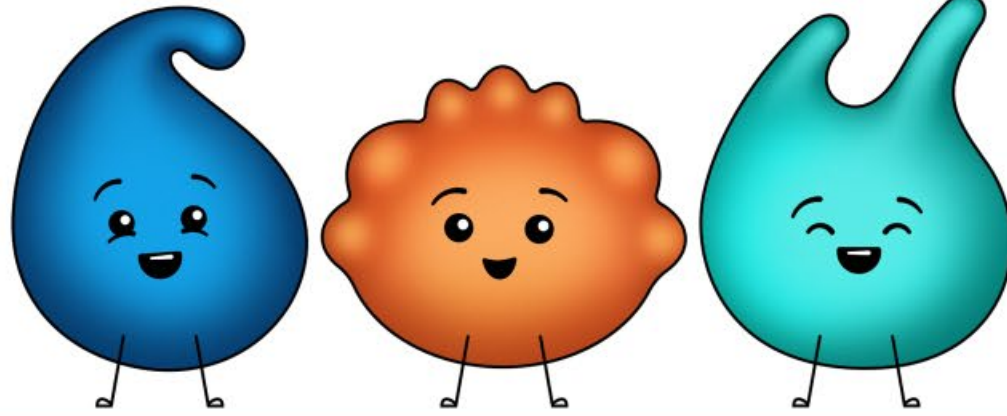
Who are Young Adults with Special Health Care Needs (YSHCN)?

Young adults, 19 through 25, living with health needs resulting from

- Physical, intellectual, or developmental disabilities
- Long-standing medical conditions
- Mental health conditions, substance use, or neurodevelopmental conditions



2026



19, 20 and 21
years of age

Eligibility re-confirmed
periodically

Until



26th
birthday

Eligible to enroll

Once enrolled

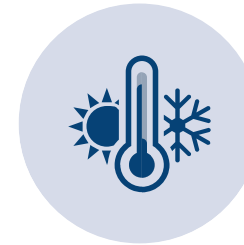
Think, pair, share

Health-Related Social Needs Benefit

Health-Related Social Needs (HRSNs) are social and economic needs that affect people's ability to stay healthy and well. Eligible Oregon Health Plan (OHP) members may get these services, which are meant to help improve their health outcomes.

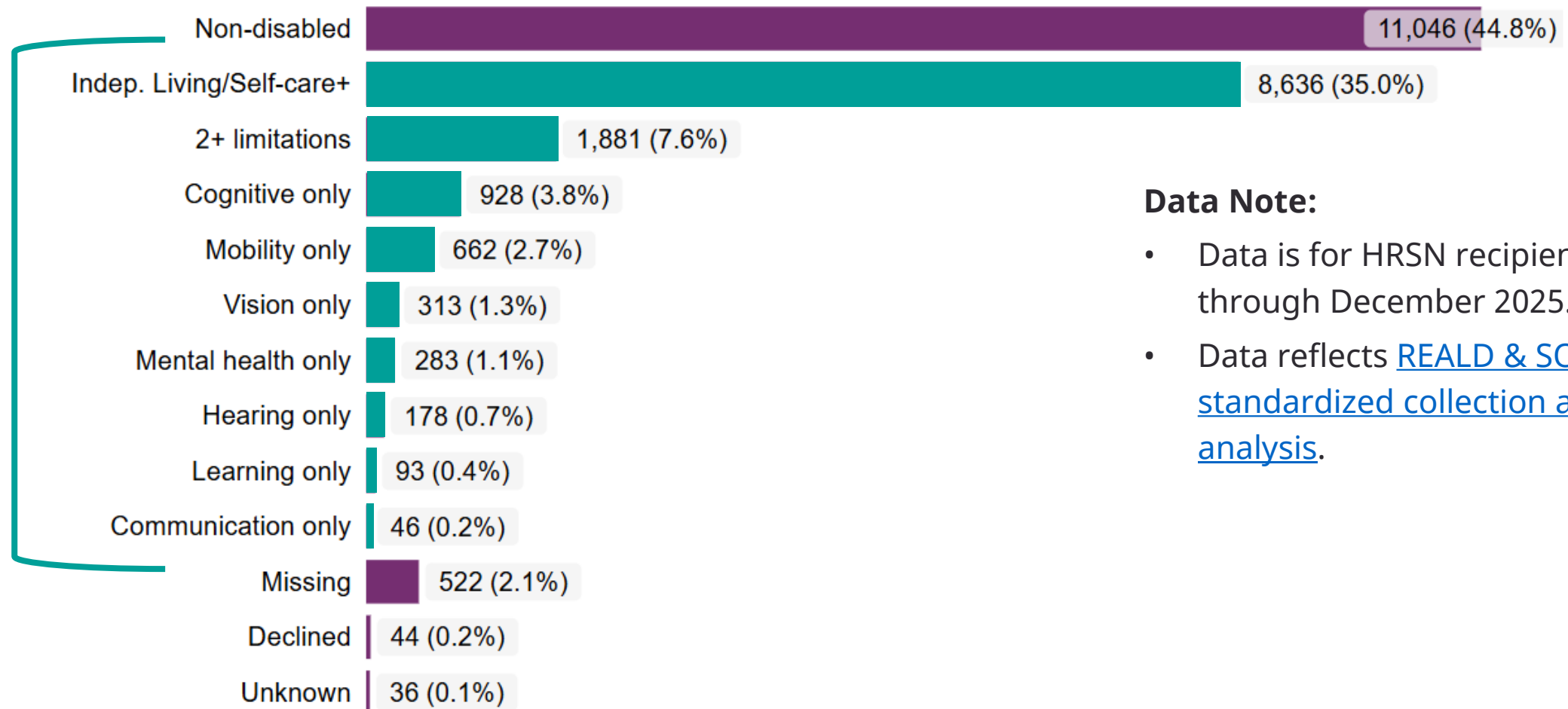
HRSN Benefits include:

- Housing supports:
 - Rent and utility financial assistance
 - Home changes for health and safety
 - Tenancy sustaining services
- Outreach & engagement services
- Nutrition supports:
 - Medically tailored meals
 - Nutrition education



The majority of HRSN recipients identify as having one or more disabilities

Self-identified disabilities groupings of HRSN recipients

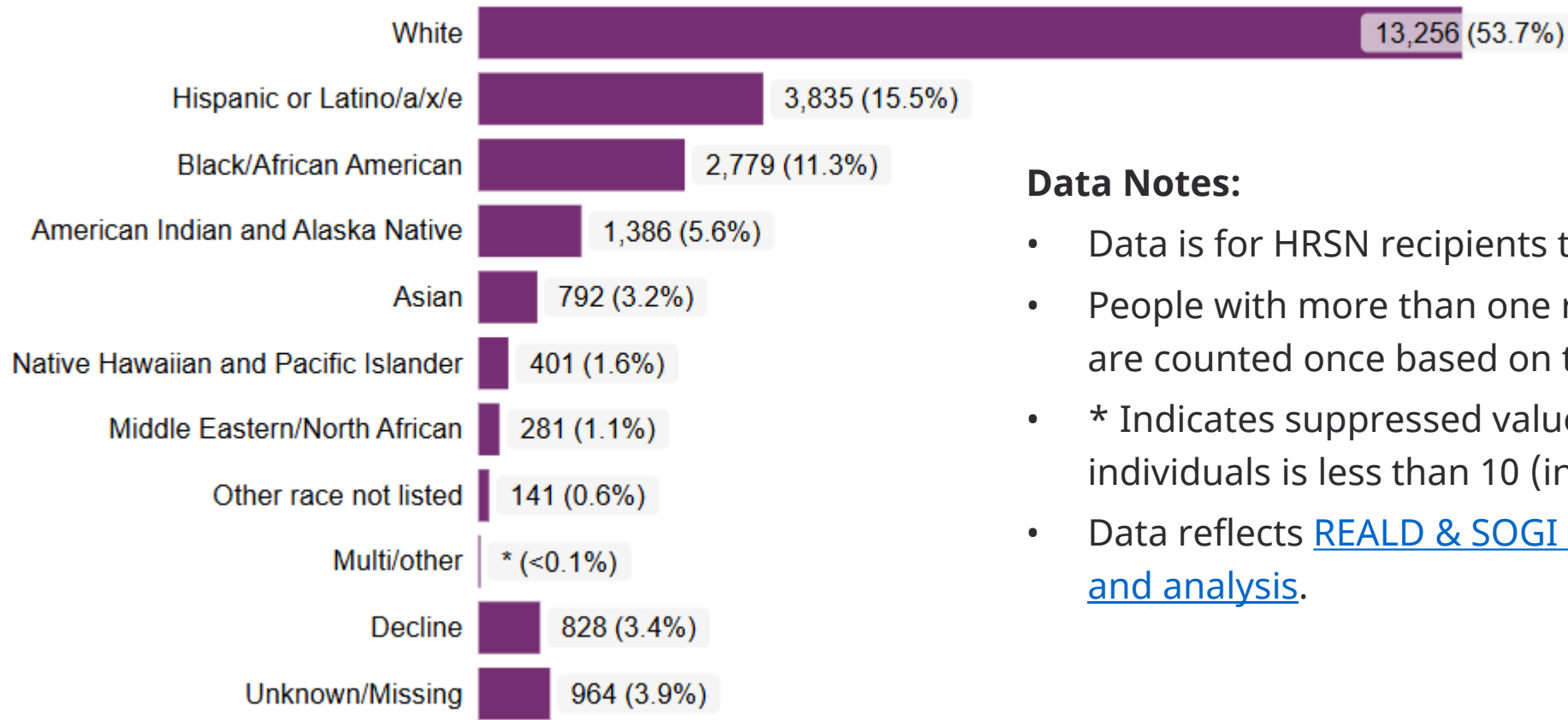


Data Note:

- Data is for HRSN recipients through December 2025.
- Data reflects [REALD & SOGI standardized collection and analysis](#).

OHA is monitoring which communities are receiving HRSN benefits to better understand access and need

Primary race/ethnicity of HRSN recipients

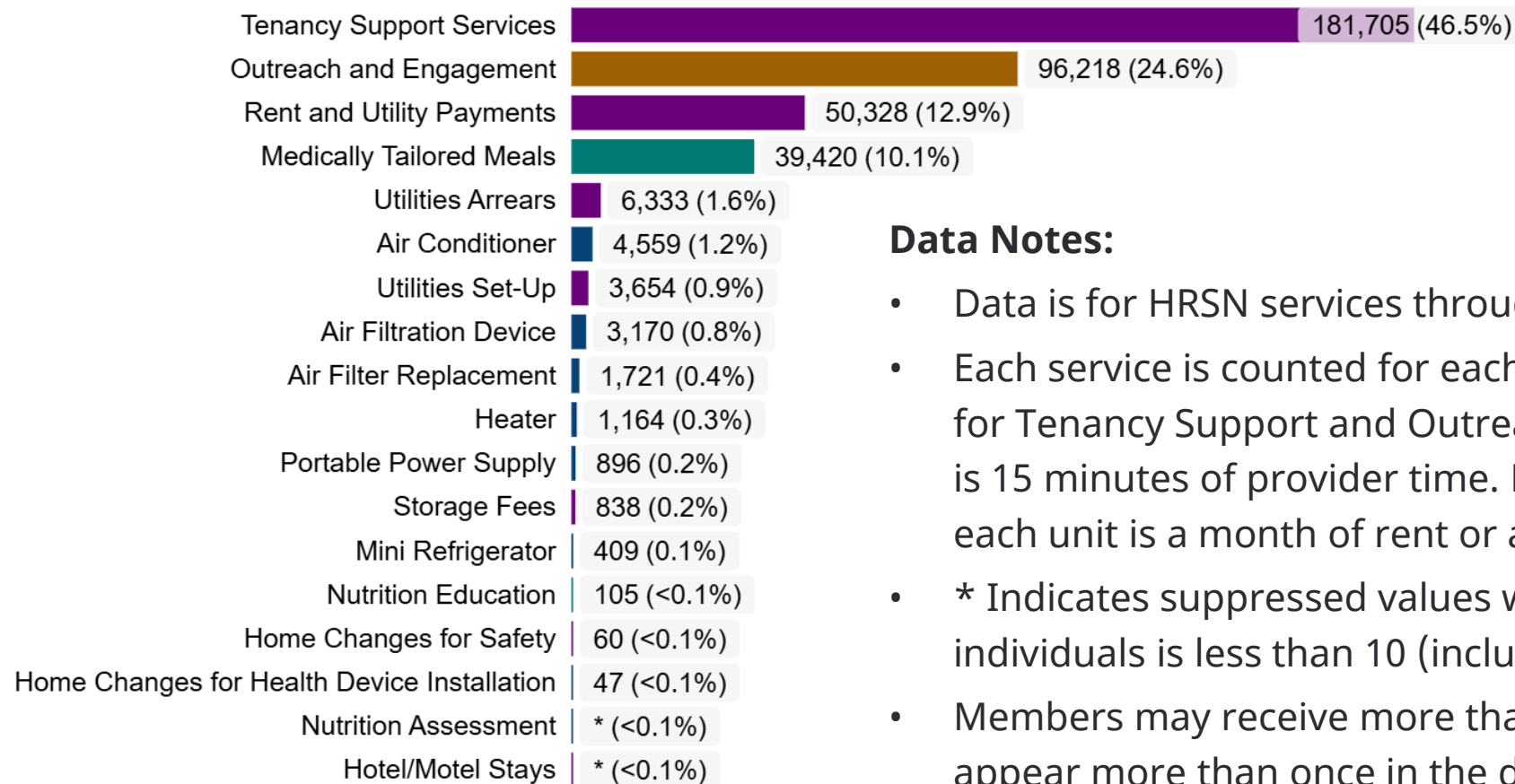


Data Notes:

- Data is for HRSN recipients through December 2025.
- People with more than one racial or ethnic identity are counted once based on their primary identity.
- * Indicates suppressed values where the number of individuals is less than 10 (including zero).
- Data reflects [REALD & SOGI standardized collection and analysis](#).

Tenancy Supports, Outreach & Engagement, and Rent & Utility payments are the most used HRSN services

HRSN Services Delivered by Type



Data Notes:

- Data is for HRSN services through December 2025.
- Each service is counted for each unit dispersed. For example, for Tenancy Support and Outreach & Engagement each unit is 15 minutes of provider time. For Rent & Utility payments each unit is a month of rent or a single utility bill.
- * Indicates suppressed values where the number of individuals is less than 10 (including zero).
- Members may receive more than one HRSN service and may appear more than once in the data.

Safety Net Clinic: HRSN/HCBS 1915i ARPA Grant

- Purpose: to enable safety net clinics to provide HRSN housing supports to eligible OHP open card members and/or deliver core Home and Community Based Services (HCBS)
- 12 FQHCs participated and received \$350,000 in one-time funding
- Highlight: Northwest Human Services now implementing universal social determinants of health needs screening
 - Continued service past the grant period (2025-2026)
 - Joint venture with their community partners increasing training for outreach staff
 - Strengthened care coordination for Open Card members, including between CHW and patient assisters



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Supporting Integration Across Oral, Behavioral, and Physical Health Systems

PCPCH: Patient Centered Primary Care Homes

- Established in 2009 by the Oregon Legislature to support the Triple Aim and to set standards of care for primary care practices
- PCPCH standards are developed in partnership with an advisory committee; revised five times, most recently in January 2025
- The program certifies practices that meet those standards
 - Over 600 PCPCHs in 33 of 34 Oregon counties
 - 96% of Coordinated Care Organization (CCO) members get their care at a PCPCH

Oregon's PCPCH Model

- Six core attributes, each with specific standards and measures
- One foundational attribute: equitable
- Practices apply to become a PCPCH by attesting to measures
 - Any practice meeting the standards can be a PCPCH
- Three tiers of recognition based on which measures a clinic meets
 - Payment from CCO based on tier level
- **Health Equity Designation (new in 2025)**



Standard 3.C. Behavioral Health Services

3.C.0	PCPCH has a routine assessment to identify patients with mental health, substance use, and developmental conditions, and coordinates their care.	Must Pass
3.C.2.a	PCPCH collaborates or is co-located, and coordinates care, with specialty mental health, substance use disorder, and developmental providers.	10 points
3.C.2.b	PCPCH provides pharmacotherapy to patients with substance use disorders and routinely offers recovery support in the form of behavioral counseling or referrals.	10 points
3.C.3	PCPCH provides integrated behavioral health services including population-based, same-day consultations by behavioral health providers.	15 points

Standard 3.F – Oral Health Services

3.F.1	PCPCH screens or assesses its patients for oral health needs.	5 points
3.F.2	PCPCH screens or assesses its patients for oral health needs and provides age-appropriate interventions.	10 points
3.F.3	PCPCH provides oral health services by dental providers.	15 points

More information and resources

- **Patient-Centered Primary Care Home Program [website](#)**
- **2025 PCPCH Recognition Criteria Technical Specifications and Reporting Guide (TA Guide) [Link to TA Guide](#)**
- **PCPCH TA Resources** Additional technical assistance resources including templates, recorded webinars, white papers, and protocols are on the [PCPCH TA Resource webpage](#)
- **PCPCH Program Health Equity Initiative Community Engagement Report 2021 [Link to report](#)**

Advancing Whole-Person Care through Health IT Integration

Strategic Goal: Seamlessly connect physical, behavioral, and oral health data to support [Oregon's 2024–2028 vision](#) for health equity and "whole-person" wellness.

- **Closing the EHR Gap** Focusing resources and technical assistance on behavioral and oral health providers to ensure they have the same digital capabilities as large-scale physical health systems.
- **Unified Data Exchange (HIE)** Expanding statewide Health Information Exchange to ensure clinicians can access a patient's mental health, dental records, and medical history in a single, secure view.
- **Standardized Interoperability** Adopting universal data standards so that "non-traditional" health data (e.g., behavioral health crises or dental screenings) is usable by the entire care team.

Think, pair, share



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Medicaid and CHIP (MAC) Score Card 2025

MAC Score Card

- The MAC Scorecard is a CMS dashboard that draws from over 30 datasets derived from state and federal reporting efforts.
- Goal: Improving transparency and accountability for the programs' administration and health outcomes
- The measures included in the MAC Scorecard represent key data points that reflect CMS's priorities across multiple domains of Medicaid and CHIP
- Oregon highlight: As of December 2025, Oregon has enrolled 1,303,114 individuals in Medicaid and CHIP — a net increase of 108.05% since the first Marketplace Open Enrollment Period and related Medicaid program changes in October 2013

Oregon's Score Card - Eligibility and Enrollment

Content Area	Year/ Period	Oregon	National Median
Births covered by Medicaid	2023	44.5%	41.5%
Percentage of Population Enrolled in Medicaid or CHIP	2024	30.9%	23.8%
Total Medicaid enrollment	April 2025	1,126,114	928,443
Total CHIP enrollment	April 2025	189,481	86,114
Total Adult Medicaid Enrollment	April 2025	834,726	552,774
Medicaid MAGI and CHIP Application Processing Times: Determinations within 24 hours	April 2025	82%	31%

 Above national median

Oregon's Score Card - Healthcare Quality (Adults)

Measures	Year	Oregon	National Median
Behavioral Health			
Adherence to Antipsychotic Medications for Individuals with Schizophrenia: Age 18 and Older	2024	66.3%	61.2%
Antidepressant Medication Management: Age 18 and Older (Acute Phase: AP; Continuation Phase: CP)	2024	AP: 49.6%	AP: 61.1%
		CP: 22.7%	CP: 42.1%
Primary care Access and Preventive Care			
Colorectal cancer Screening: Ages 45 to 75	2024	Ages 46-50: 23.1%	22.9%
		Ages 51-65: 41.0%	37.7%
Cervical Cancer Screening: Ages 21 to 64	2024	42.10%	50.0%
Maternal and Perinatal Health			
Prenatal (PN) and Postpartum (PP) care: Age 21 and Older	2024	PN: 76.7%	PN: 71.8%
		PP: 64.5%	PP: 78.3%

Above national median
 Below national media

Oregon's Score Card - Healthcare Quality (Children)

Measures	Year	Oregon	National Median
Behavioral Health			
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics: Ages 1 to 17	2024	65.9%	59.9%
Metabolic monitoring for Children and Adolescents on antipsychotics: Ages 1 to 17	2024	Blood glucose and Cholesterol testing: 31.8%	35.2%
Primary care Access and Preventive Care			
Childhood Immunization Status	2024	Flu: 34.2%	32.0%
		Combination 10: 28.6%	23.6%
Child and Adolescent Well-Care Visits	2024	Ages 3 -21: 42.8%	49.2%
Developmental Screening in the First Three Years of Life: Ages 0 to 3	2024	65.2%	37.40%

■ Above national median
 ■ Below national median

Oregon's Score Card - Healthcare Quality (Children)

Measures	Year	Oregon	National Median
Dental Oral Health Services			
Sealant Receipt on Permanent First Molars: Age 10	2024	At least 1 molar: 62.7%	50.3%
		All 4 molars: 44.6%	34.5%
Oral Evaluation, Dental Services: Ages <1 through 20	2024	39.50%	44.80%
Maternal and Perinatal health			
Prenatal and Postpartum Care: Under Age 21	2024	Prenatal: 76.3%	64%
		Postpartum: 80.2%	61.0%
Care of Acute and Chronic Conditions			
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	2024	96.60%	72.10%

■ Above national median
 ■ Below national median



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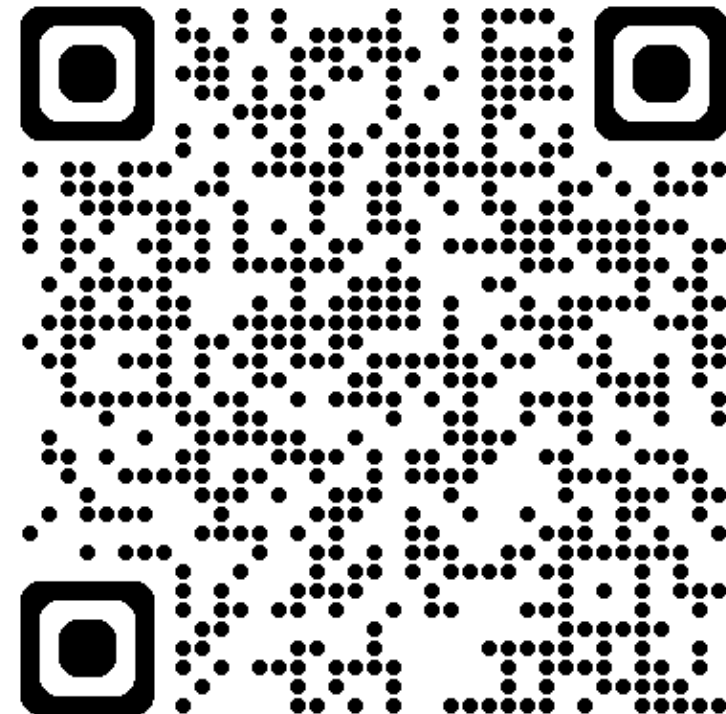
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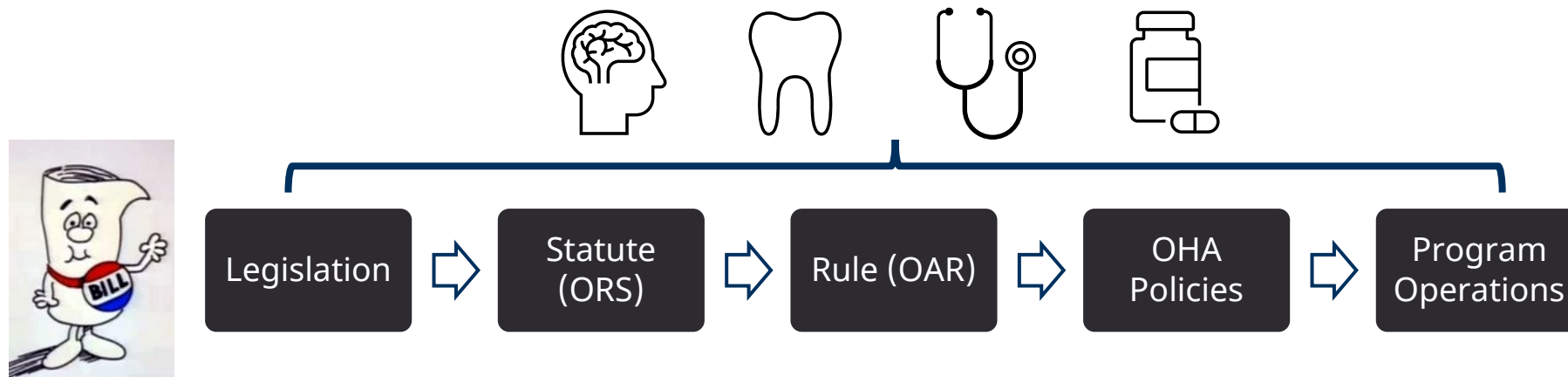
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Provider engagement in policy making

From the Capitol to the workplace, your input is crucial to ensuring OHP policy supports patients, providers and communities. There are many ways to get involved, from quickly signing up for a newsletter to joining committees that shape policy within OHA.



Note: Some exceptions exist in each step of this process. This presentation is a broad overview that may not cover all nuances.

Code of Federal Regulations (CFR)

- Federal laws (CFRs) are the overarching authorities that govern OHP policies including state statutes and rules
- [Title 42, chapter IV](#): Centers for Medicaid and Medicare Services



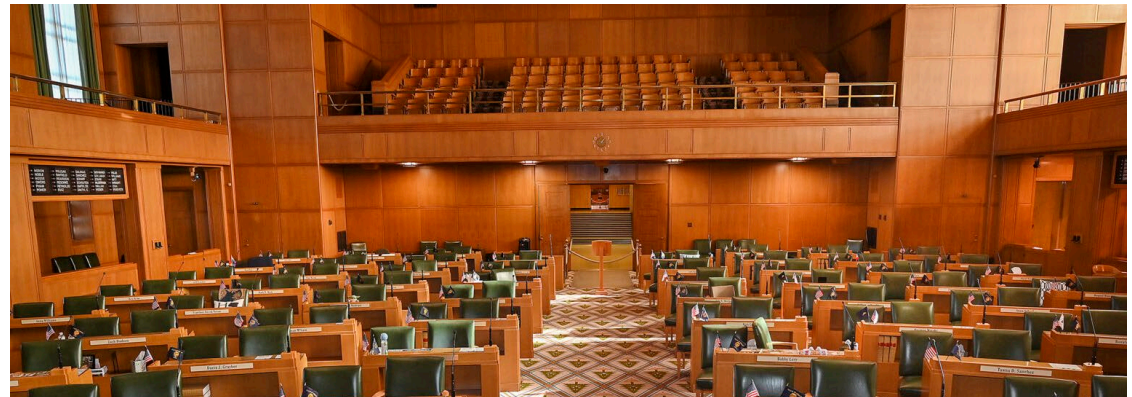
Legislation

Legislative Process

1. Bill proposition
2. Legislators propose and vote on bill
3. The Governor signs the final bill
4. There are alternating short and long sessions beginning annually in January

Your voice and input is valuable throughout the entire legislative process!

- Learn how to get involved by visiting the [Oregon State Legislature website](#).
- Find your [district and legislators here](#).



Oregon Revised Statutes

- **Oregon Revised Statutes (ORS):** laws enacted by the legislature and governor or passed by a vote of the people through the initiative process.
- See the [ORS website](#) for additional information.





Rulemaking Process

Oregon Administrative Rules (OAR) Process

Oregon Administrative Rules (OARs) are created by state agencies, boards and commissions to implement and interpret statutes.

- Ex: Chapter 410 - [Medical Assistance Programs](#) are the main rules that impact OHP providers



Rules Advisory Committee (RAC)

- **Rules Advisory Committee (RAC):** A group convened by OHA policy analysts to review and provide feedback on proposed changes to Oregon Administrative Rules (OARs).
 - **Be a member-** Members actively contribute to shape rules.
 - **Attend a meeting-** Anyone can join to provide feedback.
- **Additional community engagement opportunities:** OHA facilitates listening sessions, town halls, and office hours for community (including providers) input.
- [View upcoming and past RAC and community engagement meetings](#)

Public Comment

- OHA uses suggestions from the RAC to revise the rule draft and submit **Notices of Proposed Rulemaking**
- The **public comment** period is open for typically 21 days after the Notice of Proposed Rulemaking is posted.
- Community members can provide either written comment or attend a public hearing.
- Updates are posted on the:
 - [OHP Notices of Proposed Rulemaking Website](#)
 - [Secretary of State Bulletin](#)



OHA Policies and Program Implementation

- Updated rules are posted in the [Oregon Administrative Rules Database](#)
- Learn more about rules and policies on [specific OHP topics on the OHA rules website](#)

What's Next?

- Join OHA committees and workgroups to advise program implementation and ongoing improvements



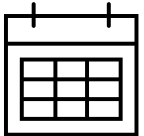


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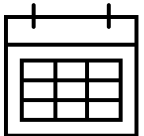
Committees and Public Meetings

Get Involved: Committees and Public Meetings

Join workgroups or attend public meetings to shape policy



[OHA Public Meeting Calendar](#)



[Rulemaking Calendar](#)

OHA Committee, Commissions and Workgroups

- Join as a member or attendee for topic-specific committee, commissions and workgroups facilitated by OHA.
- [Workgroup Website](#)

Medicaid Advisory Committee

- Attend a MAC meeting where committee members advise the Oregon Health Policy Board, the Office for Oregon Health Policy and Research, and the Oregon Health Authority on the operation of Oregon's Medicaid program.
- [MAC Website](#)

CCO Workgroups

- Join a OHP Contractor Workgroup which focuses on various OHP topics including CCO policy, Oral Health, and quality
- [OHP Contractor Workgroups Website](#)

Health Evidence Review Commission

- The **Health Evidence Review Commission (HERC)** makes benefit-related decisions for OHP (Oregon Health Plan) and creates the Prioritized List of services covered by OHP.
- HERC meetings are public, and anyone can share comments in person, phone, video and writing, as well as suggest topics for discussion.
- Two HERC subcommittees support with additional policy and subject matter expertise recommendations.
- Visit the [HERC Website](#) to learn more about the process and how to get involved.

Get Updated: News and Updates Resources

Sign up for routine newsletters to stay informed on policy updates and engagement opportunities.

Provider Matters

- Regular updates on policy, billing, and program changes.
- [Provider Matters](#) website and sign up

Provider Toolkit

- Browse recent and archived updates.
- [OHP Announcements](#)

Chapter 410 OAR Updates

- Track proposed and temporary rule changes.
- [OHP Rules and Policies](#)

General OHA Updates

- Sign up for general updates on several OHA programs
- [Newsletter sign-up website](#)

Get Support: Provider Support Resources

Visit OHA websites with helpful resources for providers, including engagement opportunities.

OHP Policies, Rules and Guidelines

- Search rules and policies by program
- [Medicaid Program Rules](#)

Provider Toolkit

- Main website with resources for Medicaid providers
- Learn how to engage with OHP and improve care delivery
- [Provider Toolkit](#)

Resources for New Providers

- Links to OHA websites based on provider type
- [Resources for New Providers](#)

Federal Response Updates

- Information and updates regarding federal changes and actions that impact Oregonians
- [Federal Response Website](#)

OHA public meetings that address Medicaid policy and operations

- [OHA Public Meetings Calendar](#)
- [Health Evidence Review Commission \(HERC\) meetings](#)
- [Rules Advisory Committee and community engagement meetings](#)
- CCO meetings
 - [All-Plan System Technical](#)
 - [Oral Health Forum](#)
 - [Pharmacy Directors meeting](#)
 - [Contracts and Compliance meeting](#)
 - [CCO Operations Collaborative](#)
 - [Quality and Health Outcomes Committee \(QHOC\)](#)

Thank You!

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- HERC.info@oha.oregon.gov

