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This report describes the progress of Oregon’s coordinated care organizations (CCOs) on quality measures for 2019. Measuring quality and access to care, and holding CCOs accountable to key metrics, is a cornerstone of Oregon’s health system transformation. In fact, an independent third-party evaluator, Center for Health Systems Effectiveness at Oregon Health and Sciences University, found incentive measures to be one of the most important tools for CCO quality improvement. (Demonstration Waiver Summative Report).

Oregon is a leader in the nation for working to provide a better health care system. The incentive program rewards CCOs for practices that yield higher quality service delivery to Medicaid members. A report released by OHA and Oregon Health Leadership Council in Summer 2020 showed that Medicaid members experienced the lowest cost and least “low value services” when compared to Commercial and Medicare insured members.

The next important focus of the Medicaid Program will be transforming health care delivery to help eliminate health inequities among the state’s most underserved citizens. Toward this goal, OHA plans to release new measures that focus on the health disparities made more apparent during the COVID-19 crisis. Measures will focus on nutrition and physical activity, language access to culturally appropriate care, kindergarten readiness, and social determinants of health, while continuing to emphasize integration of physical health with dental and behavioral health services. Clinical quality will continue to improve to the extent that health equity is achieved in the Medicaid program.

How does Oregon Health Authority help CCOs in quality improvement activities?
OHA works with CCOs throughout the measurement year to look for patterns in performance and to use quality performance data. For example:

- During the measurement year, OHA provides every CCO a summarized monthly metrics dashboard with information that can be parsed at the member level to better understand service use. Because this dashboard is updated monthly with claims-based metric information, CCOs and OHA are able to work together throughout the year to validate measure results. Any discrepancies in reporting can be quickly identified and corrected with smaller lag times. In addition, CCOs can use the ongoing data to target quality improvement efforts.

- The CCO Metrics Technical Advisory Group meets on a bimonthly cycle to identify, discuss and resolve metric questions and challenges at the operational level. These meetings are coordinated with the OHA Transformation Center, which provides practical support directly to CCO staff. For example, technical assistance was offered to help CCOs improve performance on metrics including Diabetes HbA1c Poor Control, Oral Evaluation for Adults with Diabetes, and Emergency Department Visits Among Members Experiencing Mental Illness. Resources from earlier technical assistance, such as childhood immunizations, also remain available to CCOs through recorded webinars and other resources. In addition, OHA supports Innovator Agents to serve as liaisons between CCOs and OHA. The Transformation Center and Innovator Agents help remove communication barriers and ensure OHA remains in touch with each CCO’s community.
EXECUTIVE SUMMARY

- At the conclusion of every measurement year, OHA offers a month-long validation period. During this phase of the program, CCOs can ask for clarification about the rules or calculations for any metric and provide additional documentation for the measures as appropriate.

CCOs made large strides on selected quality measures in the first several years of the program; as a result sustained quality improvement efforts are now needed to achieve the aspirational benchmarks based on the most exceptional national performance. The results in this report demonstrate that as the incentive program continues, the targets and benchmarks become even harder to meet or exceed as more difficult change processes become necessary. This ongoing challenge ensures that CCOs continue to focus on quality improvement and work toward making the changes needed for better experiences and outcomes for Oregon Health Plan members.

2019 CCO quality pool earnings
In 2019, the total quality pool was $166 million. The amount each CCO can earn from the quality pool is based on a percentage of their capitated payments each year. The quality pool is disbursed entirely each year through two phases: In Phase One, each CCO can earn up to 100% of their quality pool by meeting certain criteria. In 2019, each CCO earned at least 60% of their quality pool dollars in Stage 1 (specifically, four CCOs earned 60%; six CCOS earned 80%, and five CCOS earned 100%). Any funds left over from this first phase are used to fund Phase Two, the “Challenge Pool.” In 2019, the Challenge Pool was worth almost $46 million. Because several large CCOs did not earn 100% in Phase One of the quality pool distribution, the Challenge Pool was substantially larger than in previous years (for example, in 2018 it was just under $11 million). See page 14 for more detail on the 2019 quality pool distribution.

Impacts of the COVID-19 pandemic on quality pool payments
A global pandemic hit Oregon during March 2020. In response to the emergency, OHA evaluated sources of funding that could be released quickly to support CCOs as they prepared for a potential surge in patients needing care. Toward this end, a portion of the 2019 quality pool dollars (60 percent) was distributed to CCOs in April. Normally, the full quality pool for a measurement year is disbursed to CCOs the following June. But, for the 2019 measurement year, only the earned portion of the remaining 40% balance was released to CCOs in June based on the quality performance shown in this report. (Payments are shown on page 15).

Report highlights
This report shows CCO performance across three categories of measures: CCO incentive metrics, state quality metrics, and CMS core metrics (see page 12 for additional background and more information on the different categories of measures). Key findings are detailed on the following pages.
EXECUTIVE SUMMARY

Assessments for Children in DHS Custody: The percentage of children in foster care who received mental, physical and health assessments continues to increase, but at a slower rate than in previous years. Since the metric was first incentivized in 2014, CCOs have improved more than 200%, from 27.9% to 87.8% in 2019. Recently, a work group was established to improve communication around enrollment of children into foster care. These efforts are expected to yield further performance gains in 2021.

Cigarette Smoking Prevalence: Cigarette smoking prevalence declined among 13 of 15 CCOs in 2019, with three CCOs demonstrating substantial improvement. The overall smoking prevalence in the state decreased by almost nine percent. This is particularly notable because the prevalence of smoking among Medicaid members is significantly higher than among people not on Medicaid.

Emergency Department Utilization among Members with Mental Illness: In 2018—the first year ED utilization among members with mental illness was included in the Quality Incentive Program—CCOs showed somewhat flat performance on this measure. However, in 2019, nine of 15 CCOs improved and seven achieved their improvement target. Overall, the state performance showed a modest 1.1% improvement from the prior year on this measure.
**EXECUTIVE SUMMARY**

**Diabetes Care: HbA1c Poor Control:** The percentage of CCO members with diabetes who had poor hemoglobin A1c control in 2019 decreased slightly at the statewide level (a lower score is better on this measure) and seven of 15 CCOs achieved their target.

**Prenatal and Postpartum Care:** 2019 is the first year Postpartum Care is included in the quality incentive pool. All but two CCOs achieved the benchmark or improvement target, and the statewide rate of 68.2% nearly reached the benchmark. Meanwhile, 2019 is the first year the counterpart measure Timeliness of Prenatal Care is no longer incentivized (though it is still being monitored as a state quality metric). Statewide performance on this measure dropped from 92.6% to 80.6%, and no CCOs demonstrated improvements in the rate of women who received a prenatal care visit in the first trimester or within 42 days of enrollment.

**Asthma in Young Adults (PQI 15):** Notably, asthma as a cause of hospital stay increased almost 12% at the statewide level in 2019, from 37.9 to 42.2 hospital admissions per 100,000 member years (lower numbers reflect better performance). CCO performance varied from 13.7 to 115.8.
EXECUTIVE SUMMARY

New in this report
This report includes four measures which are being reported for the first time:

**Oral Evaluation for Adults with Diabetes** is a new CCO incentive measure and is crucial due to comorbid conditions that can develop in people with decreased gum health, which is common among those who have diabetes. CCO performance on this measure ranged between 22.7% and 34.6% with a benchmark set at 27.1%. There were no improvement targets set in this year because it is the measure’s first appearance on the incentivized list.

**Preventive Dental Services among Children Ages 1-5 and 6-14.** These measures (reported for each age group) will be added to the CCO Quality Incentive Program beginning in 2020 and are being reported for the first time here. In 2019, a majority of CCOs demonstrated improvement on both measures.

**Well-Child Visits 3-6 Years** will also be new to the Quality Incentive Program in 2020 and is being reported for the first time here. On this measure, the overall state improvement was three percent, and 11 of 15 CCOs improved on their performance with a final rate of 68.5 percent.

**Dual Eligible Supplemental Report**
In addition to quality metrics reporting, a new supplemental section describes the quality of services delivered to members who are dual-covered by both Medicaid and Medicare health plans. This group often includes enrollees with the greatest health burdens, including service needs for memory care or other physical and behavioral disabilities.

**Findings by Race and Ethnicity Groups**
Last year self-reported race and ethnicity data was provided in the annual report for those measures for which it was available from consumer survey responses. This year’s report follows the same model. OHA is currently developing a methodology that overcomes the large proportion of missing and indeterminate race information for claims-based measures. This new methodology will enable OHA to report race and ethnicity data for more measures in the future, including in a separate metrics report to be released in 2021.
Medicaid waiver

Medicaid (health coverage for people earning less than 138% of the federal poverty level, and people with disabilities) is administered by individual states but must follow certain federal requirements. States may obtain an 1115 Medicaid Demonstration waiver from the federal government, which grants them extra flexibility in how they use federal Medicaid funds in their state, with the goal of improving health care programs. Oregon has had such a waiver since 1994. The 1115 Medicaid waiver allows Oregon to deliver Medicaid services in unique ways, such as through the coordinated care model. Some of the key elements of Oregon’s coordinated care model include: using best practices to manage and coordinate care; transparency in price and quality; and paying for better quality care and better health outcomes, rather than just more services. So what does coordinated care mean?

Coordinated care

A coordinated care organization (CCO) is a network of health care providers (physical, behavioral, and oral health care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs were formed in Oregon in late 2012. In 2019, there were 15 CCOs operating in communities around Oregon.

CCOs have the flexibility to support new models of care that are patient-centered, team-focused, and eliminate health inequities. CCOs are able to better coordinate services and also focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services alongside today’s OHP medical benefits with the goal of meeting the triple aim of better health, better care and lower costs for the populations they serve. Before Oregon’s CCOs were formed, physical, behavioral and other care were not integrated, making things more difficult for patients and providers and more expensive for the state.

Medicaid expansion

Beginning in 2014 many more Oregonians were able to join the Oregon Health Plan because of the Affordable Care Act, which increased the income eligibility limit. The number of people covered by CCOs increased by 63%, from about 614,000 in 2013 to almost 1 million in 2014.

Measuring progress

The measures in this report are an important piece of the coordinated care model. They increase transparency and help us know how well CCOs are improving the quality of care. The measures fall into three categories (see next page).
**State quality metrics**

OHA has agreed to measure and report these metrics to the Centers for Medicare & Medicaid Services (CMS) as part of the 1115 Medicaid waiver.

**CMS core metrics**

Core quality measures identified by the Centers for Medicare and & Medicaid Services (CMS), together with commercial plans, managed care plans, physicians, consumers, and others to help promote alignment and harmonization of measure use and collection across payers in both the public and private sectors.

**CCO incentive metrics**

CCOs receive payment based on their performance on incentive metrics, which are selected by the Metrics and Scoring Committee. This is part of Oregon’s commitment to pay for better quality care and health outcomes. For more information on the committee, visit [https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx](https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx).

Note that there is often crossover between the measure sets; a metric can fall into more than one category. To help readers identify which metrics belong in which measure set, each metric is accompanied by the icons shown.

Additionally, measures that are brand new to this report are accompanied by an orange star icon.

**Measure specifications and more information**

- Information about the CCO incentive program, including specifications for the measures included in this report: [https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx)
- Metrics and Scoring Committee: [https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx](https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx)
- Medicaid Demonstration waiver: [https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Background.aspx](https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Background.aspx)
- This and other metrics reports: [https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx](https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx)
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<tr>
<td>Disparity measure: ED util for members w mental illness</td>
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<tr>
<td>Effective contraceptive use (ages 15-50)</td>
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<tr>
<td>Oral evaluation for adults with diabetes</td>
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<tr>
<td>Prenatal and postpartum care: Postpartum care rate^</td>
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<tr>
<td>Patient-Centered Primary Care Home (PCPCH) enrollment - must pass</td>
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<tr>
<td>SBIRT (EHR) - must pass</td>
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<tr>
<td>Weight assessment, nutrition, and activity counseling kids (EHR)</td>
<td></td>
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</tbody>
</table>
The Oregon Health Authority has established the quality pool—Oregon’s incentive payments to coordinated care organizations. Each CCO is paid for reaching benchmarks or making improvements on incentive measures. This is the seventh time Oregon has paid CCOs for better care, rather than just the volume of services delivered.

The 2019 quality pool is more than $166 million. This represents 3.5 percent of the total amount all CCOs were paid in 2019. The quality pool is divided among all CCOs based on their number of members (see page 17 for CCO enrollment numbers) and their performance on the 19 incentive metrics.

**Quality Pool: Phase One Distribution**

CCOs can earn 100% of their quality pool in the first phase of distribution by:

- Meeting the benchmark or improvement target on 12 of 16 measures; and
- Reporting data for minimum population thresholds for both the SBIRT and Depression screening measures; and
- Achieving a score of 68 or higher for the patient-centered primary care home measure (PCPCH).

CCOs must meet all conditions to earn 100 percent of their quality pool.

**Challenge Pool: Phase Two Distribution**

The challenge pool includes funds remaining after quality pool funds are distributed in phase one. The 2019 challenge pool was more than $45 million. Challenge pool funds are distributed to CCOs according to their performance on each of the four challenge pool measures:

1. Assessments for children in DHS custody
2. Childhood immunization status (combo 2)
3. Developmental screenings in the first 36 months of life
4. Postpartum care rate

**Impact of COVID-19**

The COVID-19 global pandemic hit Oregon in March 2020. Sixty percent of the quality pool dollars were released earlier than normal by Oregon Health Authority to infuse money into the medical system, as many clinics faced closure during the shutdown. Normally, the full quality pool is disbursed to CCOs in June of every report-out year that follows the measurement year. But, for 2019 measurement year—because 60% of the available quality pool was paid out early on April 1, 2020—only the remaining 40% balance was released in June. The second disbursement was distributed such that the total amount paid to each CCO was based on incentives for the quality performance shown in this report. A summary of each CCO’s early release spending plan can be found here. Values for both payments are reported on the following page.
## 2019 QUALITY POOL DISTRIBUTION

<table>
<thead>
<tr>
<th>CCO</th>
<th># Measures met (of 19 possible)</th>
<th>Early distribution (April 2020), 60% of available quality pool</th>
<th>Total payment earned in Phase 1*</th>
<th>% Quality pool funds earned</th>
<th># Challenge measures met</th>
<th>$ Challenge pool earned</th>
<th>Total payment (Phase 1 + Challenge pool + MCO tax)</th>
<th>Total % quality pool earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>14</td>
<td>$2,467,110</td>
<td>$3,224,354</td>
<td>80%</td>
<td>4</td>
<td>$1,858,037</td>
<td>$5,186,114</td>
<td>126%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>14</td>
<td>$5,130,021</td>
<td>$6,702,564</td>
<td>80%</td>
<td>3</td>
<td>$2,954,951</td>
<td>$9,854,607</td>
<td>115%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>11</td>
<td>$2,158,805</td>
<td>$2,118,524</td>
<td>60%</td>
<td>2</td>
<td>$807,550</td>
<td>$2,985,790</td>
<td>83%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>14</td>
<td>$3,359,730</td>
<td>$4,391,338</td>
<td>80%</td>
<td>4</td>
<td>$2,329,769</td>
<td>$6,858,272</td>
<td>122%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>14</td>
<td>$6,271,365</td>
<td>$8,195,384</td>
<td>80%</td>
<td>4</td>
<td>$4,607,979</td>
<td>$13,064,656</td>
<td>125%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>11</td>
<td>$35,210,323</td>
<td>$34,504,781</td>
<td>60%</td>
<td>2</td>
<td>$11,009,403</td>
<td>$46,443,045</td>
<td>79%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>11</td>
<td>$6,545,549</td>
<td>$6,414,383</td>
<td>60%</td>
<td>2</td>
<td>$2,784,290</td>
<td>$9,386,401</td>
<td>86%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>14</td>
<td>$3,308,094</td>
<td>$4,322,769</td>
<td>80%</td>
<td>3</td>
<td>$1,885,368</td>
<td>$6,334,834</td>
<td>115%</td>
</tr>
<tr>
<td>PacificSource – Central Oregon</td>
<td>15</td>
<td>$5,938,535</td>
<td>$9,697,879</td>
<td>100%</td>
<td>4</td>
<td>$4,406,439</td>
<td>$14,392,161</td>
<td>145%</td>
</tr>
<tr>
<td>PacificSource – Gorge</td>
<td>16</td>
<td>$1,349,245</td>
<td>$2,203,725</td>
<td>100%</td>
<td>4</td>
<td>$1,095,056</td>
<td>$3,366,103</td>
<td>150%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>17</td>
<td>$1,091,029</td>
<td>$1,781,824</td>
<td>100%</td>
<td>4</td>
<td>$943,444</td>
<td>$2,780,886</td>
<td>153%</td>
</tr>
<tr>
<td>Trillium</td>
<td>11</td>
<td>$10,732,163</td>
<td>$10,515,418</td>
<td>100%</td>
<td>1</td>
<td>$2,271,094</td>
<td>$13,047,461</td>
<td>73%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>16</td>
<td>$3,006,890</td>
<td>$4,912,276</td>
<td>100%</td>
<td>4</td>
<td>$2,467,088</td>
<td>$7,529,962</td>
<td>150%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>14</td>
<td>$10,573,756</td>
<td>$13,815,506</td>
<td>80%</td>
<td>2</td>
<td>$4,178,192</td>
<td>$18,360,916</td>
<td>104%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>16</td>
<td>$2,866,386</td>
<td>$4,713,749</td>
<td>100%</td>
<td>4</td>
<td>$2,266,390</td>
<td>$7,122,591</td>
<td>148%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>$100,029,001</td>
<td>$117,514,473</td>
<td></td>
<td></td>
<td>$45,865,050</td>
<td>$166,713,799</td>
<td></td>
</tr>
</tbody>
</table>

*Quality pool distribution is based on number of measures met and CCO size (number of members). See page 17 for CCO enrollment.
### Total quality pool dollars earned, by CCO

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$5,186,114</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$9,854,607</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$2,985,790</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$6,858,272</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$13,064,656</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$46,443,045</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$9,386,401</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$6,334,834</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$14,392,161</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$3,366,103</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>$2,780,886</td>
</tr>
<tr>
<td>Trillium</td>
<td>$13,047,481</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$7,529,962</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$18,360,916</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$7,122,591</td>
</tr>
</tbody>
</table>

### Quality pool earned per member (December 2019 enrollment)

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$271</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$205</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$174</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$292</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$272</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$153</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$180</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$211</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$301</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$290</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>$289</td>
</tr>
<tr>
<td>Trillium</td>
<td>$153</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$285</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$188</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$307</td>
</tr>
</tbody>
</table>
Supplemental Summary:

Dual-Eligible Members of Medicaid and Medicare
In the 2019 CCO performance report, we are highlighting Medicaid members who are dually eligible. Members are dually eligible for both Medicare and Medicaid because of a disability and/or their age. Eligibility in both programs happens when members are younger than 65 years old with a disability, or, when they are over 65 years old with a need for services such as long-term care. “Dual-eligible” members are among the most economically disadvantaged and ill of all Medicaid beneficiaries. Often this group incurs the highest expenses for the health care system and may require a great deal of case management.

Only members who are both enrolled in a CCO and covered by Medicaid and Medicare are shown in these analyses. The quality metric bar charts on the following pages illustrate differences between Medicaid-only members and dual-eligible members. Where possible, the dual-eligible members are broken out by disability and age groups. Age stratification is not possible for some metrics.

Validation of metrics were performed on these quality measures. Validation of the dual-eligible metrics was performed by an independent analyst to confirm these findings. Such validation ensures that Medicaid data extraction logic and code capture is consistently applied.

The dual-eligible members are generally in much poorer health due to either disability or age. The metrics reported for this group show more case management may be needed for certain targeted chronic conditions such as congestive heart failure (CHF) and chronic obstructive pulmonary disease. Greater case management could also help lower rates of avoidable emergency department use, which is higher among dual-eligible members. Though groups with mental illness and asthma showed slightly higher hospital utilization rates in dual-eligible members, diabetes care did differ from the Medicaid-only group. These metrics are used for quality improvement purposes for members enrolled in CCOs. In the future, dual-eligible members might also be compared between members assigned to CCOs and members in Medicaid Fee-For-Service Open Card.

For more information:


**DUAL-ELIGIBLE MEMBERS**

**Emergency department utilization**
The rate of emergency department visits is higher among dual eligible members in both age categories than among Medicaid-only members.

*Lower is better*
Rates are per 1,000 member months

![Graph showing rates of emergency department utilization](image)

**Avoidable emergency department utilization**
The rate of ED visits for conditions that could be more appropriately managed in a different way is higher among dual eligible members in both age categories than among Medicaid-only members.

*Lower is better*

![Graph showing rates of avoidable emergency department utilization](image)

**ED utilization among members with mental illness**
The rate of emergency department visits for physical health conditions among members with mental illness is higher among dual eligible members in both age categories than among Medicaid-only members.

*Lower is better*

![Graph showing rates of ED utilization among members with mental illness](image)

**All-cause readmissions**
The percentage of members who were readmitted to the hospital for any reason within 30 days of discharge is higher among dual eligible members younger than 65 than among Medicaid-only members.

*Lower is better*

![Graph showing rates of all-cause readmissions](image)

Measurement period for this special section is July 2018 - June 2019
PQI 1: Diabetes short-term complications admission rate
The rate of hospital admissions for diabetes complications is higher among younger dual eligible members, but lower among older dual eligible members.
Lower is better
Rates are per 100,000 member years

PQI 5: COPD or asthma in older adults admission rate
The rate of hospital admissions for COPD or asthma is higher among dual eligible members in both age categories than among Medicaid-only members.
Lower is better
Rates are per 100,000 member years

PQI 8: Congestive heart failure admission rate
The rate of hospital admissions for congestive heart failure is higher among dual eligible members in both age categories than among Medicaid-only members.
Lower is better
Rates are per 100,000 member years

PQI 15: Asthma in younger adults admission rate
The rate of hospital admissions for asthma in younger adults is higher among dual eligible members among Medicaid-only members.
Lower is better
Rates are per 100,000 member years

Measurement period for this special section is July 2018 - June 2019
DUAL-ELIGIBLE MEMBERS

Chlamydia screening
The percentage of sexually active women (ages 16-24) who received a chlamydia screening is lower among dual eligible members than among Medicaid-only members.

- **All ages (16-24)**
  - Medicaid only: 34.6%
  - Medicaid only (all ages): 50.9%
  - Medicaid only (all ages, n=28,419)

Effective contraceptive use
The percentage of women (ages 18-50) at risk of unintended pregnancy who used effective contraceptives is higher among dual eligible members than among Medicaid-only members.

- **All ages (18-50)**
  - Medicaid only: 50.7%
  - Medicaid only (all ages): 38.9%
  - Medicaid only (all ages, n=114,553)

Outpatient utilization
The rate of outpatient utilization is higher among dual eligible members in both age categories than among Medicaid-only members. Rates are per 1,000 member months.

- **Younger than 65**
  - Medicaid only: 607.1
  - Medicaid only (all ages): 295.7
  - Medicaid only (all ages, n=9,612,062)

- **65 and older**
  - Medicaid only: 624.9

Follow up after hospitalization for mental illness
The percentage of members who received a follow-up visit after a mental illness-related hospitalization is similar among dual eligible members younger than 65, and lower among dual eligible members older than 65, than among Medicaid-only members.

- **Younger than 65**
  - Medicaid only: 78.8%
  - Medicaid only (all ages): 76.4%
  - Medicaid only (all ages, n=3,139)

- **65 and older**
  - Medicaid only: 59.7%
  - Medicaid only (all ages):

Measurement period for this special section is July 2018 - June 2019
**Comprehensive diabetes care**
The percentage of members with diabetes who received comprehensive diabetes care is similar among dual eligible members in both age categories than among Medicaid-only members.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dual Eligible</th>
<th>Medicaid Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>89.6%</td>
<td>88.7%</td>
</tr>
<tr>
<td>65 and older</td>
<td>88.7%</td>
<td>88.3%</td>
</tr>
</tbody>
</table>

**Oral evaluation for diabetes**
The percentage of members with diabetes who received any dental service is slightly higher among dual eligible members younger than 65 than among Medicaid-only members.

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Dual Eligible</th>
<th>Medicaid Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>31.4%</td>
<td>26.5%</td>
</tr>
<tr>
<td>65 and older</td>
<td>26.5%</td>
<td>27.3%</td>
</tr>
</tbody>
</table>

Measurement period for this special section is July 2018 - June 2019
Appendix A

$ CCO Incentive Measures
ABOUT BENCHMARKS AND IMPROVEMENT TARGETS

Incentive measure benchmarks are selected by the Metrics and Scoring Committee and are meant to be aspirational goals. That is, CCOs are not expected to meet the benchmark each year, but rather to *make improvement toward* the benchmark. To demonstrate this, CCOs can earn quality pool payment for a) achieving the benchmark or b) achieving their individual *improvement target*. Improvement targets are based on the Minnesota Department of Health Quality Incentive Payment System (“Minnesota method”), which requires at least a 10 percent reduction in the gap between baseline and the benchmark to qualify for incentive payments.

Suppose CCO A’s performance in 2018 (i.e. baseline) on Measure 1 was 60.0%

The gap between baseline and the benchmark is \[100 - 60\] = 40%

Ten percent of 40% = 4%. Thus, **CCO A must improve by 4 percentage points in 2019.** Their *improvement target* is \([60\% + 4\%] = [60\% + 4\%] = 64\%*

CCO A’s performance in 2019 is 65%; they *achieved their improvement target and will receive quality pool payment* on Measure 1.

Stated as a formula: \[
\frac{\text{Benchmark} - \text{CCO baseline}}{10} = X
\]

In some cases, depending on the difference between the CCO’s baseline and the benchmark, the Minnesota method may result in a very small improvement that may not represent a statistically significant change. Using the example above, suppose the benchmark was only 75 percent. In this case, CCO A’s improvement target using the formula would be:

\[
\frac{75\% - 60\%}{10} = 1.5\%
\]

Where the Minnesota method results in small improvement targets like this, the Committee has established a “floor” or minimum level of required improvement before the CCO would meet its improvement target. In this example, suppose the floor is 3 percentage points. The Minnesota method formula results in 1.5% increase. Instead of 61.5%, CCO A’s improvement target with the 3% floor applied would be: \([\text{baseline} + \text{floor}] = [60\% + 3\%] = 63\%\).

On the following measure pages, CCO results are arranged in order of greatest percentage improvement to lowest percentage improvement.
**Adolescent well-care visits**

Percentage of adolescents and young adults (ages 12-21) who had at least one well-care visit during the measurement year.

**Data source:**
Administrative (billing) claims

**2019 benchmark source:**
2018 national Medicaid 75th percentile

**2019 data** (n=128,836)
- Statewide change since 2018: **+5.4%**
- Number of CCOs that improved: **12**
- Number of CCOs achieving target: **9**

This measure will no longer be incentivized beginning in 2020.

**Statewide**

<table>
<thead>
<tr>
<th>Year</th>
<th>Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>27.1%</td>
</tr>
<tr>
<td>2013</td>
<td>29.2%</td>
</tr>
<tr>
<td>2014</td>
<td>32.0%</td>
</tr>
<tr>
<td>2015</td>
<td>37.5%</td>
</tr>
<tr>
<td>2016</td>
<td>42.9%</td>
</tr>
<tr>
<td>2017</td>
<td>49.4%</td>
</tr>
<tr>
<td>2018</td>
<td>49.7%</td>
</tr>
<tr>
<td>2019</td>
<td>52.4%</td>
</tr>
</tbody>
</table>

**By region**

- **Central OR**: 47.8% (2019 benchmark: 54.0%)
- **Eastern OR**: 41.6% (2019 benchmark: 44.7%)
- **Willamette Valley**: 48.4% (2019 benchmark: 51.1%)
- **Tri-County**: 54.2% (2019 benchmark: 56.4%)
- **Northern Coast**: 47.6% (2019 benchmark: 49.7%)
- **Southern OR**: 47.1% (2019 benchmark: 48.0%)
Adolescent well-care visits in 2018 and 2019, by CCO.

2019 benchmark: 65.2%

- PacificSource Central ✓
- PacificSource Gorge ✓
- Cascade Health Alliance ✓
- Willamette Valley Community Health ✓
- InterCommunity Health Network ✓
- Umpqua Health Alliance ✓
- Eastern Oregon ✓
- Health Share of Oregon ✓
- Columbia Pacific ✓
- Advanced Health ✓
- AllCare CCO ✓
- Yamhill Community Care ✓
- Trillium
- PrimaryHealth of Josephine County
- Jackson Care Connect
Emergency department utilization

Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests more appropriate use of care.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data
(n=10,440,181 member months)

- Statewide change since 2018: +1.3%
- Number of CCOs that improved: 7
- Number of CCOs achieving target: 6

Rates are shown per 1,000 member months, which means that in one month, there are on average 47 visits occurring per 1,000 CCO members.

This measure will no longer be incentivized beginning in 2020.

By region

Lower is better

2019 benchmark: 43.1
Emergency department utilization in 2018 and 2019, by CCO.


2019 benchmark: 43.1

Lower is better
Assessments for children in DHS custody

Percentage of children who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.

Data source:
Administrative (billing) claims + ORKids (state system for tracking and managing children in foster care)

2019 benchmark source:
Committee consensus

2019 data (n=1,368)
- Statewide change since 2018: +1.3%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 11

Results prior to 2014 are not directly comparable to later years due to change in methodology.

Back to table of contents.
Assessments for children in DHS custody in 2018 and 2019, by CCO.


* note small denominator (n<30)
Access to care (CAHPS) - Adults

Percentage of adult members who thought they received appointments and care when they needed them. CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=4,352)
- Statewide change since 2018: -1.2%
- Number of CCOs that improved: 4
- Number of CCOs achieving target: 5

This measure will no longer be incentivized beginning in 2020.
Back to table of contents.
Access to care among adults in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.

Note: CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

- Jackson Care Connect ✓ 2019 benchmark: 84.8%
- Trillium ✓
- InterCommunity Health Network ✓
- AllCare CCO ✓
- Umpqua Health Alliance ✓
- Columbia Pacific ✓
- PrimaryHealth of Josephine County ✓
- PacificSource Gorge ✓
- Eastern Oregon ✓
- Willamette Valley Community Health ✓
- Yamhill Community Care ✓
- PacificSource Central ✓
- Advanced Health ✓
- Health Share of Oregon ✓
- Cascade Health Alliance ✓
**Access to care (CAHPS) - Children**

Percentage of child members whose parents answered that their children received appointments and care when they needed them. CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

**Data source:**
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as communication skills of providers and ease of access to health care services.

**2019 benchmark source:**
2018 national Medicaid 75th percentile

**2019 data (n=5,317)**
- Statewide change since 2018: +0.1%
- Number of CCOs that improved: 8
- Number of CCOs achieving target: 4

This measure will no longer be incentivized beginning in 2020.

Back to table of contents.
### Access to care among children in 2018 and 2019, by CCO.

- ✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.
- Note: CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.
- **2019 benchmark:** 92.6%

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017 Benchmark</th>
<th>2018 Benchmark</th>
<th>2019 Benchmark</th>
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<tbody>
<tr>
<td>PacificSource Gorge</td>
<td></td>
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<td>89.9%</td>
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<tr>
<td>Umqua Health Alliance</td>
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<td>88.5%</td>
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<tr>
<td>InterCommunity Health Network</td>
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<td>87.7%</td>
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<tr>
<td>Trillium</td>
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<td>87.9%</td>
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<tr>
<td>Health Share of Oregon</td>
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<td>85.9%</td>
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<tr>
<td>Yamhill Community Care</td>
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<td>PacificSource Central</td>
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<td>Jackson Care Connect</td>
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<td>Advanced Health</td>
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<tr>
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<td>Columbia Pacific</td>
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<td>Eastern Oregon</td>
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<td>89.2%</td>
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<tr>
<td>Cascade Health Alliance</td>
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<td>92.7%</td>
</tr>
</tbody>
</table>
Childhood Immunization Status

Percentage of children who received recommended vaccines (DTaP, IPV, MMR, HiB, Hepatitis B, VZV) before their second birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=13,285)

- Statewide change since 2018: +1.3%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 7

By region

2019 benchmark: 81.9%

Eastern OR
77.0% 79.6%

Central OR
76.5% 79.0%

Northern Coast
71.5% 73.5%

Southern OR
70.2% 71.5%

Willamette Valley
75.9% 76.6%

Tri-County
74.2% 74.6%
Childhood immunization status in 2018 and 2019, by CCO.


- PacificSource Gorge ✓
  - 2019 benchmark: 81.9%
- Umpqua Health Alliance ✓
- Advanced Health ✓
- Primary Health of Josephine County ✓
  - 2019 benchmark: 81.9%
- Yamhill Community Care ✓
- Eastern Oregon ✓
- PacificSource Central ✓
- InterCommunity Health Network
  - Childhood immunization status in 2018 and 2019, by CCO.
- Columbia Pacific
- Health Share of Oregon
- Willamette Valley Community Health
- AllCare CCO
- Trillium
- Jackson Care Connect
- Cascade Health Alliance

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
Cigarette smoking prevalence

Percentage of Medicaid members age 13 years and older who were screened for smoking status and identified as current smokers.

Data source:
Electronic Health Records

2019 benchmark source:
Committee consensus and alignment with 1115 demonstration waiver goals

2019 data (n=286,038)

- Statewide change since 2018: -8.9%
- Number of CCOs that improved: 13
- Number of CCOs achieving target: 13

By region

Lower is better

2019 benchmark: 25.0%
Cigarette smoking prevalence in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.

2019 benchmark: 25.0%

- Umpqua Health Alliance ✓
- Cascade Health Alliance ✓
- Trillium ✓
- AllCare CCO ✓
- PacificSource Central ✓
- Yamhill Community Care ✓
- PacificSource Gorge ✓
- Primary Health of Josephine County ✓
- Health Share of Oregon ✓
- Advanced Health ✓
- Columbia Pacific ✓
- Jackson Care Connect ✓
- InterCommunity Health Network ✓
- Willamette Valley Community Health ✓
- Eastern Oregon ✓
Colorectal cancer screening

Percentage of adult members (ages 50-75) who had appropriate screening for colorectal cancer.

Data source:
Administrative (billing) claims and medical record review

2019 benchmark source:
2018 national Commercial 50th percentile

2019 data (n=6,156)
- Statewide change since 2018: +1.2%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 10

This measure will no longer be incentivized beginning in 2020.

Statewide

Benchmark


46.2% 46.6% 49.7% 54.6% 57.2% 57.9%

Eastern OR
Northeast Coast
Tri-County
Willamette Valley
Southern OR
Central OR

2019 benchmark: 61.1%

48.3% 51.1% 55.7% 58.2% 60.8% 56.8% 58.9% 60.8%
Colorectal cancer screening in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.
Controlling hypertension

Percentage of adult patients (ages 18–85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled.

Data source:
Electronic Health Records

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=139,002)

- Statewide change since 2018: **+2.3%**
- Number of CCOs that improved: **10**
- Number of CCOs achieving target: **10**

This measure will no longer be incentivized beginning in 2020.
Controlling hypertension in **2018** and **2019**, by CCO.

- ✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.
- *CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2019 Benchmark</th>
<th>2018 Benchmark</th>
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<tbody>
<tr>
<td>Eastern Oregon*</td>
<td>58.1%</td>
<td>64.8%</td>
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<tr>
<td>Cascade Health Alliance</td>
<td>59.0%</td>
<td>64.1%</td>
</tr>
<tr>
<td>Trillium*</td>
<td>73.3%</td>
<td>77.7%</td>
</tr>
<tr>
<td>Advanced Health*</td>
<td>69.0%</td>
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<td>Jackson Care Connect</td>
<td>71.3%</td>
<td>73.3%</td>
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<tr>
<td>Columbia Pacific</td>
<td>70.6%</td>
<td>71.5%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>68.1%</td>
<td>68.7%</td>
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<tr>
<td>Yamhill Community Care</td>
<td>71.7%</td>
<td>72.3%</td>
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<tr>
<td>AllCare CCO</td>
<td>67.6%</td>
<td>68.0%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County*</td>
<td>73.7%</td>
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<tr>
<td>Health Share of Oregon</td>
<td>71.7%</td>
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<td>63.2%</td>
<td>63.9%</td>
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<tr>
<td>Willamette Valley Community Health*</td>
<td>74.4%</td>
<td>75.2%</td>
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<tr>
<td>InterCommunity Health Network</td>
<td>68.3%</td>
<td>71.0%</td>
</tr>
<tr>
<td>Umpqua Health Alliance*</td>
<td>64.8%</td>
<td>71.1%</td>
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</tbody>
</table>
Dental sealants for children (all ages)

Percentage of children ages 6-14 who received a dental sealant during the measurement year.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=146,076)
- Statewide change since 2018: **+8.1%**
- Number of CCOs that improved: **14**
- Number of CCOs achieving target: **11**

This measure will no longer be incentivized beginning in 2020.

By region

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<tbody>
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<td>22.3%</td>
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<tr>
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<tr>
<td>Tri-County</td>
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<tr>
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<td>26.1%</td>
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<tr>
<td>Eastern OR</td>
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<td>24.3%</td>
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<tr>
<td>Willamette Valley</td>
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<td>24.7%</td>
</tr>
</tbody>
</table>

2019 benchmark: 26.8%
Dental sealants on permanent molars for children (all ages) in 2018 and 2019, by CCO.


2019 benchmark: 26.8%
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 6-9)

Dental sealants for children (6-9)
Percentage of children ages 6-9 who received a dental sealant during the measurement year.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=64,920)
- Statewide change since 2018: **+6.5%**
- Number of CCOs that improved: **13**

Results are stratified by age group (6-9 and 10-14) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.
Dental sealants on permanent molars for children (ages 6-9) in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 26.8%

Advanced Health
Columbia Pacific
Trillium
Primary Health of Josephine County
Pacific Source Gorge
InterCommunity Health Network
AllCare CCO
Eastern Oregon
Cascade Health Alliance
Health Share of Oregon
Willamette Valley Community Health
Jackson Care Connect
Pacific Source Central
Umpqua Health Alliance
Yamhill Community Care
Dental sealants for children (10-14)

Percentage of children ages 10-14 who received a dental sealant during the measurement year.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=81,156)
- Statewide change since 2018: **+9.8%**
- Number of CCOs that improved: **14**

Results are stratified by age group (6-9 and 10-14) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

Back to table of contents.
Dental sealants on permanent molars for children (ages 10-14) in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 26.8%

Advanced Health
PacificSource Central
Columbia Pacific
Cascade Health Alliance
Health Share of Oregon
Yamhill Community Care
PrimaryHealth of Josephine County
PacificSource Gorge
Jackson Care Connect
Trillium
Eastern Oregon
AllCare CCO
InterCommunity Health Network
Umpqua Health Alliance
Willamette Valley Community Health

2019 CCO Metrics Performance Report
Oregon Health Authority
Office of Health Analytics
DEPRESSION SCREENING AND FOLLOW-UP PLAN

Depression screening and follow-up

Percentage of adult patients (ages 12 and older) who had appropriate screening and follow-up planning for depression.

Data source:
Electronic Health Records

2019 benchmark source:
N/A, reporting-only

2019 data (n=390,417)

- Statewide change since 2018: **-5.6%**
- Number of CCOs that improved: **3**
- Number of CCOs achieving target: **15**

Because of a change in measure specifications, the Metrics and Scoring Committee lacked comparable data to set a benchmark for 2019.

2019 results are not directly comparable to prior years due to change in methodology.
Depression screening and follow-up plan in 2018 and 2019, by CCO.

✓ indicates CCO successfully reported measure. Grey dots represent 2017.

*CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients.

Year to year trends are not possible due to change in methodology.

Yamhill Community Care ✓ 69.7%
Health Share of Oregon ✓ 67.1%
Eastern Oregon* ✓ 65.9%
InterCommunity Health Network ✓ 64.7%
Columbia Pacific ✓ 64.4%
Willamette Valley Community Health* ✓ 60.4%
Advanced Health* ✓ 58.7%
Trillium* ✓ 58.4%
PacificSource Central ✓ 57.1%
Jackson Care Connect ✓ 54.7%
PrimaryHealth of Josephine County* ✓ 53.5%
PacificSource Gorge ✓ 50.6%
Cascade Health Alliance ✓ 47.2%
AllCare CCO ✓ 45.0%
Umpqua Health Alliance* ✓ 42.3%

2019 CCO Metrics Performance Report
September 2020
Oregon Health Authority
Office of Health Analytics
DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

Developmental screenings
Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

Data source:
Administrative (billing) claims

2019 benchmark source:
Committee consensus

2019 data (n=46,945)
- Statewide change since 2018: +3.6%
- Number of CCOs that improved: 13
- Number of CCOs achieving target: 13

This measure will no longer be incentivized beginning in 2020.

Statewide

By region

2019 benchmark: 80.0%
Developmental screenings in 2018 and 2019, by CCO.


2019 benchmark: 80.0%
Diabetes care: HbA1c poor control

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. A lower score is better.

Data source:
Electronic Health Records

2019 benchmark source:
2018 national Commercial 90th percentile

2019 data (n=56,900)
- Statewide change since 2018: -8.1%
- Number of CCOs that improved: 9
- Number of CCOs achieving target: 7

Back to table of contents.
Diabetes care, HbA1c poor control in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.
*CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients.

Lower is better

2019 benchmark: 21.7%

Eastern Oregon* ✓
16.4% 19.7% 22.0% 27.0%
Trillium* ✓
23.0% 25.2%
PacificSource Central ✓
25.8% 28.0%
Jackson Care Connect ✓
AllCare CCO ✓
25.5% 27.6%
Yamhill Community Care ✓
25.9% 28.0%
InterCommunity Health Network
c25.9% 27.4%
Willamette Valley Community Health*
21.7% 22.8%
Health Share of Oregon
23.7% 24.7%
Columbia Pacific
22.3% 22.9%
Advanced Health*
24.8% 25.6%
Cascade Health Alliance
27.4% 28.2%
PacificSource Gorge
21.2% 22.2%
PrimaryHealth of Josephine County* ✓
17.3% 19.0%
Umpqua Health Alliance*
23.7% 26.0%

Oregon Health Authority
Office of Health Analytics

2019 CCO Metrics Performance Report
September 2020
DISPARITY MEASURE: ED UTILIZATION AMONG MEMBERS WITH MENTAL ILLNESS

Disparity measure
Rate of ambulatory ED utilization for physical health conditions from members who have a history of mental illness.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=1,810,781 member months)
- Statewide change since 2018: -1.1%
- Number of CCOs that improved: 9
- Number of CCOs achieving target: 7

Rates are shown per 1,000 member months, which means that in one month, there are on average 99.2 visits occurring per 1,000 CCO members.

Lower is better

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
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<tbody>
<tr>
<td>Northern Coast</td>
<td>106.3</td>
<td>100.3</td>
<td>99.2</td>
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<tr>
<td>Southern OR</td>
<td>87.7</td>
<td>94.4</td>
<td>95.9</td>
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<td>Willamette Valley</td>
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<td>103.4</td>
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<tr>
<td>Tri-County</td>
<td>98.8</td>
<td>99.0</td>
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<tr>
<td>Central OR</td>
<td>97.8</td>
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<tr>
<td>Eastern OR</td>
<td>112.6</td>
<td>113.9</td>
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</table>

Lower is better

2019 benchmark: 87.7

Back to table of contents.
Emergency department utilization among members with mental illness in 2018 and 2019, by CCO.


Yamhill Community Care ✓
Advanced Health ✓
Umpqua Health Alliance ✓
Columbia Pacific ✓
Willamette Valley Community Health ✓
PacificSource Central
InterCommunity Health Network
Health Share of Oregon
AllCare CCO ✓
Trillium
Eastern Oregon
Jackson Care Connect
Cascade Health Alliance
PacificSource Gorge
PrimaryHealth of Josephine County ✓

2019 benchmark: 87.7

Lower is better
Effective contraceptive use (15-50)

Percentage of women (ages 15-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=141,412)

- Statewide change since 2018: +6.6%
- Number of CCOs that improved: 14
- Number of CCOs achieving target: 8

2018 was the first year adolescents ages 15-17 were included in the incentivized measure.

This measure will no longer be incentivized beginning in 2020.

Statewide

Note: 2017-2019 performance is not directly comparable to earlier years due to change in methodology.

By region

2019 benchmark: 53.9%
Effective contraceptive use among adult women at risk of unintended pregnancy in **2018** and **2019**, by CCO.

Effective contraceptive use (15-17)

Percentage of adolescent women (ages 15-17) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=20,258)

- Statewide change since 2018: +9.3%
- Number of CCOs that improved: 12

Results are stratified by age group (adolescents and adults) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

Statewide

Note: 2017-2019 performance is not directly comparable to earlier years due to change in methodology.

By region

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<td>Willamette Valley</td>
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Back to table of contents.
Effective contraceptive use among adolescent women at risk of unintended pregnancy in 2018 and 2019, by CCO.

Grey dots represent 2017.
Effective contraceptive use (18-50)

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=121,154)

- Statewide change since 2018: +6.1%
- Number of CCOs that improved: 13

Results are stratified by age group (adolescents and adults) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

By region

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<tbody>
<tr>
<td>Willamette Valley</td>
<td>52.3%</td>
<td>56.2%</td>
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<tr>
<td>Northern Coast</td>
<td>47.3%</td>
<td>51.0%</td>
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<tr>
<td>Tri-County</td>
<td>43.2%</td>
<td>46.4%</td>
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<tr>
<td>Eastern OR</td>
<td>55.1%</td>
<td>58.0%</td>
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<tr>
<td>Central OR</td>
<td>54.8%</td>
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<tr>
<td>Southern OR</td>
<td>53.5%</td>
<td>54.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Effective contraceptive use among women ages 18-50 at risk of unintended pregnancy in 2018 and 2019, by CCO.

Grey dots represent 2017.
Oral evaluation for diabetes

Percentage of adult CCO members identified as having diabetes who received at least one dental service within the reporting year.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 75th percentile

2019 data (n=36,430)

- Number of CCOs achieving target: **12**

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central OR</td>
<td>23.4%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>22.3%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>23.1%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>25.7%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>23.3%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>23.1%</td>
<td>25.1%</td>
</tr>
</tbody>
</table>

2019 benchmark: 27.1%
Oral evaluations for adults with diabetes in 2018 and 2019, by CCO.

✓ indicates CCO met 2019 benchmark. Because 2019 is the first reporting year, no improvement targets were set.
The Patient-Centered Primary Care Home (PCPCH) enrollment incentive measure uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

Beginning in 2017, the PCPCH program launched 5 STAR recognition. CCOs now receive credit for this measure according to a tiered formula which provides greater weight for members enrolled in clinics that are recognized at higher tiers of the PCPCH program. Thus, scores are not comparable to previous years. The graphs below show member enrollment by CCO across the PCPCH tiers. The next page shows each CCO’s PCPCH “score” using the weighted methodology for the incentive measure. A CCO must achieve a score of at least 68% to be eligible to earn 100 percent of its quality pool. This measure will no longer be incentivized beginning in 2020.

PCCP weighted score formula: (# of members in Tier 1 clinics*1) + (# of members in Tier 2 clinics*2) + (number of members in Tier 3 clinics*3) + (# members in Tier 4 clinics*4) + (# members in 5 STAR clinics*5) / (total # of CCO members*5)
Patient-Centered Primary Care Home enrollment score in 2018 and 2019, by CCO.


2019 benchmark: 68.0%
Postpartum care rate

Percentage of women who had a postpartum care visit on or between 21 and 56 days after delivery.

Data source:
Administrative (billing) claims and medical record review

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=5,056)

- Statewide change since 2018: +11.3%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 13

Beginning in 2014, measure specifications were modified to include medical record review. Results prior to 2014 are not directly comparable to later years.

2019 is the first year this measure is incentivized.

Back to table of contents.
### Percentage of women receiving postpartum care in 2018 and 2019, by CCO.

- ✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.
- 2019 benchmark: 69.3%

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willamette Valley Community Health</td>
<td>44.4%</td>
<td>70.6%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>48.7%</td>
<td>63.7%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>54.2%</td>
<td>66.3%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td>61.6%</td>
<td>69.6%</td>
</tr>
<tr>
<td>Trillium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>58.4%</td>
<td>65.5%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>57.8%</td>
<td>63.9%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>56.4%</td>
<td>59.9%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td></td>
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<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource Central</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## SBIRT (Rate 1)

Percentage of members 12 years and older who received an age-appropriate screening for alcohol or other substance abuse.

### Data source:
Electronic Health Records

### 2019 benchmark source:
N/A, reporting-only for 2019

### 2019 data  (n=268,159)

- Number of CCOs achieving target: **15**

A claims-based version of this measure was reported in previous years. For the first year of reporting using EHR data, the minimum population threshold to report was 20% of each CCO’s membership as of the end of the measurement year. The actual percentage of members included in each CCO’s reporting varied significantly, from 21.7% to 90.8%.

### Statewide

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>62.8%</td>
</tr>
</tbody>
</table>

### Region

This measure cannot be stratified by region.

---

Back to table of contents.
Screening for alcohol and other substance abuse in 2019, by CCO.

✓ indicates CCO successfully reported measure.
SBIRT (Rate 2)

Percentage of members who screened positive for alcohol or other substance abuse and received a brief intervention or referral to treatment.

Data source:
Electronic Health Records

2019 benchmark source:
N/A, reporting-only for 2019

2019 data (n=28,254)

- Number of CCOs achieving target: **15**

A claims-based version of this measure was reported in previous years. For the first year of reporting using EHR data, the minimum population threshold to report was 20% of each CCO’s membership as of the end of the measurement year. The actual percentage of members included in each CCO’s reporting varied significantly, from 21.7% to 90.8%.

Statewide

![42.8%](image)

Region

This measure cannot be stratified by region.

Back to table of contents.
Screening, brief intervention and referral to treatment in 2019, by CCO.
✓ indicates CCO successfully reported measure.

Cascade Health Alliance ✓ 93.2%
InterCommunity Health Network ✓ 85.4%
Eastern Oregon ✓ 58.2%
AllCare CCO ✓ 57.3%
Umpqua Health Alliance ✓ 49.6%
Trillium ✓ 42.9%
Willamette Valley Community Health ✓ 28.0%
Jackson Care Connect ✓ 26.1%
Health Share of Oregon ✓ 25.7%
PrimaryHealth of Josephine County ✓ 24.2%
Columbia Pacific ✓ 13.1%
Yamhill Community Care ✓ 12.6%
PacificSource Central ✓ 11.0%
PacificSource Gorge ✓ 10.4%
Advanced Health ✓ 1.3%
Weight assessment and counseling

Percentage of patients 3-17 years of age who had evidence of the following during the measurement period. Three rates are reported and averaged:

1) % of patients with height, weight and BMI documentation
2) % of patients with counseling for nutrition
3) % of patients with counseling for physical activity

Data source:
Electronic Health Records

2019 benchmark source:
MIPS 2018 Decile 8 (70th percentile)

2019 data (n=210,189)

- Statewide change since 2018: +7.0%
- Number of CCOs that improved: 12
- Number of CCOs achieving target: 15

This measure will no longer be incentivized beginning in 2020.

Back to table of contents.
Weight assessment, nutrition, and activity counseling for children and adolescents in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target.

*CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients.

2019 benchmark: 32.7%

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yamhill Community Care</td>
<td>35.9%</td>
<td>65.9%</td>
<td>93.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>35.9%</td>
<td>63.3%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Umpqua Health Alliance*</td>
<td>54.6%</td>
<td>76.5%</td>
<td>81.9%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>50.9%</td>
<td>67.9%</td>
<td>74.1%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County*</td>
<td>50.9%</td>
<td>67.9%</td>
<td>81.9%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>57.6%</td>
<td>69.0%</td>
<td>74.1%</td>
</tr>
<tr>
<td>Trillium*</td>
<td>64.6%</td>
<td>72.6%</td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td>51.8%</td>
<td>57.7%</td>
<td>70.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>51.8%</td>
<td>56.5%</td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon*</td>
<td>58.9%</td>
<td>61.2%</td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health*</td>
<td>63.7%</td>
<td>54.8%</td>
<td></td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>64.7%</td>
<td>69.8%</td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>57.8%</td>
<td>70.0%</td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>58.9%</td>
<td>61.2%</td>
<td></td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>57.8%</td>
<td>70.0%</td>
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</tr>
</tbody>
</table>

WEIGHT ASSESSMENT, NUTRITION, AND ACTIVITY COUNSELING FOR CHILDREN AND ADOLESCENTS
Appendix B

 достаточные качества и
 CMS Core measures
All-cause readmissions

Percentage of adult members (ages 18 and older) who had a hospital stay and were readmitted for any reason within 30 days of discharge. A lower score for this measure is better.

Data source:
Administrative (billing) claims

2019 benchmark source:
Average of 2013 commercial and Medicare 75th percentiles

2019 data (n=34,317)
- Statewide change since 2018: -5.4%
- Number of CCOs that improved: 10

Results prior to 2016 are not directly comparable to later years due to change in methodology.
Hospital all-cause readmissions in 2018 and 2019, by CCO.

Grey dots represent 2017.

Columbia Pacific
Cascade Health Alliance
Yamhill Community Care
Jackson Care Connect
Trillium
Umpqua Health Alliance
Eastern Oregon
Health Share of Oregon
AllCare CCO
Willamette Valley Community Health
Advanced Health
InterCommunity Health Network
PacificSource Central
PacificSource Gorge
PrimaryHealth of Josephine County
Avoidable ED utilization

Rate of patient visits to an emergency department for conditions that could have been more appropriately managed by or referred to a primary care provider in an office or clinic setting.

Rates are derived from the Ambulatory care: emergency department utilization measure and are reported per 1,000 member months. A lower number suggests more appropriate emergency department utilization.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=10,440,181 member months)
- Statewide change since 2018: -1.6%
- Number of CCOs that improved: 11
Avoidable emergency department utilization in 2018 and 2019, by CCO.
Outpatient utilization

Rate of outpatient services, such as office visits, home visits, nursing home care, urgent care and counseling or screening services.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=10,440,181 member months)

- Statewide change since 2018: **-0.03%**

Rates are shown per 1,000 member months, which means that in one month, there are on average X visits occurring per 1,000 CCO members.

By region

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
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<tbody>
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<td>307.7</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
<td>315.2</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Central OR</td>
<td></td>
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<td>302.2</td>
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</tr>
<tr>
<td>Willamette Valley</td>
<td></td>
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<td>312.7</td>
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<tr>
<td>Southern OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>333.9</td>
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</tr>
<tr>
<td>Northern Coast</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>310.1</td>
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<td></td>
</tr>
</tbody>
</table>
Outpatient utilization in 2018 and 2019, by CCO.
Grey dots represent 2017.
Any dental service

Percentage of members who received any dental service. This metric was added to state quality measures to enhance dental health service integration.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=865,494)

- Statewide change since 2018: -3.9%
- Number of CCOs that improved: 0

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern OR</td>
<td>43.1%</td>
<td>44.6%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>44.8%</td>
<td>46.5%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>45.8%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Central OR</td>
<td>44.4%</td>
<td>46.7%</td>
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<tr>
<td>Northern Coast</td>
<td>40.4%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>45.4%</td>
<td>48.8%</td>
</tr>
</tbody>
</table>

Back to table of contents.
Any dental service in **2018** and **2019**, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Gorge</td>
<td>47.2%</td>
<td>50.4%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>46.1%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>46.0%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>45.9%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>45.8%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>45.4%</td>
<td>48.8%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>44.8%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Trillium</td>
<td>44.7%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>43.7%</td>
<td>44.2%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>43.4%</td>
<td>44.6%</td>
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<tr>
<td>InterCommunity Health Network</td>
<td>41.9%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>41.7%</td>
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</tr>
<tr>
<td>Columbia Pacific</td>
<td>40.4%</td>
<td>43.1%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>39.9%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>38.2%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>
CAHPS: Access to dental care—Adults

Percentage of adult members who said they had a regular dentist they would go to for checkups and cleanings or when they have cavity or tooth pain.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source: N/A

2019 data (n=4,007)

- Statewide change since 2018: -1.3%
- Number of CCOs that improved: 5

By race/ethnicity

- African American/Black: 57.3% (n=75)
- American Indian/Alaska Native: 55.7% (n=461)
- Asian American: 48.0% (n=100)
- Native Hawaiian/Pacific Islander: 59.3% (n=27)
- Hispanic/Latino: 53.7% (n=270)
- Middle Eastern/Northern African: 53.3% (n=30)
- White: 55.3% (n=2,372)
- Other: 57.0% (n=100)
- Missing: 54.2% (n=572)

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Access to dental care among adults in 2018 and 2019, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare CCO</td>
<td>57.3%</td>
<td>61.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>60.3%</td>
<td>63.3%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>54.7%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>57.7%</td>
<td>58.9%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>55.3%</td>
<td>56.1%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>53.8%</td>
<td>53.8%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>53.7%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>47.9%</td>
<td>48.8%</td>
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<tr>
<td>Umpqua Health Alliance</td>
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<td>Trillium</td>
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<td>Advanced Health</td>
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<tr>
<td>PacificSource Gorge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource Central</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
CAHPS: Access to dental care—Children

Percentage of parents who said their children had a regular dentist they would go to for checkups and cleanings or when they have cavity or tooth pain.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
N/A

2019 data (n=5,370)

- Statewide change since 2018: -1.3%
- Number of CCOs that improved: 6

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>79.5% (n=144)</td>
<td>78.5% (n=144)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>81.1% (n=692)</td>
<td>81.1% (n=692)</td>
</tr>
<tr>
<td>Asian American</td>
<td>76.8% (n=155)</td>
<td>76.8% (n=155)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>79.5% (n=73)</td>
<td>79.5% (n=73)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>83.6% (n=1,377)</td>
<td>83.6% (n=1,377)</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>82.1% (n=39)</td>
<td>82.1% (n=39)</td>
</tr>
<tr>
<td>White</td>
<td>80.3% (n=1,984)</td>
<td>80.3% (n=1,984)</td>
</tr>
<tr>
<td>Other</td>
<td>81.6% (n=76)</td>
<td>81.6% (n=76)</td>
</tr>
<tr>
<td>Missing</td>
<td>79.8% (n=830)</td>
<td>79.8% (n=830)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Access to dental care among children in 2018 and 2019, by CCO.
CAHPS: Getting needed care—Adults

Percentage of adult members who said it was easy to get the care, tests or treatment they needed and that they could get an appointment to see a specialist as soon as they needed.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=4,792)
- Statewide change since 2018: -0.4%
- Number of CCOs that improved: 4

Statewide

By race/ethnicity

African American/Black 76.8% (n=95)
American Indian/Alaska Native 79.9% (n=546)
Asian American 80.4% (n=97)
Native Hawaiian/Pacific Islander 85.7% (n=28)
Hispanic/Latino 81.2% (n=255)
Middle Eastern/Northern African 63.6% (n=33)
White 83.9% (n=2,889)
Other 76.9% (n=121)
Missing 81.5% (n=728)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Adults getting needed care in 2018 and 2019, by CCO.

- **AllCare CCO**: 81.2% - 87.6%
- **Jackson Care Connect**: 80.3% - 85.0%
- **Health Share of Oregon**: 81.6% - 84.5%
- **Trillium**: 77.9% - 80.3%
- **Umpqua Health Alliance**: 81.1% - 81.6%
- **PacificSource Central**: 91.7% - 82.2%
- **PacificSource Gorge**: 83.3% - 84.0%
- **Columbia Pacific**: 82.8% - 83.8%
- **Advanced Health**: 78.8% - 80.2%
- **Eastern Oregon**: 78.8% - 80.4%
- **PrimaryHealth of Josephine County**: 86.6% - 88.5%
- **Willamette Valley Community Health**: 83.7% - 85.7%
- **Cascade Health Alliance**: 79.8% - 81.8%
- **InterCommunity Health Network**: 82.8% - 85.6%
- **Yamhill Community Care**: 79.2% - 86.9%

2019 benchmark: 86.9%
CAHPS: GETTING NEEDED CARE—CHILDREN

Percentage of parents who said it was easy to get their children the care, tests or treatment they needed and that they could get an appointment to see a specialist as soon as they needed.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=4,821)
- Statewide change since 2018: 1.6%
- Number of CCOs that improved: 10

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018 Percentage</th>
<th>2019 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>79.7% (n=138)</td>
<td>79.7%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>88.2% (n=602)</td>
<td>88.0% (n=1,127)</td>
</tr>
<tr>
<td>Asian American</td>
<td></td>
<td>91.0% (n=133)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>80.7% (n=57)</td>
<td>90.6% (n=32)</td>
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<tr>
<td>Hispanic/Latino</td>
<td>88.0% (n=1,127)</td>
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<tr>
<td>Middle Eastern/Northern African</td>
<td></td>
<td>91.6% (n=1,851)</td>
</tr>
<tr>
<td>White</td>
<td>91.6% (n=1,851)</td>
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<tr>
<td>Other</td>
<td></td>
<td>90.8% (n=65)</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td>84.7% (n=816)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Children getting needed care in 2018 and 2019, by CCO.

2019 benchmark: 90.3%

Yamhill Community Care: 87.2%, 91.8%
PacificSource Gorge: 86.0%, 90.5%
Columbia Pacific: 83.5%, 87.8%
PacificSource Central: 97.0%, 91.0%
Umpqua Health Alliance: 85.0%, 88.8%
Health Share of Oregon: 83.1%, 86.4%
Advanced Health: 86.9%, 89.6%
PrimaryHealth of Josephine County: 90.9%, 92.1%
InterCommunity Health Network: 86.4%, 86.8%
Eastern Oregon: 85.0%, 85.2%
AllCare CCO: 90.6%, 90.8%
Jackson Care Connect: 99.0%, 89.3%
Cascade Health Alliance: 86.0%, 86.9%
Willamette Valley Community Health: 90.3%, 91.8%
Trillium: 84.0%, 87.0%
CAHPS: Health status—Adults

Percentage of adult members who would rate their overall health as good, very good or excellent.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
N/A

2019 data (n=4,023)
- Statewide change since 2018: +0.2%
- Number of CCOs that improved: 6

By race/ethnicity

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<tbody>
<tr>
<td>African American/Black</td>
<td>63.5% (n=74)</td>
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<td>60.2% (n=460)</td>
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<tr>
<td>Asian American</td>
<td>61.0% (n=100)</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>70.4% (n=27)</td>
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<tr>
<td>Hispanic/Latino</td>
<td>69.0% (n=274)</td>
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<tr>
<td>Middle Eastern/Northern African</td>
<td>69.0% (n=29)</td>
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<tr>
<td>White</td>
<td>66.8% (n=2,398)</td>
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<td></td>
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</tr>
<tr>
<td>Other</td>
<td>62.0% (n=100)</td>
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<td></td>
</tr>
<tr>
<td>Missing</td>
<td>64.5% (n=561)</td>
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</tr>
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</table>

^ n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Health status among adults in 2018 and 2019, by CCO.

Grey dots represent 2017.
CAHPS: Health status—Children

Percentage of parents who would rate their child’s overall health as good, very good or excellent.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
N/A

2019 data (n=5,353)

- Statewide change since 2018: \(+0.3\%\)
- Number of CCOs that improved: 8

By race/ethnicity

- African American/Black: 93.8% (n=144)
- American Indian/Alaska Native: 95.0% (n=684)
- Asian American: 98.0% (n=152)
- Native Hawaiian/Pacific Islander: 94.4% (n=71)
- Hispanic/Latino: 92.1% (n=1,383)
- Middle Eastern/Northern African: 100.0% (n=39)
- White: 97.3% (n=1,979)
- Other: 98.7% (n=76)
- Missing: 94.5% (n=825)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Health status among children in 2018 and 2019, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
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</thead>
<tbody>
<tr>
<td>Health Share of Oregon</td>
<td>92.2%</td>
<td>95.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>91.3%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>91.5%</td>
<td>92.7%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>95.1%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Trillium</td>
<td>95.4%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>94.6%</td>
<td>95.2%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>92.4%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>96.8%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td></td>
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<tr>
<td>AllCare CCO</td>
<td></td>
<td></td>
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<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
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<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource Central</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
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</tr>
</tbody>
</table>

Grey dots represent 2017.
CAHPS: Doctors communicate—Adults

Percentage of adult members who thought their personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say, and spent enough time with them.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=10,436)

- Statewide change since 2018: +0.1%
- Number of CCOs that improved: 9

By race/ethnicity

- African American/Black: 96.8% (n=188)
- American Indian/Alaska Native: 90.1% (n=1,158)
- Asian American: 92.6% (n=231)
- Native Hawaiian/Pacific Islander: 100.0% (n=72)
- Hispanic/Latino: 93.9% (n=572)
- Middle Eastern/Northern African: 89.3% (n=75)
- White: 92.5% (n=6,208)
- Other: 86.9% (n=268)
- Missing: 92.0% (n=1,664)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: How well doctors communicate among adults in 2018 and 2019, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018 Score</th>
<th>2019 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Central</td>
<td>91.0%</td>
<td>94.7%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>91.4%</td>
<td>94.1%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>89.5%</td>
<td>92.0%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>91.3%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>92.0%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>91.9%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Trillium</td>
<td>86.7%</td>
<td>87.4%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>94.1%</td>
<td>94.7%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>93.7%</td>
<td>93.7%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>93.2%</td>
<td>94.3%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>93.8%</td>
<td>95.1%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>92.4%</td>
<td>93.7%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>91.9%</td>
<td>93.5%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>96.9%</td>
<td>94.3%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>90.7%</td>
<td>94.4%</td>
</tr>
</tbody>
</table>
CAHPS: How Well Doctors Communicate—Children

Percentage of parents who thought their child’s personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say, and spent enough time with them.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=14,029)
- Statewide change since 2018: No change
- Number of CCOs that improved: 9

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019</th>
<th>Benchmark, 96.4%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>93.7% (n=367)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>93.9% (n=1,706)</td>
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<tr>
<td>Asian American</td>
<td>95.6% (n=338)</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>93.4% (n=167)</td>
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</tr>
<tr>
<td>Hispanic/Latino</td>
<td>93.5% (n=3,389)</td>
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<tr>
<td>Middle Eastern/Northern African</td>
<td>91.2% (n=102)</td>
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</tr>
<tr>
<td>White</td>
<td>96.7% (n=5,437)</td>
<td></td>
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<tr>
<td>Other</td>
<td>93.5% (n=200)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>94.2% (n=2,323)</td>
<td></td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: How well doctors communicate among children in 2018 and 2019, by CCO.

- Health Share of Oregon: 92.8% (2019 benchmark: 96.4%)
- Umpqua Health Alliance: 91.7%
- Eastern Oregon: 93.9%
- Yamhill Community Care: 94.8%
- PrimaryHealth of Josephine County: 95.9%
- AllCare CCO: 94.9%
- Trillium: 93.6%
- Advanced Health: 95.0%
- PacificSource Central: 95.4%
- Cascade Health Alliance: 93.9% (2019 benchmark: 96.4%)
- InterCommunity Health Network: 94.9% (2019 benchmark: 96.4%)
- PacificSource Gorge: 95.2%
- Willamette Valley Community Health: 93.0% (2019 benchmark: 96.4%)
- Columbia Pacific: 93.2% (2019 benchmark: 96.4%)
- Jackson Care Connect: 93.2% (2019 benchmark: 96.4%)

Note: The chart shows the percentage of children whose doctors communicate well, with the 2019 benchmark set at 96.4%.
CAHPS: MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED TO QUIT

Med cessation: Advised to quit

Percentage of adult members who said their doctor or other health provider advised them to quit smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=4,054)

- Statewide change since 2018: **-4.5%**
- Number of CCOs that improved: **6**

Statewide

By race/ethnicity

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</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>50.0%</td>
<td>55.0%</td>
<td>51.4%</td>
<td>49.6%</td>
<td>48.9%</td>
<td>56.2%</td>
<td>52.9%</td>
<td>50.5%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>54.8%</td>
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<tr>
<td>Asian American</td>
<td>42.9%</td>
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<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>44.2%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>52.6%</td>
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<tr>
<td>Middle Eastern/Northern African</td>
<td>48.1%</td>
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</tr>
<tr>
<td>White</td>
<td>54.8%</td>
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<tr>
<td>Other</td>
<td>42.4%</td>
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<td>45.1%</td>
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</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED TO QUIT

Med cessation: Advised to quit in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 83.5%

- Umpqua Health Alliance: 43.7%, 52.0%
- Columbia Pacific: 39.8%, 48.0%
- PacificSource Gorge: 47.2%, 53.5%
- Primary Health of Josephine County: 54.3%, 60.0%
- Trillium: 49.3%, 52.8%
- PacificSource Central: 50.8%, 52.7%
- Health Share of Oregon: 40.4%, 41.3%
- Cascade Health Alliance: 51.7%, 54.6%
- Jackson Care Connect: 54.5%, 58.1%
- Yamhill Community Care: 53.7%, 58.3%
- AllCare CCO: 51.3%, 58.4%
- Willamette Valley Community Health: 45.0%, 54.7%
- InterCommunity Health Network: 43.9%, 54.1%
- Eastern Oregon: 46.5%, 57.1%
- Advanced Health: 51.8%, 63.9%
Med cessation: Advised medication

Percentage of adult members who said their doctor or other health provider recommended or discussed medication to assist with quitting smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=1,209)

- Statewide change since 2018: -2.2%
- Number of CCOs that improved: 7

By race/ethnicity

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</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>24.0%</td>
<td>28.9%</td>
<td>27.5%</td>
<td>26.9%</td>
<td>27.4%</td>
<td>34.3%</td>
<td>32.5%</td>
<td>31.8%</td>
</tr>
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<td>American Indian/Alaska Native</td>
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<td>Asian American</td>
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<tr>
<td>Native Hawaiian/Pacific Islander^</td>
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<td>Middle Eastern/Northern African^</td>
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</table>

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
Med assistance: Advised medication in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 62.6%

- PacificSource Central: 18.0% (2018), 39.2% (2019)
- Columbia Pacific: 20.9% (2018), 28.6% (2019)
- PrimaryHealth of Josephine County: 29.0% (2018), 35.0% (2019)
- Health Share of Oregon: 23.9% (2018), 28.8% (2019)
- Umpqua Health Alliance: 31.0% (2018), 34.3% (2019)
- InterCommunity Health Network: 30.7% (2018), 32.7% (2019)
- Trillium: 29.0% (2018), 29.2% (2019)
- Yamhill Community Care: 32.8% (2018), 33.9% (2019)
- Jackson Care Connect: 37.9% (2018), 40.5% (2019)
- Eastern Oregon: 30.3% (2018), 34.8% (2019)
- AllCare CCO: 29.5% (2018), 34.2% (2019)
- Advanced Health: 28.9% (2018), 33.7% (2019)
- PacificSource Gorge: 32.4% (2018), 40.4% (2019)
- Willamette Valley Community Health: 31.3% (2018), 40.0% (2019)
- Cascade Health Alliance: 28.1% (2018), 40.5% (2019)
Med assistance: Advised strategies

Percentage of adult members who said their doctor or other health provider recommended or discussed strategies other than medication to assist with quitting smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=1,261)
- Statewide change since 2018: No change
- Number of CCOs that improved: 8

By race/ethnicity


Benchmark 57.3%

African American/Black 18.5% (n=27)
American Indian/Alaska Native 22.5% (n=151)
Asian American 14.3% (n=14)
Native Hawaiian/Pacific Islander^ 22.7% (n=44)
Hispanic/Latino 22.7% (n=44)
Middle Eastern/Northern African^ 22.7% (n=44)
White 31.4% (n=691)
Other 24.2% (n=33)
Missing 24.4% (n=180)

^ data suppressed (n<10)
n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
Med assistance: Advised strategies in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 57.3%
CAHPS: OVERALL RATINGS—ADULTS

CAHPS: Overall ratings—Adults

Percentage of adult members who rated their overall health care as at least 8 out of 10.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source: 2018 national Medicaid 90th percentile

2019 data (n=3,003)

- Statewide change since 2018: +2.4%
- Number of CCOs that improved: 9

### By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018 (%)</th>
<th>Number (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>70.0%</td>
<td>(n=60)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>69.7%</td>
<td>(n=340)</td>
</tr>
<tr>
<td>Asian American</td>
<td>60.9%</td>
<td>(n=64)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>89.5%</td>
<td>(n=19)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>77.3%</td>
<td>(n=176)</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>73.7%</td>
<td>(n=19)</td>
</tr>
<tr>
<td>White</td>
<td>72.6%</td>
<td>(n=1,784)</td>
</tr>
<tr>
<td>Other</td>
<td>65.3%</td>
<td>(n=72)</td>
</tr>
<tr>
<td>Missing</td>
<td>73.1%</td>
<td>(n=469)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Overall ratings among adults in **2018** and **2019**, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umpqua Health Alliance</td>
<td>60.9%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Trillium</td>
<td>65.3%</td>
<td>75.0%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>70.6%</td>
<td>77.5%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>70.3%</td>
<td>74.9%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>73.4%</td>
<td>76.4%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>72.5%</td>
<td>75.1%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>70.1%</td>
<td>72.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>71.0%</td>
<td>72.9%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>73.1%</td>
<td>74.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>63.8%</td>
<td>64.8%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>65.5%</td>
<td>68.8%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>64.8%</td>
<td>68.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>64.8%</td>
<td>68.5%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>73.6%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>68.6%</td>
<td>75.3%</td>
</tr>
</tbody>
</table>

2019 benchmark: 80.0%
CAHPS: OVERALL RATINGS—CHILDREN

CAHPS: Overall ratings—Children

Percentage of parents who rated their child’s overall health care as at least 8 out of 10.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=3,845)

- Statewide change since 2018: +2.1%
- Number of CCOs that improved: 9

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018 Percentage</th>
<th>2019 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>80.4% (n=102)</td>
<td>80.4% (n=102)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>86.4% (n=484)</td>
<td>86.4% (n=484)</td>
</tr>
<tr>
<td>Asian American</td>
<td>83.0% (n=112)</td>
<td>83.0% (n=112)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>78.0% (n=50)</td>
<td>78.0% (n=50)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>90.3% (n=914)</td>
<td>90.3% (n=914)</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>92.0% (n=25)</td>
<td>92.0% (n=25)</td>
</tr>
<tr>
<td>White</td>
<td>84.9% (n=1,476)</td>
<td>84.9% (n=1,476)</td>
</tr>
<tr>
<td>Other</td>
<td>88.7% (n=53)</td>
<td>88.7% (n=53)</td>
</tr>
<tr>
<td>Missing</td>
<td>82.8% (n=629)</td>
<td>82.8% (n=629)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Overall ratings among children in 2018 and 2019, by CCO.

- Eastern Oregon: 77.3% (2018) - 84.8% (2019)
- Yamhill Community Care: 87.4% (2018) - 93.2% (2019)
- PacificSource Gorge: 86.9% (2018) - 92.1% (2019)
- PacificSource Central: 84.3% (2018) - 88.3% (2019)
- AllCare CCO: 81.4% (2018) - 85.3% (2019)
- Umpqua Health Alliance: 76.8% (2018) - 80.5% (2019)
- PrimaryHealth of Josephine County: 85.2% (2018) - 88.1% (2019)
- Jackson Care Connect: 86.6% (2018) - 87.9% (2019)
- Cascade Health Alliance: 82.4% (2018) - 82.9% (2019)
- Health Share of Oregon: 90.5% (2018) - 91.6% (2019)
- Willamette Valley Community Health: 87.2% (2018) - 88.8% (2019)
- Columbia Pacific: 77.4% (2018) - 79.1% (2019)
- Advanced Health: 83.3% (2018) - 86.8% (2019)
- Trillium: 79.3% (2018) - 83.4% (2019)
- InterCommunity Health Network: 82.6% (2018) - 87.4% (2019)

2019 benchmark: 90.6%
CAHPS: SATISFACTION WITH CARE—ADULTS

CAHPS: Satisfaction with care—Adults

Percentage of adult members who received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
N/A

2019 data (n=2,624)

- Statewide change since 2018: +1.6%
- Number of CCOs that improved: 9

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>91.2% (n=68)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>84.4% (n=315)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>83.3% (n=60)</td>
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<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>91.3% (n=23)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>90.6% (n=202)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>75.0% (n=20)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>89.7% (n=1,460)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>93.3% (n=60)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>88.2% (n=416)</td>
<td></td>
<td></td>
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</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Satisfaction with care among adults in 2018 and 2019, by CCO.
Grey dots represent 2017.
Percentage of parents who said their children received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2019 benchmark source:
N/A

2019 data (n=2,708)
- Statewide change since 2018: +2.2%
- Number of CCOs that improved: 9
CAHPS: Satisfaction with care among children in 2018 and 2019, by CCO.

Grey dots represent 2017.

Trillium
InterCommunity Health Network
Jackson Care Connect
PacificSource Central
AllCare CCO
PacificSource Gorge
Willamette Valley Community Health
Advanced Health
Eastern Oregon
Umpqua Health Alliance
Columbia Pacific
Health Share of Oregon
Cascade Health Alliance
PrimaryHealth of Josephine County
Yamhill Community Care

CAHPS: SATISFACTION WITH CARE—CHILDREN

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
Child and adolescent access to PCP

Percentage of children and adolescents (ages 12 months—19 years) who had a visit with a primary care provider.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=246,624)

- Statewide change since 2018: No change
- Number of CCOs that improved: 6

<table>
<thead>
<tr>
<th>Year</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>88.5%</td>
</tr>
<tr>
<td>2013</td>
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<tr>
<td>2014</td>
<td>86.0%</td>
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<tr>
<td>2015</td>
<td>89.5%</td>
</tr>
<tr>
<td>2016</td>
<td>90.5%</td>
</tr>
<tr>
<td>2017</td>
<td>92.2%</td>
</tr>
<tr>
<td>2018</td>
<td>92.0%</td>
</tr>
<tr>
<td>2019</td>
<td>92.0%</td>
</tr>
</tbody>
</table>

2019 benchmark: 93.5%

By region

- Central OR: 91.9% → 92.2%
- Northern Coast: 91.0% → 91.2%
- Tri-County: 92.1% → 92.2%
- Eastern OR: 90.5% → 90.6%
- Willamette Valley: 92.0% → 92.1%
- Southern OR: 91.9% → 92.1%

Back to table of contents.
Childhood and adolescent access to primary care providers in 2018 and 2019, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Central</td>
<td>92.0%</td>
<td>92.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>92.5%</td>
<td>93.0%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>92.1%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>91.0%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>90.5%</td>
<td>90.6%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>92.1%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>92.3%</td>
<td>92.3%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>93.3%</td>
<td>93.4%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>92.0%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>90.9%</td>
<td>91.1%</td>
</tr>
<tr>
<td>Trillium</td>
<td>92.3%</td>
<td>92.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>90.5%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>92.1%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>89.8%</td>
<td>90.4%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>90.3%</td>
<td>91.8%</td>
</tr>
</tbody>
</table>

2019 benchmark: 93.1%
Chlamydia screening

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=29,977)

- Statewide change since 2018: No change
- Number of CCOs that improved: 8

By region

- Southern OR
  - 2019 benchmark: 47.9%
  - 2011: 45.0%
  - 2013: 40.7%
  - 2014: 50.0%
  - 2015: 50.6%
- Eastern OR
  - 2019 benchmark: 52.5%
  - 2011: 40.7%
  - 2013: 41.6%
  - 2014: 52.5%
  - 2015: 52.9%
- Central OR
  - 2019 benchmark: 50.6%
  - 2014: 50.0%
  - 2015: 50.6%
  - 2016: 54.0%
- Willamette Valley
  - 2019 benchmark: 52.5%
  - 2011: 52.5%
  - 2013: 52.9%
  - 2014: 54.0%
- Tri-County
  - 2019 benchmark: 47.7%
  - 2011: 44.6%
  - 2013: 47.7%
  - 2014: 47.7%
- Northern Coast
  - 2019 benchmark: 47.7%
  - 2011: 44.6%
  - 2013: 47.7%
  - 2014: 47.7%

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Chlamydia screening in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 65.4%
HbA1c testing

Percentage of adult patients (ages 18-75) with diabetes who received at least one A1c blood sugar test.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=34,080)
- Statewide change since 2018: +0.8%
- Number of CCOs that improved: 8
HbA1c testing for members with diabetes in **2018** and **2019**, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>HbA1c 2018</th>
<th>HbA1c 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health of Josephine County</td>
<td>84.8%</td>
<td>89.9%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>84.0%</td>
<td>86.8%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>88.0%</td>
<td>90.3%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>88.8%</td>
<td>90.8%</td>
</tr>
<tr>
<td>Trillium</td>
<td>85.7%</td>
<td>87.3%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>87.4%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>87.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>89.6%</td>
<td>89.9%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>89.6%</td>
<td>89.6%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>89.4%</td>
<td>89.6%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>92.9%</td>
<td>93.2%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>77.4%</td>
<td>77.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>88.9%</td>
<td>89.7%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>88.2%</td>
<td>89.3%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>87.5%</td>
<td>89.1%</td>
</tr>
</tbody>
</table>

2019 benchmark: 90.5%
7 day follow-up ED mental illness

Percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, for which the patient received a follow-up visit within 7 days.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=9,195)

- Statewide change since 2018: +3.6%
- Number of CCOs that improved: 7

By region

Statewide change since 2018: +3.6%
Number of CCOs that improved: 7
7 day follow-up after ED for mental illness in 2018 and 2019, by CCO.

- PacificSource Gorge: 64.2% (2018), 75.6% (2019)
- Health Share of Oregon: 54.0% (2018), 63.1% (2019)
- Umpqua Health Alliance: 62.8% (2018), 69.0% (2019)
- Eastern Oregon: 67.8% (2018), 70.1% (2019)
- PacificSource Central: 57.2% (2018), 59.0% (2019)
- PrimaryHealth of Josephine County: 55.1% (2018), 80.0% (2019)
- Willamette Valley Community Health: 51.6% (2018), 52.4% (2019)
- Advanced Health: 54.5% (2018), 57.0% (2019)
- Columbia Pacific: 54.0% (2018), 63.1% (2019)
- Trillium: 62.6% (2018), 65.4% (2019)
- Cascade Health Alliance: 56.7% (2018), 66.9% (2019)
- AllCare CCO: 66.9% (2018), 70.4% (2019)
- Yamhill Community Care: 61.9% (2018), 70.4% (2019)
- Jackson Care Connect: 60.8% (2018), 71.8% (2019)
- InterCommunity Health Network: 62.2% (2018), 76.2% (2019)

2019 benchmark: 61.3%
30 day follow-up ED mental illness

Percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, for which the patient received a follow-up visit within 30 days.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=9,195)

- Statewide change since 2018: **+2.1%**
- Number of CCOs that improved: **7**

By region

- Tri-County
  - 2018: 67.7%
  - 2019: 74.1%
- Central OR
  - 2018: 74.7%
  - 2019: 78.6%
- Northern Coast
  - 2018: 68.8%
  - 2019: 69.5%
- Eastern OR
  - 2018: 77.7%
  - 2019: 79.2%
- Southern OR
  - 2018: 75.4%
  - 2019: 78.1%
- Willamette Valley
  - 2018: 73.0%
  - 2019: 76.1%
30 day follow-up after ED for mental illness in 2018 and 2019, by CCO.

- PacificSource Gorge: 75.5% 88.5%
- Health Share of Oregon: 74.1%
- Umpqua Health Alliance: 73.5% 79.9%
- PrimaryHealth of Josephine County: 94.0% 86.4%
- Cascade Health Alliance: 87.7% 90.0%
- PacificSource Central: 71.6% 73.5%
- Columbia Pacific: 68.8% 69.5%
- Willamette Valley Community Health: 71.0% 71.7%
- Eastern Oregon: 77.7% 79.2%
- Advanced Health: 86.0% 67.6%
- Trillium: 73.0% 76.0%
- Yamhill Community Care: 73.4% 78.4%
- AllCare CCO: 77.0% 82.2%
- InterCommunity Health Network: 76.3% 82.8%
- Jackson Care Connect: 71.6% 81.6%
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

7 day follow-up ED dental

Percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within 7 days of the ED visit.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=7,886)
- Statewide change since 2018: -8.9%
- Number of CCOs that improved: 5

Statewide

2018 2019
27.0% 24.6%

By region

Southern OR 22.4% 23.9%
Tri-County 26.8% 27.8%
Eastern OR 24.0% 26.0%
Central OR 26.0% 29.2%
Willamette Valley 22.9% 27.7%
Northern Coast 22.1% 29.6%

Back to table of contents.
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

7 day follow-up after ED for non-traumatic dental reasons in 2018 and 2019, by CCO.

- **PrimaryHealth of Josephine County**: 22.2% (2018), 35.2% (2019)
- **Umpqua Health Alliance**: 17.0% (2018), 19.6% (2019)
- **Jackson Care Connect**: 26.8% (2018), 28.7% (2019)
- **PacificSource Central**: 29.2% (2018), 29.6% (2019)
- **InterCommunity Health Network**: 26.5% (2018), 26.5% (2019)
- **AllCare CCO**: 24.3% (2018), 25.2% (2019)
- **Health Share of Oregon**: 26.8% (2018), 27.8% (2019)
- **Eastern Oregon**: 24.0% (2018), 26.0% (2019)
- **Advanced Health**: 20.6% (2018), 24.3% (2019)
- **Trillium**: 22.0% (2018), 26.4% (2019)
- **Cascade Health Alliance**: 22.4% (2018), 27.1% (2019)
- **Yamhill Community Care**: 24.5% (2018), 30.4% (2019)
- **Columbia Pacific**: 22.1% (2018), 29.6% (2019)
- **Willamette Valley Community Health**: 21.1% (2018), 29.4% (2019)
- **PacificSource Gorge**: 19.0% (2018), 34.6% (2019)
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (30 DAY)

30 day follow-up ED dental

Percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within 30 days of the ED visit.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data  (n=7,886)

- Statewide change since 2018: **-13.7%**
- Number of CCOs that improved: **3**

Statewide

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern OR</td>
<td>35.6%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Central OR</td>
<td>39.1%</td>
<td>41.2%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>37.4%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>36.3%</td>
<td>43.7%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>36.3%</td>
<td>49.4%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>31.5%</td>
<td>50.0%</td>
</tr>
</tbody>
</table>

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30 day follow-up after ED for non-traumatic dental reasons in 2018 and 2019, by CCO.

- PrimaryHealth of Josephine County: 38.9%, 46.5%
- Umpqua Health Alliance: 34.0%, 35.8%
- Cascade Health Alliance: 35.7%, 35.9%
- PacificSource Central: 41.5%, 43.1%
- Jackson Care Connect: 39.5%, 42.7%
- InterCommunity Health Network: 40.3%, 43.9%
- AllCare CCO: 34.0%, 38.3%
- Health Share of Oregon: 37.4%, 42.1%
- Trillium: 36.4%, 41.2%
- Advanced Health: 30.6%, 35.7%
- Yamhill Community Care: 36.7%, 46.1%
- PacificSource Gorge: 36.0%, 46.2%
- Eastern Oregon: 36.3%, 49.4%
- Willamette Valley Community Health: 33.0%, 46.1%
- Columbia Pacific: 31.5%, 50.0%
Follow-up mental illness

Percentage of mental illness-related hospitalizations (for members 6 years and older) for which the patient received a follow-up visit within 7 days.

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 75th percentile

2019 data (n=3,779)
- Statewide change since 2018: -5.5%
- Number of CCOs that improved: 6

Results prior to 2014 are not directly comparable to later years due to change in methodology (same-day follow-up was included in the measure numerator).

Follow-up after hospitalization for mental illness was a CCO incentive measure from 2013-2017.

By region

Central OR
Willamette Valley
Southern OR
Eastern OR
Tri-County
Northern Coast

2019 benchmark: 87.1%
Follow-up after hospitalization for mental illness in 2018 and 2019, by CCO.

Grey dots represent 2017.

* note small denominator (n<30)

2019 benchmark: 87.1%
ADHD (Initiation)

Percentage of children (ages 6-12) who had one follow-up visit with a provider during the 30 days after receiving a new prescription for ADHD medication.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=2,331)
- Statewide change since 2018: -2.9%
- Number of CCOs that improved: 7

Follow-up care for children prescribed ADHD medication is a former CCO incentive measure; it was retired in 2015.

By region

2019 benchmark: 55.9%

Southern OR
Tri-County
Central OR
Willamette Valley
Eastern OR
Northern Coast

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Follow-up care for children prescribed ADHD medication in 2018 and 2019, by CCO.

Grey dots represent 2017.
ADHD (Continuation & maintenance)

Percentage of children (ages 6-12) who remained on attention deficit hyperactivity disorder (ADHD) medication for 210 days after receiving a new prescription and who had at least two follow-up visits with a provider within 270 days after the initiation phase.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=724)
- Statewide change since 2018: -1.1%
- Number of CCOs that improved: 7

By region

2019 benchmark: 69.1%
Continuing follow-up for children prescribed ADHD medication in 2018 and 2019, by CCO.
Grey dots represent 2017.
Immunizations for adolescents

Percentage of adolescents who received recommended vaccines (meningococcal and Tdap/TD) before their 13th birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=15,665)
- Statewide change since 2018: 3.6%
- Number of CCOs that improved: 10

Statewide

By region

Northern Coast
- 2015: 64.9%
- 2019: 71.9%

Willamette Valley
- 2015: 67.2%
- 2019: 70.2%

Southern OR
- 2015: 56.8%
- 2019: 59.1%

Tri-County
- 2015: 74.7%
- 2019: 75.9%

Central OR
- 2015: 74.7%
- 2019: 75.1%

Eastern OR
- 2015: 67.8%
- 2019: 68.8%

2019 benchmark: 85.6%
Immunizations for adolescents in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 85.6%

- Umpqua Health Alliance
- Columbia Pacific
- PacificSource Gorge
- Yamhill Community Care
- Trillium
- Willamette Valley Community Health
- AllCare CCO
- Health Share of Oregon
- Advanced Health
- Cascade Health Alliance
- InterCommunity Health Network
- Jackson Care Connect
- PrimaryHealth of Josephine County
- Eastern Oregon
- PacificSource Central

IMMUNIZATIONS FOR ADOLESCENTS—Combo 1
Immunizations for adolescents

Percentage of adolescents who received recommended vaccines (meningococcal, Tdap/TD and HPV) before their 13th birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=15,665)

- Statewide change since 2018: **8.1%**
- Number of CCOs that improved: **13**

This measure will be incentivized beginning in 2020.

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Immunizations for adolescents in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 37.7%
IET (Initiation)

Percentage of members (ages 18 and older) newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid median

2019 data (n=30,051)

- Statewide change since 2018: -1.0%
- Number of CCOs that improved: 5

This measure will be incentivized beginning in 2020.

Statewide

![Graph showing the percentage of members (ages 18 and older) newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis. The benchmark is 42.1%.]

By region

- Eastern OR: 34.3% (2018), 35.6% (2019)
- Tri-County: 38.7% (2018), 39.2% (2019)
- Central OR: 35.8% (2018), 36.3% (2019)
- Northern Coast: 38.1% (2018), 39.0% (2019)
- Southern OR: 35.5% (2018), 36.4% (2019)
- Willamette Valley: 38.2% (2018), 40.0% (2019)

2019 benchmark: 42.1%
Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2018 and 2019, by CCO.
Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2018 and 2019, by age group.

- **All Ages**: 37.6% in 2018, 37.8% in 2019
- **18+**: 37.8% in 2018, 37.6% in 2019
- **13-17**: 33.0% in 2018, 41.4% in 2019

Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2018 and 2019, by cohort.

- **Total**: 38.2% in 2018, 38.2% in 2019
- **Alcohol**: 36.7% in 2018, 37.9% in 2019
- **Opioid**: 53.0% in 2018, 50.6% in 2019
- **Other Drug**: 36.5% in 2018, 36.8% in 2019
IET (Engagement)

Percentage of members (ages 18 and older) newly diagnosed with alcohol or other drug dependence who had two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid median

2019 data (n=30,051)

- Statewide change since 2018: -1.8%
- Number of CCOs that improved: 6

This measure will be incentivized beginning in 2020.
Continuation of treatment for members with alcohol or other drug dependence in 2018 and 2019, by CCO.

2019 benchmark: 13.3%

Yamhill Community Care
Advanced Health
Eastern Oregon
Health Share of Oregon
Jackson Care Connect
PacificSource Gorge
PacificSource Central
InterCommunity Health Network
AllCare CCO
Cascade Health Alliance
PrimaryHealth of Josephine County
Willamette Valley Community Health
Columbia Pacific
Trillium
Umpqua Health Alliance
Continuation of treatment for members with alcohol or other drug dependence in 2018 and 2019, by age group.

- **All Ages**
  - 2018: 12.4%
  - 2019: 13.1%

- **18+**
  - 2018: 12.1%
  - 2019: 12.7%

- **13-17**
  - 2018: 19.2%
  - 2019: 19.2%

Continuation of treatment for members with alcohol or other drug dependence in 2018 and 2019, by cohort.

- **Total**
  - 2018: 12.4%
  - 2019: 12.7%

- **Alcohol**
  - 2018: 6.5%
  - 2019: 6.6%

- **Opioid**
  - 2018: 25.6%
  - 2019: 26.9%

- **Other Drug**
  - 2018: 16.6%
  - 2019: 17.6%
Preventive dental services (ages 1-5)

Percentage of enrolled children ages 1-5 (kindergarten readiness) who received a preventive dental service during the measurement year.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=104,071)
- Statewide change since 2018: +3.4%
- Number of CCOs that improved: 11

This measure will be incentivized beginning in 2020.

Statewide

![Graph showing percentage of children receiving preventive dental services]

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willamette Valley</td>
<td>43.4%</td>
<td>47.1%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>43.2%</td>
<td>46.4%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>33.2%</td>
<td>35.6%</td>
</tr>
<tr>
<td>Central OR</td>
<td>44.6%</td>
<td>46.2%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>44.0%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>42.5%</td>
<td>44.7%</td>
</tr>
</tbody>
</table>

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Preventive dental services for children ages 1 to 5 in 2018 and 2019, by CCO.

- Umpqua Health Alliance: 37.2% (2018), 45.7% (2019)
- Cascade Health Alliance: 36.0% (2018), 12.2% (2019)
- PrimaryHealth of Josephine County: 40.8% (2018), 45.7% (2019)
- Yamhill Community Care: 46.0% (2018), 52.5% (2019)
- InterCommunity Health Network: 36.7% (2018), 41.4% (2019)
- Jackson Care Connect: 46.0% (2018), 50.4% (2019)
- Trillium: 43.2% (2018), 47.0% (2019)
- Willamette Valley Community Health: 45.6% (2018), 48.4% (2019)
- Columbia Pacific: 33.2% (2018), 35.6% (2019)
- AllCare CCO: 44.4% (2018), 45.9% (2019)
- PacificSource Central: 45.2% (2018), 46.2% (2019)
- Health Share of Oregon: 44.0% (2018), 44.0% (2019)
- PacificSource Gorge: 51.5% (2018), 53.3% (2019)
- Eastern Oregon: 42.5% (2018), 44.7% (2019)
- Advanced Health: 42.1% (2018), 45.0% (2019)
Preventive dental services (ages 6-14)

Percentage of enrolled children ages 6-14 who received a preventive dental service during the measurement year.

**Data source:**
Administrative (billing) claims

**2019 benchmark source:**
N/A

**2019 data** (n=182,670)
- Statewide change since 2018: **+2.1%**
- Number of CCOs that improved: **10**

This measure will be incentivized beginning in 2020.

**By region**

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central OR</td>
<td>59.2%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>61.2%</td>
<td>63.4%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>62.1%</td>
<td>63.3%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>54.6%</td>
<td>55.7%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>64.7%</td>
<td>65.4%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>62.7%</td>
<td>62.8%</td>
</tr>
</tbody>
</table>

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Preventive dental services for children ages 6 to 14 in 2018 and 2019, by CCO.
Rate of adult members (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

**Data source:**
Administrative (billing) claims

**2019 benchmark source:**
10 percent reduction from 2018

**2019 data** (n=6,289,173 member years)
- Statewide change since 2018: **-4.3%**
- Number of CCOs that improved: **9**

Rates are shown per 100,000 member years which means that in one year, there are on average 212.9 visits occurring per 100,000 CCO members.

Rates are shown per 100,000 member years which means that in one year, there are on average 212.9 visits occurring per 100,000 CCO members.
Hospital admissions for short-term diabetes complications in **2018** and **2019**, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019 Benchmark: 200.2</th>
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<tbody>
<tr>
<td>Cascade Health Alliance</td>
<td>91.2</td>
<td>229.5</td>
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<tr>
<td>Yamhill Community Care</td>
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<td>262.4</td>
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<tr>
<td>PacificSource Central</td>
<td></td>
<td>360.1</td>
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<tr>
<td>PrimaryHealth of Josephine County</td>
<td>116.4</td>
<td>156.4</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>156.4</td>
<td>208.5</td>
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<tr>
<td>Jackson Care Connect</td>
<td>169.0</td>
<td>212.8</td>
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<tr>
<td>Trillium</td>
<td>177.1</td>
<td>212.0</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>196.3</td>
<td>212.0</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td>269.5</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>200.1</td>
<td>269.5</td>
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<tr>
<td>Advanced Health</td>
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<tr>
<td>PacificSource Gorge</td>
<td>113.3</td>
<td>277.0</td>
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<td>InterCommunity Health Network</td>
<td>137.8</td>
<td>289.5</td>
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<tr>
<td>Eastern Oregon</td>
<td>148.6</td>
<td>220.4</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>193.1</td>
<td>236.7</td>
</tr>
</tbody>
</table>

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
PQI 05: COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

Rate of adult members (ages 40 and older) who had hospital stay because of chronic obstructive pulmonary disease or asthma. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source: Administrative (billing) claims

2019 benchmark source: 10 percent reduction from 2018

2019 data (n=2,974,919 member years)
- Statewide change since 2018: -0.4%
- Number of CCOs that improved: 6

Rates are shown per 100,000 member years which means that in one year, there are on average 439.3 visits occurring per 100,000 CCO members.
Hospital admissions for COPD or asthma in older adults in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 396.8

Lower is better
PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

PQI 8

Rate of adult members (ages 18 and older) who had a hospital stay because of congestive heart failure. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2019 benchmark source:
10 percent reduction from 2018

2019 data (n=6,289,173 member years)

- Statewide change since 2018: +9.2%
- Number of CCOs that improved: 5

Rates are shown per 100,000 member years which means that in one year, there are on average 395.9 visits occurring per 100,000 CCO members.

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Hospital admissions for congestive heart failure in 2018 and 2019, by CCO.

Grey dots represent 2017.
PQI 15: ASTHMA IN YOUNGER ADULTS ADMISSION RATE

Rate of adult members (ages 18-39) who had a hospital stay because of asthma. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2019 benchmark source:
10 percent reduction from 2018

2019 data (n=3,314,207 member years)
- Statewide change since 2018: **+11.9%**
- Number of CCOs that improved: **7**

Rates are shown per 100,000 member years which means that in one year, there are on average 42.4 visits occurring per 100,000 CCO members.
Hospital admissions for asthma in younger adults in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 34.1

Lower is better
Timeliness of prenatal care

Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid.

Data source:
Administrative (billing) claims and medical record review

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=5,056)
- Statewide change since 2018: **-13.0%**
- Number of CCOs that improved: **0**

Beginning in 2014, measure specifications were modified to include medical record review. Results prior to 2014 are not directly comparable to later years.

This measure was previously a CCO incentive metric from 2013-2018.

Results prior to 2014 are not directly comparable to later years due to change in methodology.
Timeliness of prenatal care in 2018 and 2019, by CCO.
Grey dots represent 2017.
Topical fluoride varnish

Percentage of CCO members age 1-20 at elevated risk of dental caries who received at least 2 topical fluoride applications within the reporting year.

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=305,600)
- Statewide change since 2018: -32.5%
- Number of CCOs that improved: 0

By region

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Topical fluoride varnish in 2018 and 2019, by CCO.
Well-child visits

Percentage of children who had six visits with their health care provider prior to reaching 15 months of age.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 National Medicaid 90th percentile

2019 data (n=15,536)

- Statewide change since 2018: +5.4%
- Number of CCOs that improved: 13

2011 and 2013 statewide data are not available for this measure. Results published in earlier reports for these years cannot be directly compared due to changes in methodology.

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Well-child visits in the first 15 months of life in 2018 and 2019, by CCO.

Grey dots represent 2017.

InterCommunity Health Network 60.3% 70.1%
PacificSource Gorge 66.9% 75.3%
AllCare CCO 69.1% 75.4%
Umpqua Health Alliance 63.5% 69.2%
Health Share of Oregon 61.5% 66.8%
Yamhill Community Care 66.2% 71.3%
PacificSource Central 60.9% 65.9%
Cascade Health Alliance 65.6% 68.7%
Willamette Valley Community Health 66.6% 68.7%
Columbia Pacific 61.4% 62.8%
Jackson Care Connect 67.6% 69.0%
Eastern Oregon 66.2% 65.5%
Trillium 70.5% 71.4%
PrimaryHealth of Josephine County 67.1% 68.7%
Advanced Health 72.5% 74.2%
Well-child visits 3-6 years

Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=65,488)
- Statewide change since 2018: +3.0%
- Number of CCOs that improved: 11

This measure will be incentivized beginning in 2020.
Well-child visits in the 3rd, 4th, 5th, and 6th years of life in 2018 and 2019, by CCO.

- **PacificSource Central**: 64.4% (2018), 71.1% (2019) vs 79.3% benchmark
- **Umpqua Health Alliance**: 61.0% (2018), 67.6% (2019)
- **Willamette Valley Community Health**: 63.4% (2018), 66.9% (2019)
- **PacificSource Gorge**: 68.6% (2018), 71.7% (2019)
- **Jackson Care Connect**: 61.2% (2018), 64.3% (2019)
- **Yamhill Community Care**: 65.8% (2018), 68.7% (2019)
- **Health Share of Oregon**: 71.9% (2018), 73.6% (2019)
- **Trillium**: 65.9% (2018), 67.6% (2019)
- **Eastern Oregon**: 57.5% (2018), 58.3% (2019)
- **InterCommunity Health Network**: 62.0% (2018), 62.3% (2019)
- **Columbia Pacific**: 64.7% (2018), 65.0% (2019)
- **Cascade Health Alliance**: 59.6% (2018), 59.8% (2019)
- **Advanced Health**: 71.2% (2018), 71.7% (2019)
- **AllCare CCO**: 66.1% (2018), 67.2% (2019)
- **PrimaryHealth of Josephine County**: 62.0% (2018), 67.0% (2019)
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