

Oregon's Health System Transformation

 Quarterly Progress Report



MEASUREMENT PERIOD
**Baseline Year 2011 and
January-September 2013**

PUBLISHING DATE
February 2014

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EXECUTIVE SUMMARY

February 2014 Health System Transformation Quarterly Report

The fourth Health System Transformation Quarterly Report highlights statewide performance on key measurements, rates of health care utilization, and costs through the coordinated care organizations (CCOs) that serve Oregon's Medicaid population. These measurements are designed to show how the state is doing in meeting the triple aim of better health, better care and lower costs. Public reporting of this sort is a key element in Oregon's transformation of the state Medicaid system to be more transparent to members, stakeholders and the public.

This report includes data from the first nine months of 2013, an update from the November 2013 report, which included six months of data. The report shows where we started, where we are, and where we want to go in improving our health delivery system. It shows early progress as CCOs work toward targeted improvements. It also shows which are falling short. It will also help us in determining the readiness of the coordinated care model to serve thousands of new Medicaid enrollees over the next few years. In 2013, more than 600,000 Oregonians were enrolled in Medicaid; more than 180,000 have joined since January 1, 2014.

The report includes baseline race and ethnicity data from 2011 for most performance measures. Future reports will show 2013 progress data by race and ethnicity.

Summary

Data from the first nine months of coordinated care point to trends of improved care and a shifting of resources toward primary care. While this is not yet a full year of data, this is the first report showing 2013 CCO-level progress data for most measures. Benchmarks are goals for our state. CCOs also have performance targets they can meet to show improvement.

In this report, we are reporting 14 of the 17 incentive measures. The remaining three come from electronic medical record data and will be included in a future report. We are reporting 30 of the statewide performance measures.

Data continue to show reduced emergency department visits and spending. This shows we are reducing unnecessary hospitalizations for conditions that can better be treated elsewhere, such as in a primary care office. It also indicates improvements in hospital readmissions, largely due to community efforts to achieve the highest quality care.

At the same time there is an increase in primary care enrollment and use, suggesting that as hospitalizations are decreasing in key areas, OHP members are receiving better and more appropriate care. Patient-centered primary care enrollment, key to coordinated care, is also continuing to improve. These are all good trends.

EXECUTIVE SUMMARY

This report also shows an increase in the percentage of young children who were screened for the risk of developmental, behavioral and social delays. This measure increased to 32 percent in the first nine months of 2013, up from a 2011 baseline of 21 percent. Connecting health and early learning provides timely opportunities for improving children's outcomes. By identifying and addressing needs early, this transformational work leads to better health outcomes and reduced costs, and improves learning in these critical early years.

More than 150,000 Oregonians became Oregon Health Plan members on January 1, 2014. And over the next several years, more Oregonians will continue to join the Oregon Health Plan. By using the coordinated care model, focused on improved quality and lower costs, we can ensure a more sustainable system.

Highlighted findings

- **Decreased emergency department visits** – Nine months of reporting shows that emergency department visits by people served by CCOs have decreased 13 percent since 2011 baseline data.
- **Decreased hospitalization for chronic conditions** – CCOs reduced hospital admissions for congestive heart failure by 32 percent, chronic obstructive pulmonary disease by 36 percent and adult asthma by 18 percent.
- **Increased primary care** – Spending for primary care is up by more than 18 percent. Enrollment in patient-centered primary care homes also increased by 51 percent since 2012, the baseline year for that program.
- **Increased adoption of electronic health records** – Adoption of electronic health records has doubled among measured providers. In 2011, 28 percent of eligible providers had adopted certified EHRs. By September of 2013, 58 percent of eligible providers had adopted EHRs.
- **Developmental screening during the first 36 months of life** – The percentage of children who were screened for the risk of developmental, behavioral and social delays increased from a 2011 baseline of 21 percent to 32 percent in the first nine months of 2013.
- **All-cause readmission** – The percentage of adults who had a hospital stay and were readmitted for any reason within 30 days of discharge dropped from a 2011 baseline of 12.3 percent to 11.3 percent in the first nine months of 2013, a reduction of 8 percent.

We expect continued movement in the right direction as well as occasional possible setbacks. We are encouraged by the first nine months of progress data and favorably impressed with the innovative work the CCOs are doing to improve health and lower costs.

Over time, our understanding of what's happening in the health system will grow richer. Each quarterly report tells us more than we knew before. Each report shows us more than has ever before been gathered and reported publicly. The metrics are a tool for not only understanding where we are, but for improvement, and we can use them as standards to guide improvement in other types of health plans.

PERFORMANCE METRICS

CCO Incentive Measures

Mental and physical health assessment within 60 days for children in DHS custody

Definition: Percentage of children age 4+ who receive a mental health assessment and physical 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). Children under 4 are only required to have a physical health assessment.

Focus areas: Improving access to effective and timely care and improving behavioral and physical health coordination.

Purpose: Children who have been placed in foster care should have their mental and physical health checked so that an appropriate care plan can be developed. Mental and physical health assessments are a requirement for the foster program because of their importance to improving the health and well-being of a child in a trying situation.

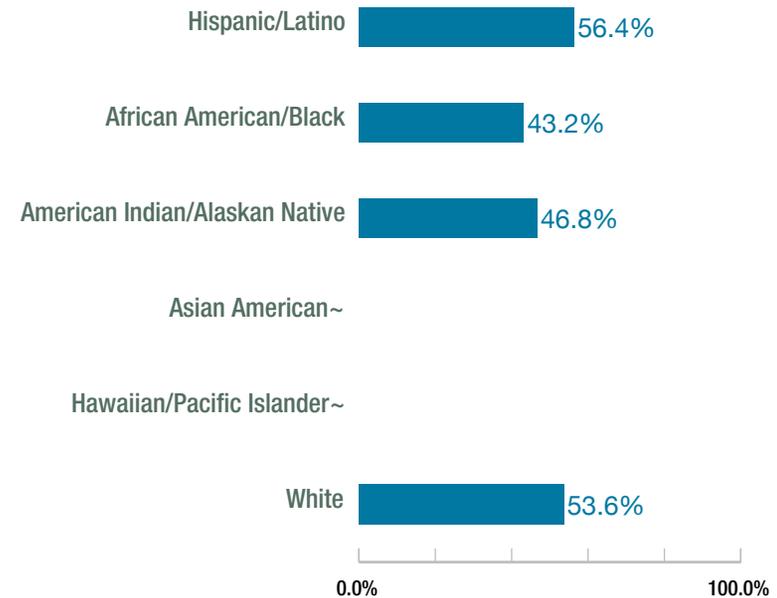
STATEWIDE



Data source: Administrative (billing) claims + ORKids
Benchmark source: Metrics and Scoring Committee consensus

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



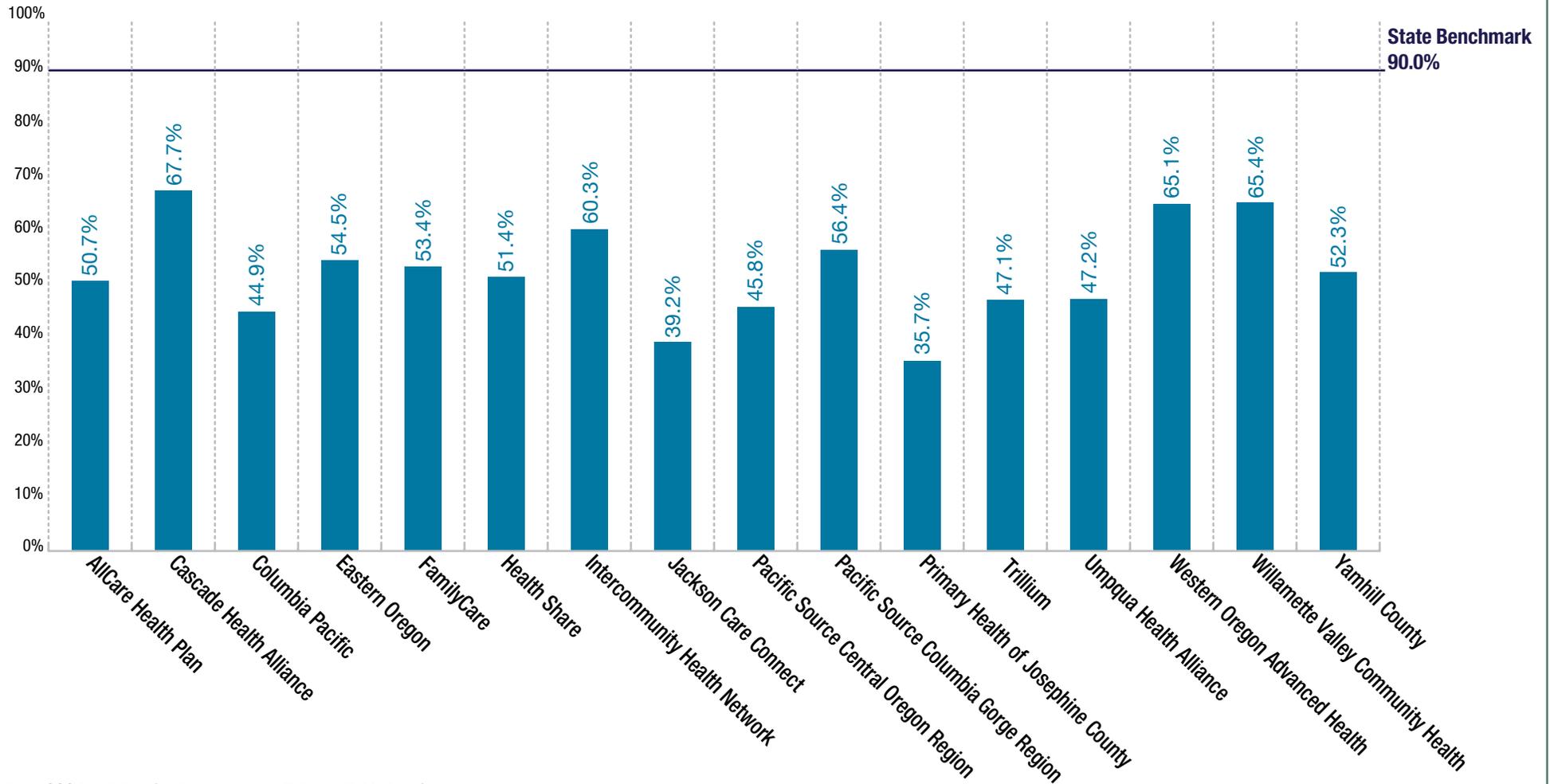
Note: Racial and ethnic information missing for 10.8% of respondents
*Each race category excludes Hispanic/Latino
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

CCO Incentive Measures

Percentage of children in DHS custody who receive a mental and physical health assessment within 60 days

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

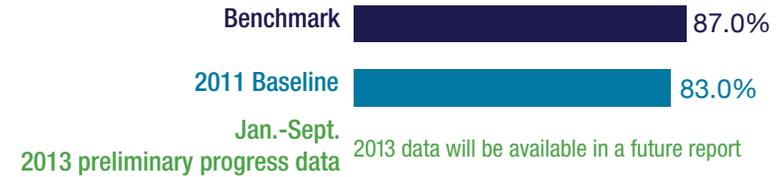
Access to care (CAHPS)

Definition: Percentage of patients (adults and children) who thought they received appointments and care when they needed them.

Focus areas: Improving access to effective and timely care.

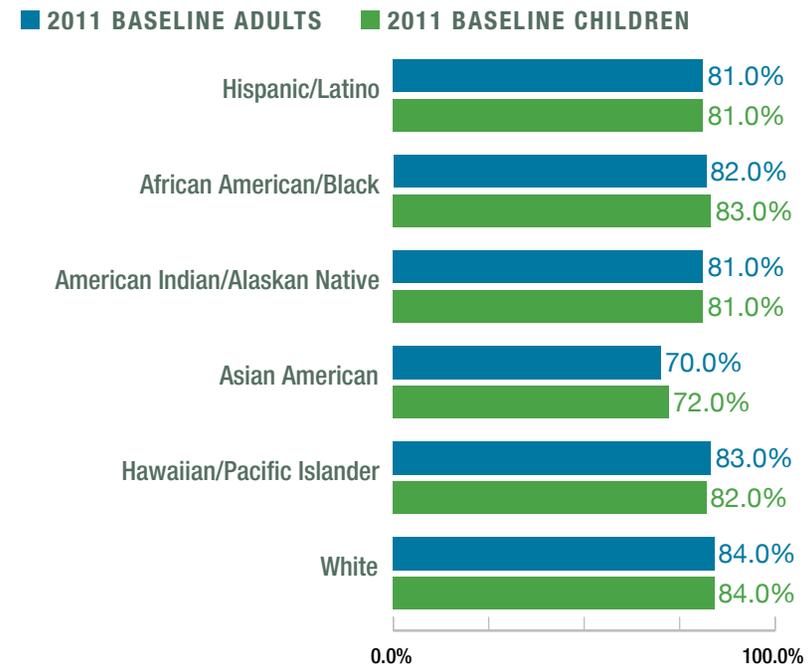
Purpose: Improving access to timely care and information helps increase the quality of care and reduce costs. Measuring access to care is also an important part of identifying disparities in health care and barriers to quality care, including a shortage of providers, lack of transportation, or long waits to get an appointment.

STATEWIDE



Data Source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark Source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA

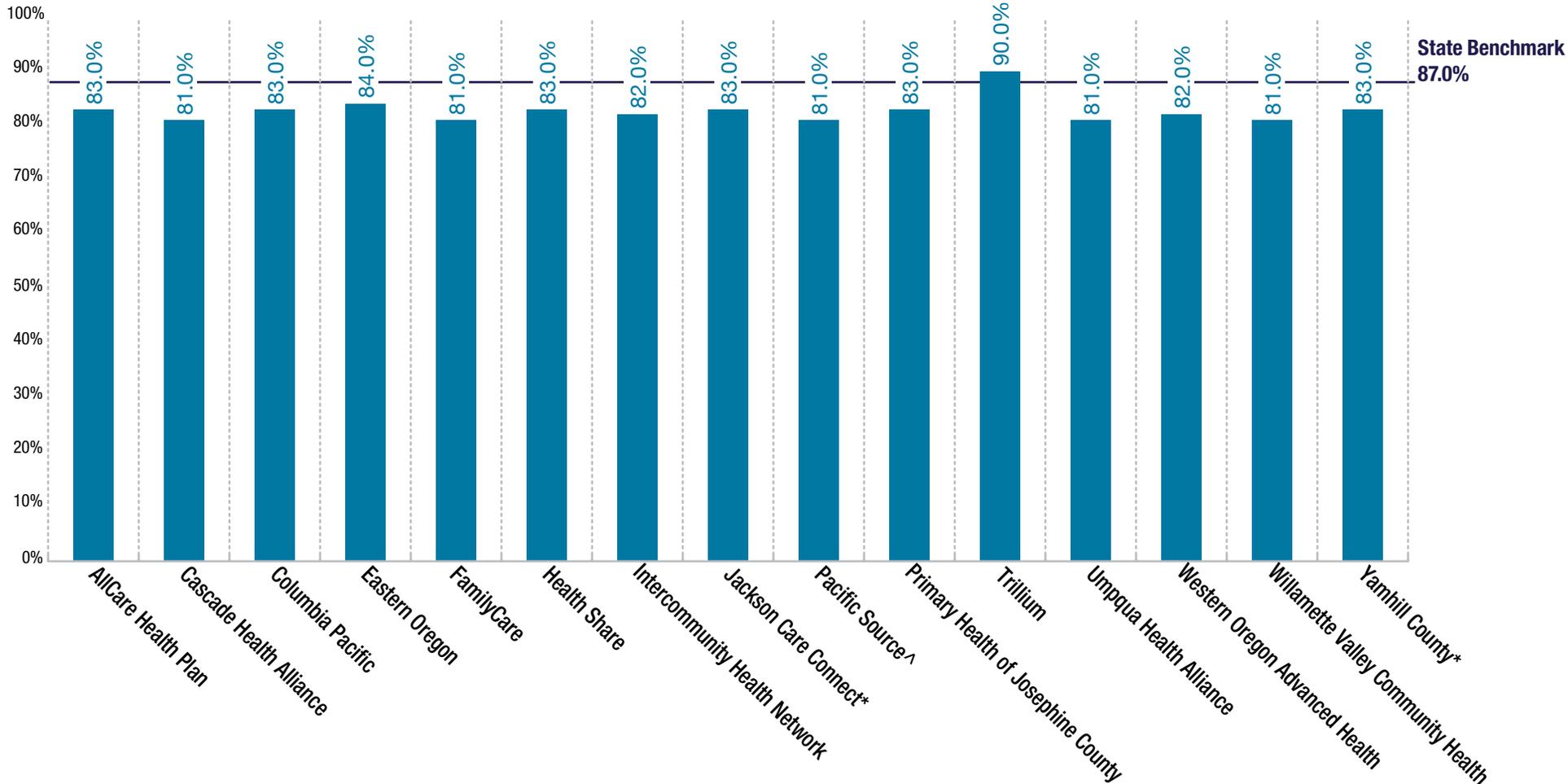


PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of patients who thought they received appointments and care when needed

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.
 *CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.
 ^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Adolescent well-care visits

Definition: Percentage of adolescents and young adults (ages 12-21) who had at least one well-care visit.

Focus area: Improving primary care for all populations.

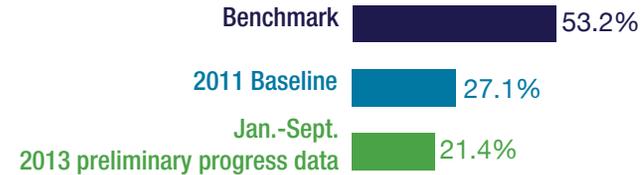
Purpose: Youth who can easily access preventive health services are more likely to be healthy and able to reach milestones such as high school graduation and entry into the work force, higher education or military service.

Jan. – Sept. 2013 data

The percentage of adolescents receiving a well-care visit between January and September 2013 represents the visits that have occurred among all eligible adolescents aged 12–21. The percentage will continue to grow across the year as more eligible adolescents receive their well-care visits. It's also important to look at this metric after we have a full year of data.

The percentage through September 2013 shows the progress toward the goal on this metric and should not be compared to the 2011 baseline or benchmark until all visits are counted at the end of 2013 when we have a full year of data.

STATEWIDE



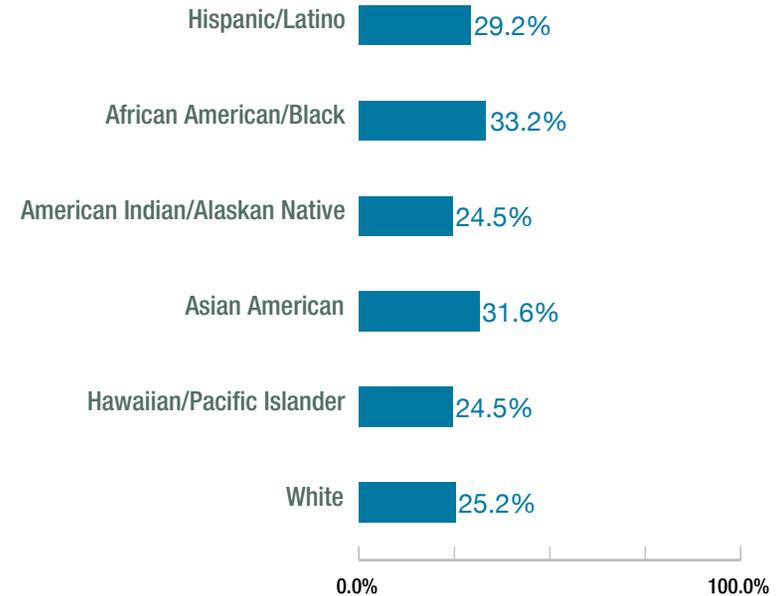
2013 n = 105,796

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile (administrative data only)

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 7.0% of respondents

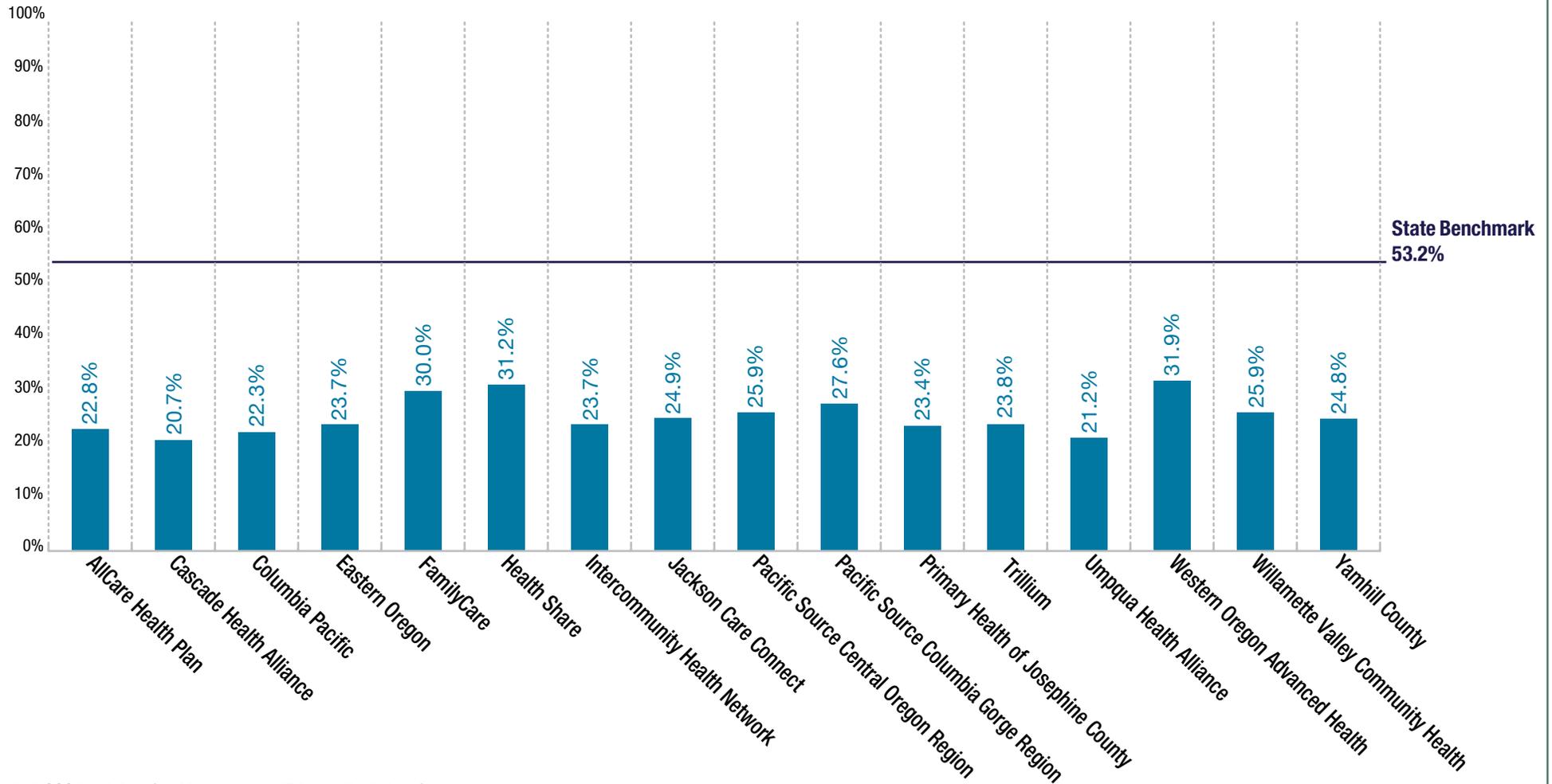
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

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

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Alcohol or other substance misuse (SBIRT)

Definition: The SBIRT measure, or Screening, Brief Intervention, and Referral to Treatment, measures the percentage of adult patients (ages 18 and older) who had appropriate screening and intervention for alcohol or other substance abuse.

Focus area: Improving behavioral and physical health coordination.

Purpose: By offering a simple but effective screening for alcohol or drug abuse during an office visit, providers can help patients get the care and information they need to stay healthy. If risky drinking or drug use is detected, a brief intervention, and in some cases referral, helps the patient recover more quickly and avoid serious health problems

Jan. – Sept. 2013 data

SBIRT guidance documents were finalized in June 2013. Since that time, there has been a gradual increase in the number of screenings conducted in many CCOs. We expect the rates for this measure to continue to grow as more providers become accustomed to the screening process.

STATEWIDE

Benchmark  13.0%

2011 Baseline | 0.0%

Jan.-Sept.
2013 preliminary progress data | 0.7%

2013 n = 192,119
Data source: Administrative (billing) claims
Benchmark source: Metrics and Scoring Committee consensus

RACE AND ETHNICITY DATA*

All categories are below one percent.

Note: Racial and ethnic information missing for 5.0% of respondents
*Each race category excludes Hispanic/Latino

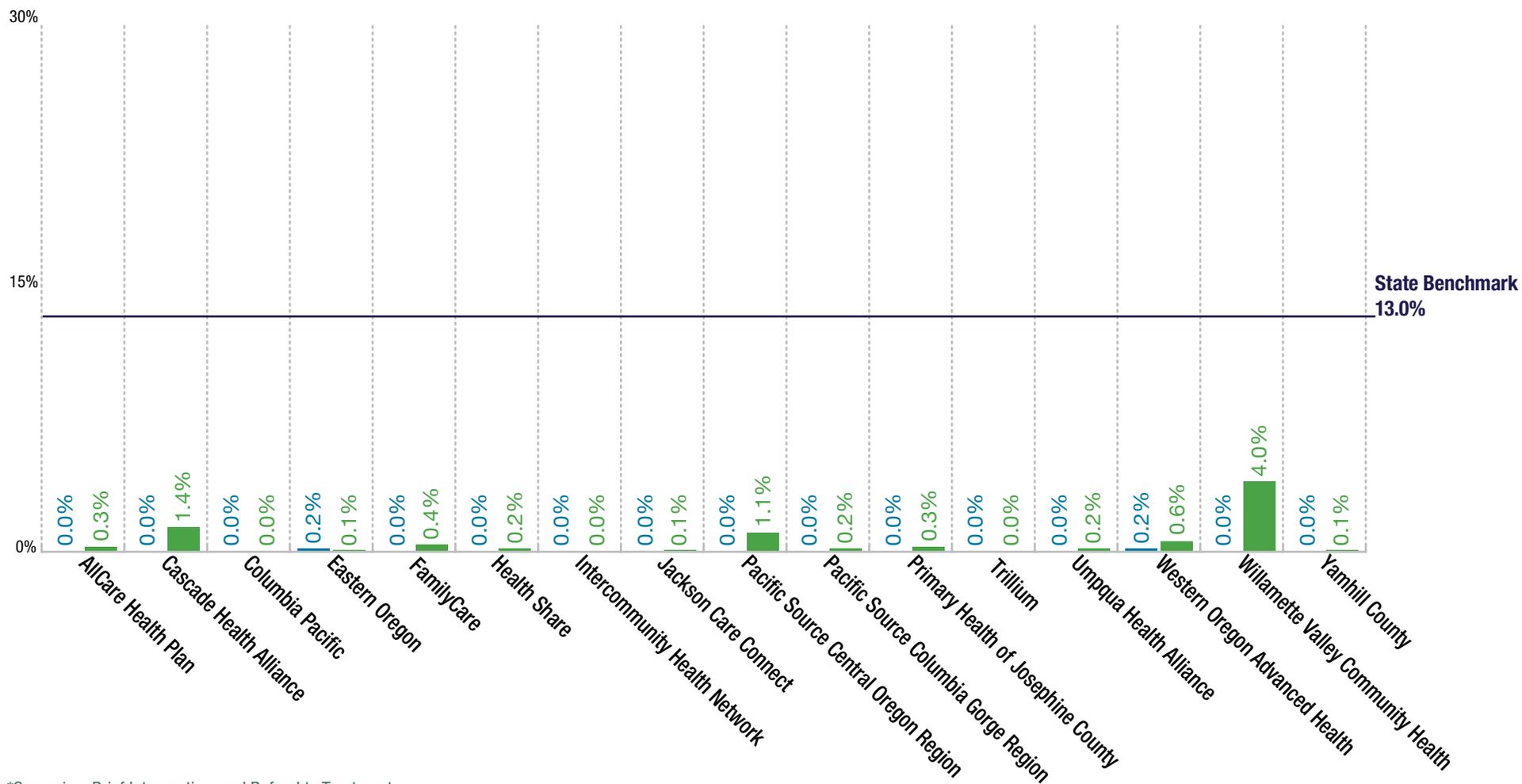
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of adult patients who had appropriate screening and intervention for alcohol or substance abuse (SBIRT*)

■ 2011 BASELINE DATA

■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



*Screening, Brief Intervention, and Referral to Treatment

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Ambulatory care: emergency department utilization

Definition: 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 this care.

Focus areas: Reducing preventable re-hospitalizations; ensuring appropriate care is delivered in appropriate settings; and reducing preventable and unnecessarily costly utilization by super-users.

Purpose: Emergency departments are sometimes used for problems that could have been treated at a doctor's office or urgent care clinic. Reducing inappropriate emergency department use can help to save costs and improve the health care experience for patients.

Jan. – Sept. 2013 data

This metric represents emergency department visits between January and September 2013. It shows a preliminary trend toward fewer emergency department visits from January to September 2013. Financial data (pages 84-94) are consistent in showing reduced emergency department visits. These preliminary data show a snapshot in time from the claims information we have today. Additional data will be coming in and numbers are expected to shift slightly.

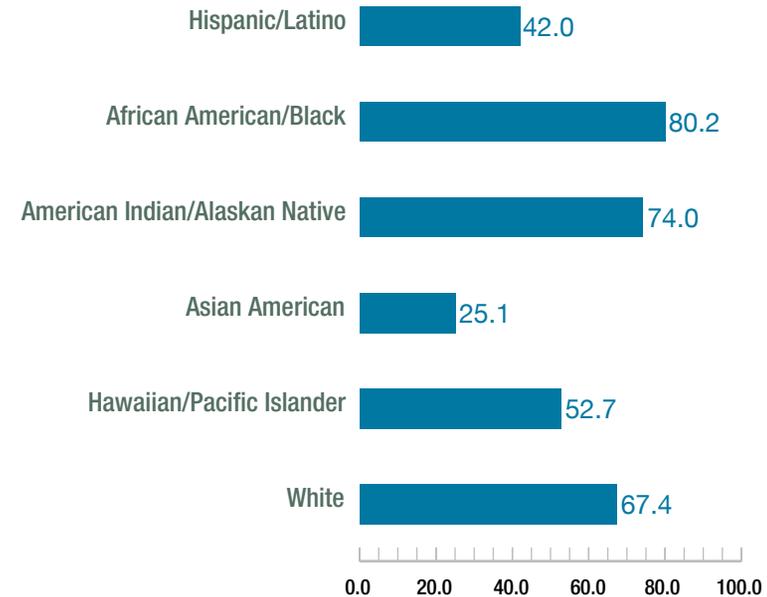
STATEWIDE



2013 n = 4,863,988 (member months)
 Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



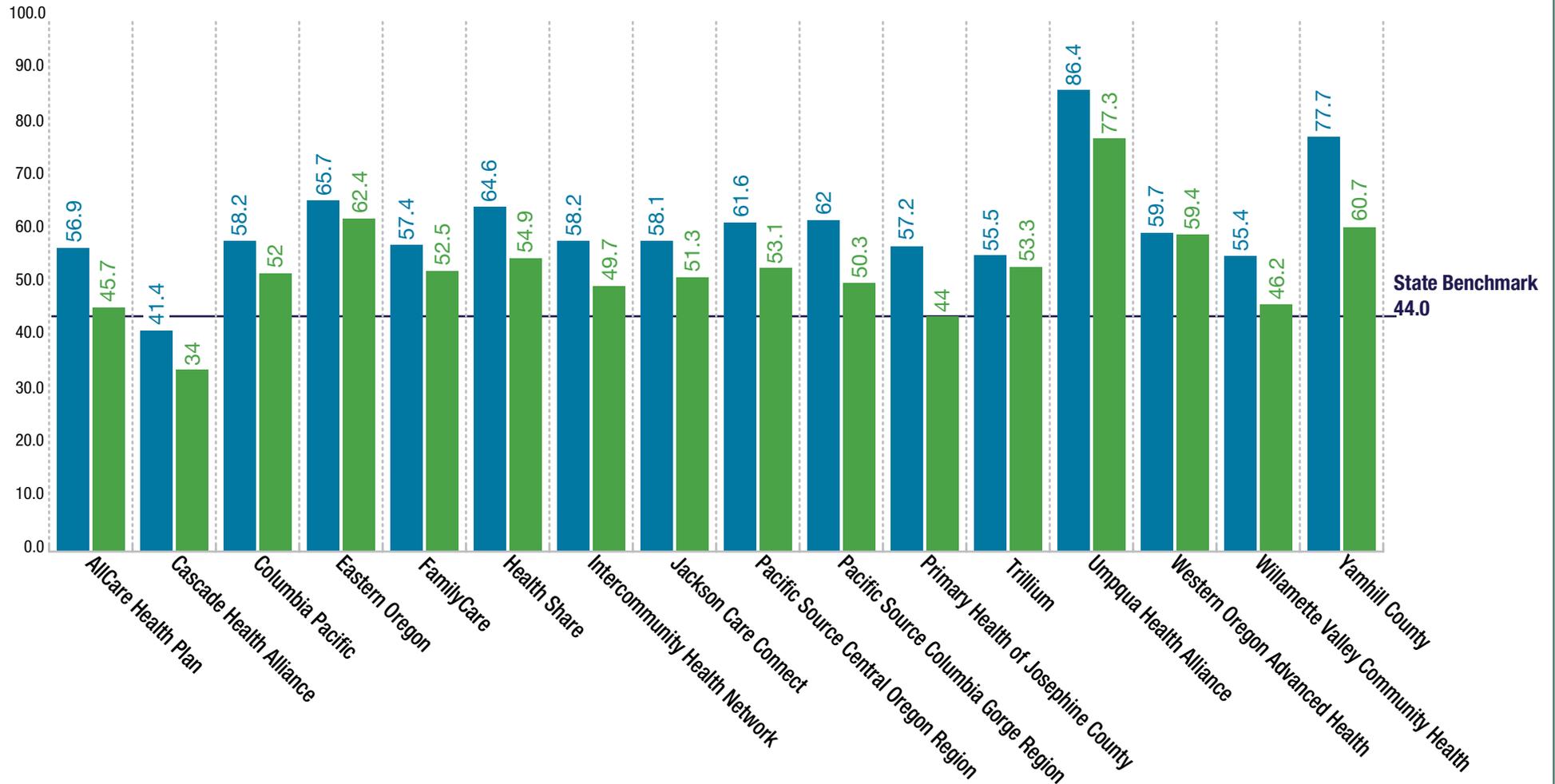
Note: Racial and ethnic information missing for 7.2% of respondents
 *Each race category excludes Hispanic/Latino
 (Lower scores are better.)

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Rate of patient visits to an emergency department*

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower scores are better.)

*Rates are per 1,000 member months

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Ambulatory care: outpatient utilization

Definition: Rate of outpatient services, such as office visits, home visits, nursing home care, urgent care and counseling or screening services. Rates are reported per 1,000 member months.

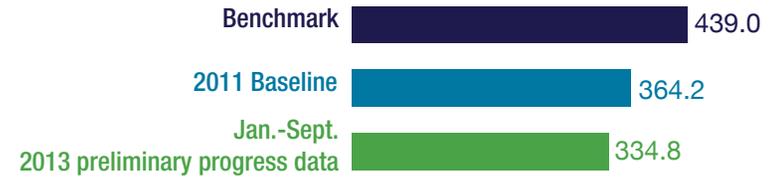
Focus areas: Reducing preventable re-hospitalizations; ensuring appropriate care is delivered in appropriate settings; and reducing preventable and unnecessarily costly utilization by super-users.

Purpose: Promoting the use of outpatient settings like a doctor's office or urgent care clinic is part of Oregon's goal of making sure patients are getting the right care in the right places and at the right times. Increasing the use of outpatient care helps improve health and lower costs by promoting prevention and keeping down rates of unnecessary emergency department use.

Jan. – Sept. 2013 data

This metric represents outpatient visits that include office visits or routine visits to hospital outpatient departments between January and September 2013. This metric shows a preliminary trend toward fewer outpatient visits from January to September 2013 and may be affected by seasonality and a lag in data submission. Outpatient visits include all visits to primary care and specialists as well as home and nursing home visits.

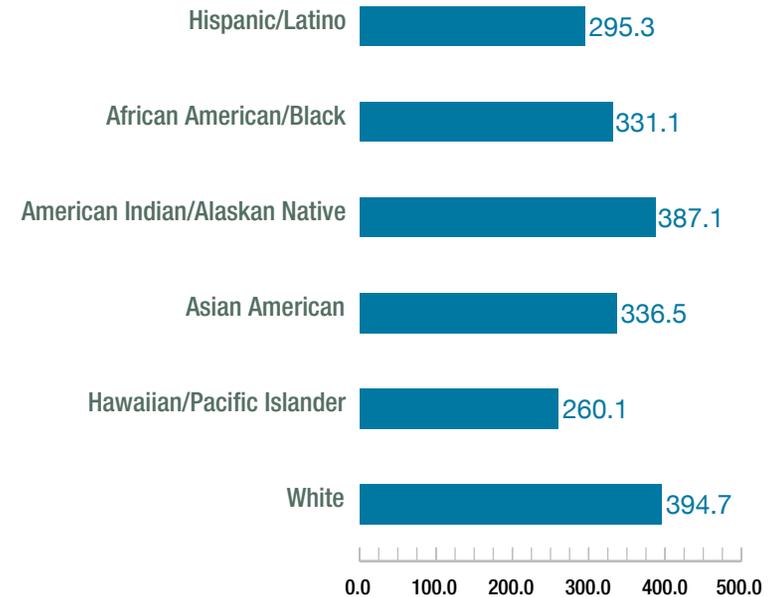
STATEWIDE



2013 n = 4,863,988 (member months)
 Data source: Administrative (billing) claims
 Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



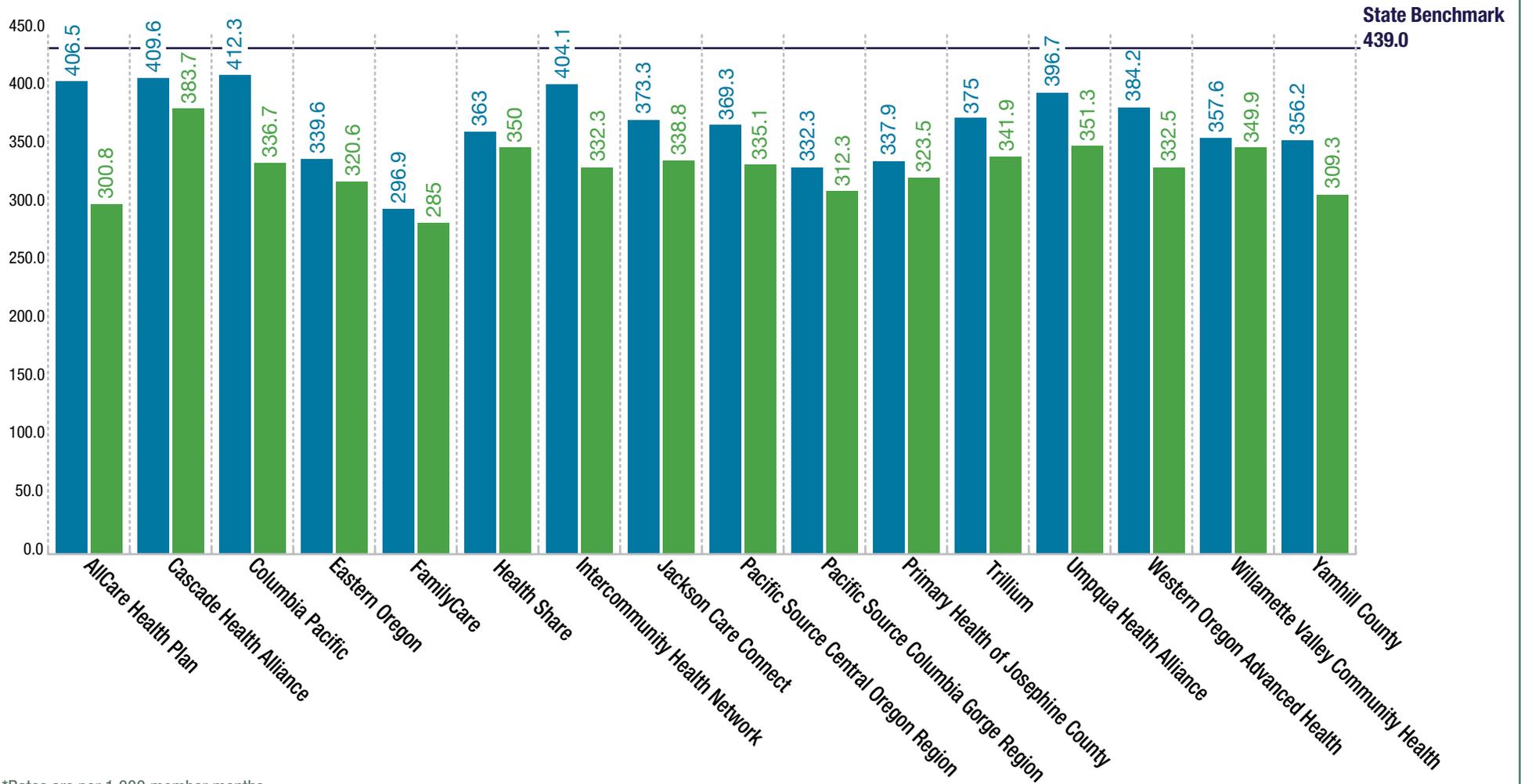
Note: Racial and ethnic information missing for 7.2% of respondents
 *Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Rate of patient visits to a doctor's office or urgent care*

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



*Rates are per 1,000 member months

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Colorectal cancer screening

Definition: Rate of adult patients (ages 50-75) who had appropriate screenings for colorectal cancer during the measurement year. Rates are reported per 1,000 member months.

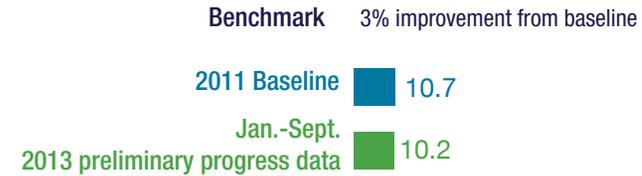
Focus areas: Improving primary care for all populations; ensuring appropriate care is delivered in appropriate settings; and improving access to effective and timely care.

Purpose: Colorectal cancer is Oregon's second leading cause of cancer deaths. With appropriate screening, abnormal growths in the colon can be found and removed before they turn into cancer. Colorectal cancer screening saves lives, while also keeping overall health care costs down.

Jan. – Sept. 2013 data

The colorectal cancer screening metric represents screenings that have occurred between January and September 2013 for eligible members (those between 50 and 75 years of age). The rate will continue to change as additional data come in and there is a full year of data.

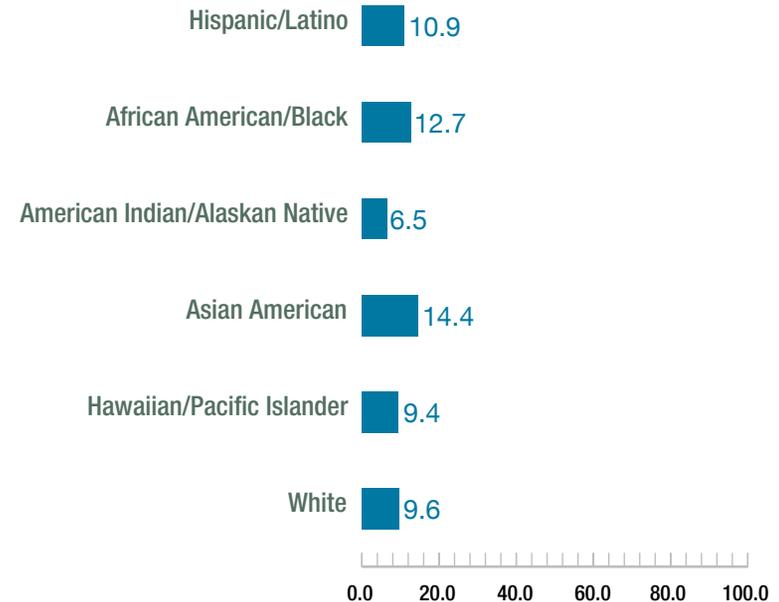
STATEWIDE



2013 n = 487,894 (member months)
 Data source: Administrative (billing) claims
 Benchmark source: Metrics and Scoring Committee consensus

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



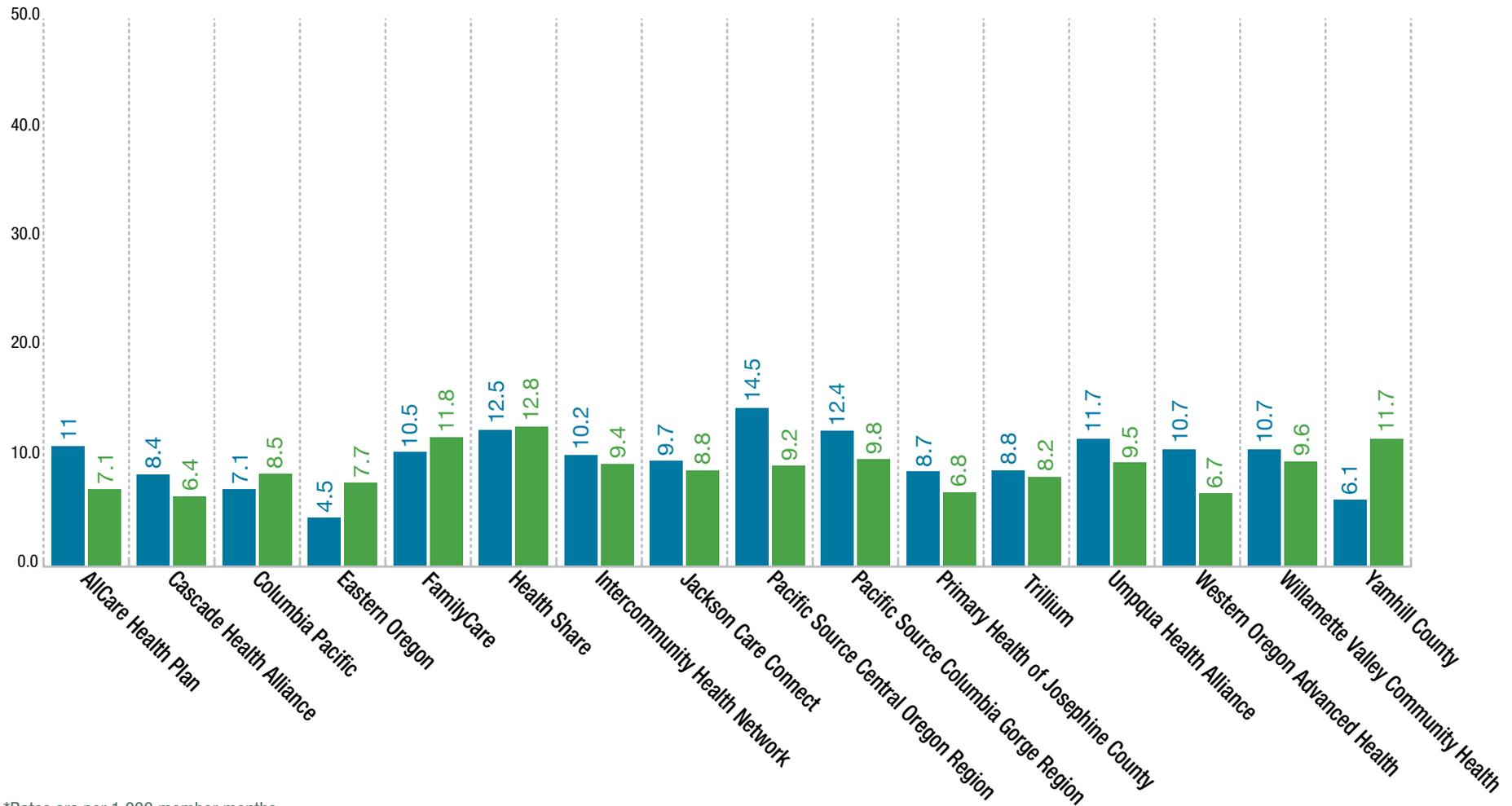
Note: Racial and ethnic information missing for 1.8% of respondents
 *Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Rate of adult patients who had appropriate screenings for colorectal cancer during the measurement year*

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



*Rates are per 1,000 member months.
Benchmark is 3% improvement from baseline

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Developmental screening

Definition: 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.

Focus areas: Improving primary care for all populations; ensuring appropriate care is delivered in appropriate settings; and improving access to effective and timely care.

Purpose: Early childhood screening help find delays in development as early as possible, which leads to better health outcomes and reduced costs. Early developmental screening provides an opportunity to refer children to the appropriate specialty care before problems worsen. Often, developmental delays are not found until kindergarten or later – well beyond the time when treatments are most helpful.

Jan. – Sept. 2013 data

The percentage of children receiving a developmental screening between January and September 2013 represents the visits that have occurred among all the eligible children for the full measurement year. Therefore, the percentage will continue to grow across the year as more screenings occur.

The percentage through September 2013 already shows improvement over the 2011 baseline. However, this metric should not be compared to the benchmark until all screenings are counted at the end of 2013 when we have a full year of data.

STATEWIDE



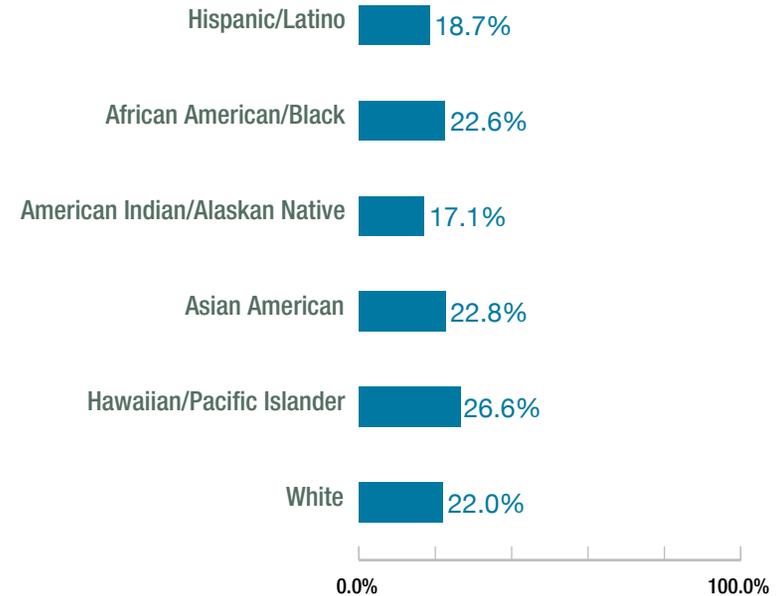
2013 n = 20,377

Data source: Administrative (billing) claims

Benchmark source: Metrics and Scoring Committee consensus

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 10.6% of respondents

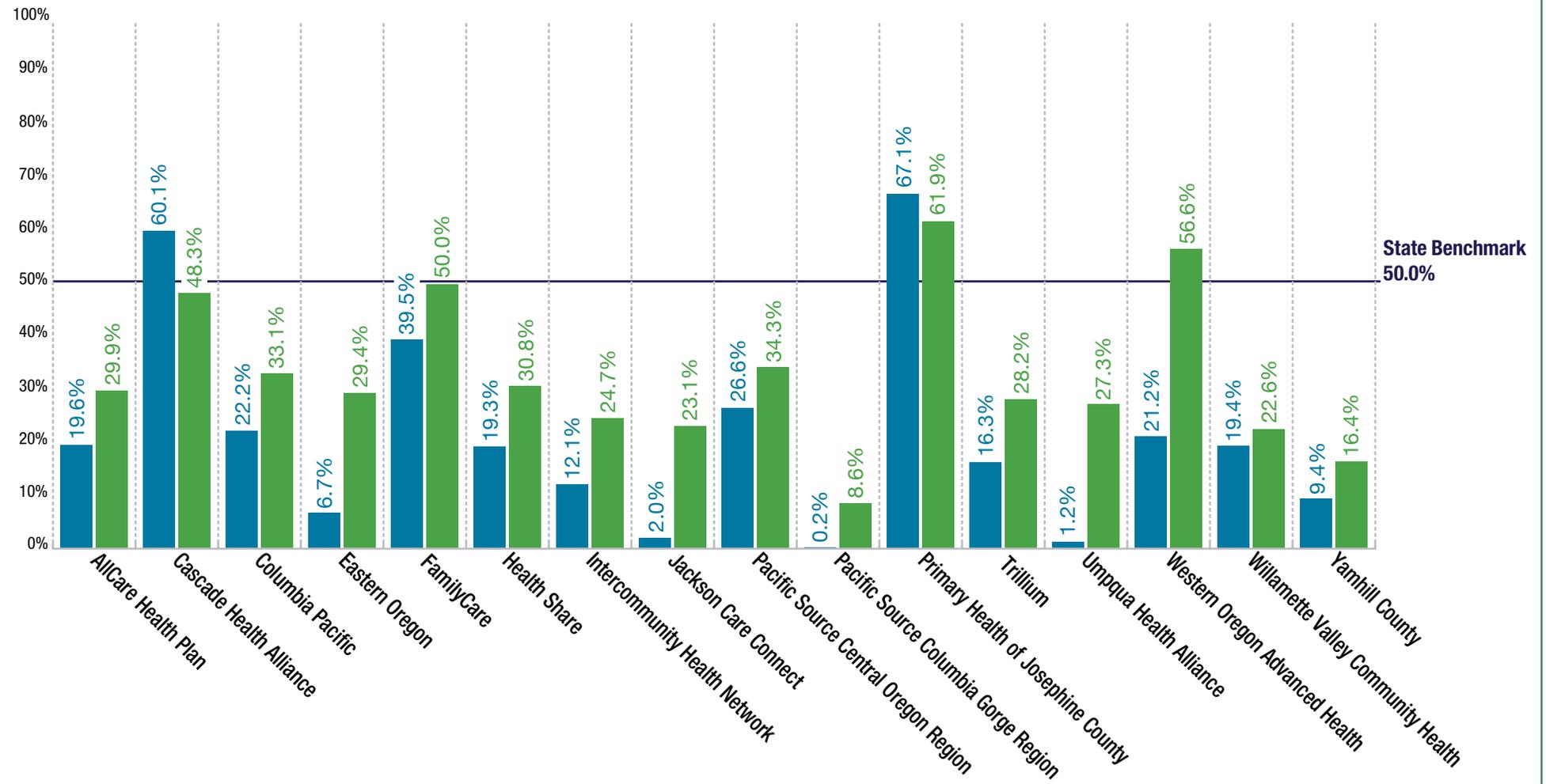
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of children up to three-years-old screened for developmental delays

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Elective delivery

Definition: Percentage of women who had an elective delivery between 37 and 39 weeks of gestation. (A lower score is better.)

Focus areas: Improving perinatal and maternity care.

Purpose: There is a substantial body of evidence showing that an infant born at 37 weeks has worse health outcomes than one born at 40 weeks. Specifically, stays at the neonatal intensive care unit are higher in children at 37-38 weeks than children who completed at least 39 weeks. Because of this, it has become a national and state priority to limit elective deliveries to pregnancies that have completed at least 39 weeks gestation.

STATEWIDE

Benchmark ■ 5.0%

2011 Baseline ■ 10.1%

Jan.-Sept.
2013 preliminary progress data 2013 data will be available in a future report

Data Source: Administrative (billing) claims, Vital Records, and hospitals.
Benchmark Source: Metrics and Scoring Committee consensus

RACE AND ETHNICITY DATA

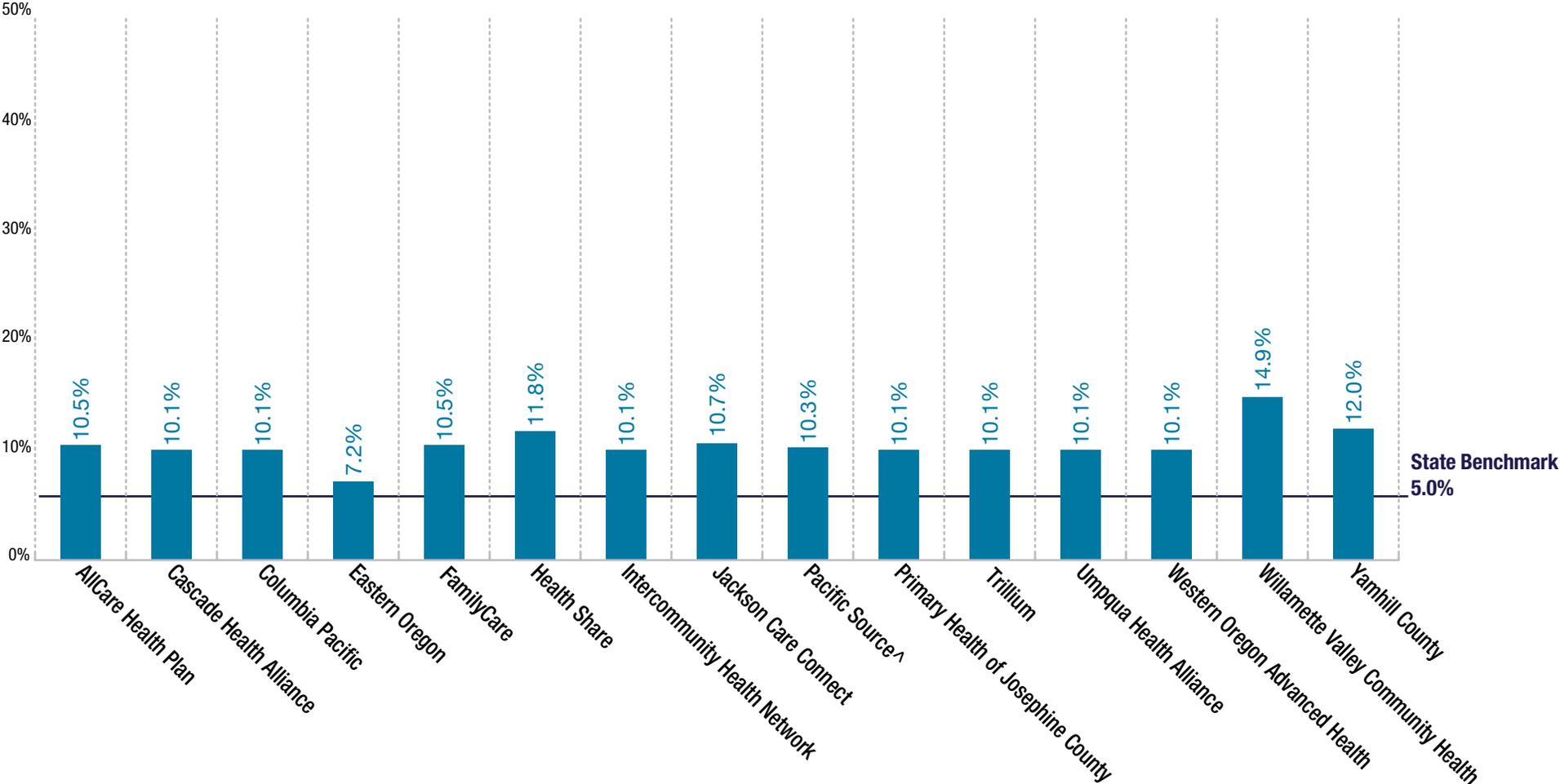
Race and ethnicity data for this measure is not available.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of women who had an elective delivery between 37 and 39 weeks of gestation

■ 2011 BASELINE DATA



(Lower scores are better)
 2013 CCO level data for this measure will be available in a future report.
 ^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Electronic Health Record adoption

Definition: Percentage of eligible providers within a CCO's network and service area who qualified for a "meaningful use" incentive payment during the measurement year through Medicaid, Medicare, or Medicare Advantage EHR Incentive Programs.

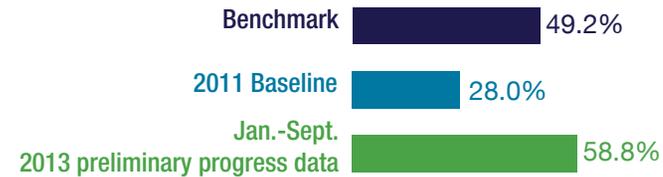
Focus areas: Electronic Health Record adoption

Purpose: Electronic health records have the potential to improve coordination of care, increase patient safety, reduce medical error, and contain health care costs by reducing costly, duplicative tests. Physicians who use electronic health records have more accurate information on each patient, so they can make the most appropriate clinical decisions.

Jan. – Sept. 2013 data

Electronic Health Record adoption measures the percentage of eligible providers who received a "meaningful use" payment for electronic health record adoption. This metric demonstrates an increase in 2013 compared to the 2011 baseline.

STATEWIDE



2013 n = 10,986 (eligible providers)

Data source: state and federal EHR Incentive Program

Benchmark source: federal assumed rate for non-hospital based EHR adoption and Meaningful Use by 2014.

RACE AND ETHNICITY DATA

Electronic Health Record adoption will not be stratified by race and ethnicity.

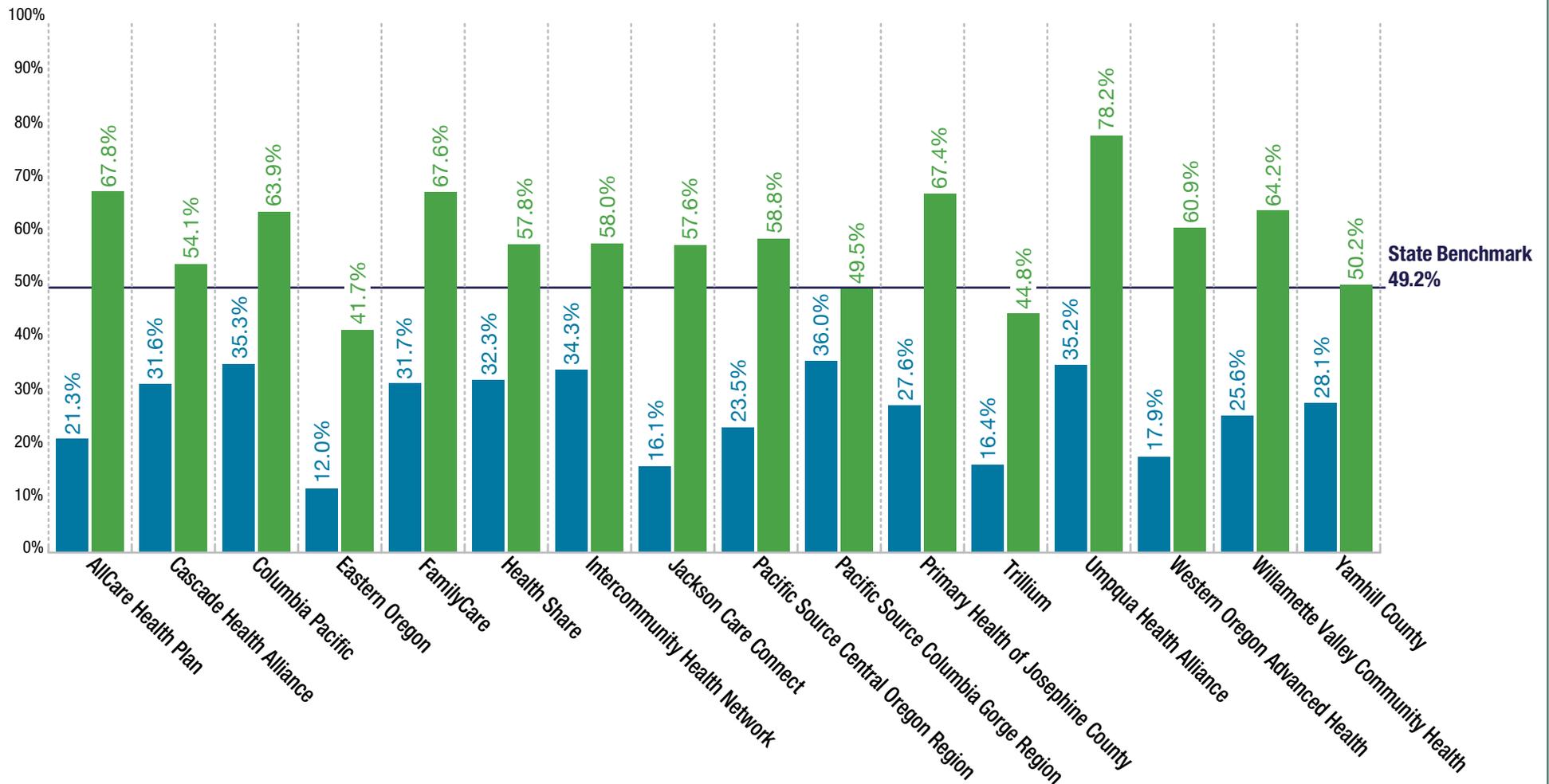
PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of providers who qualified for an EHR incentive payment during the measurement year

■ 2011 BASELINE DATA

■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Follow-up after hospitalization for mental illness

Definition: Percentage of patients (ages 6 and older) who received a follow-up with a health care provider within 7 days of being discharged from the hospital for mental illness.

Focus areas: Improving behavioral and physical health coordination and reducing preventable re-hospitalizations.

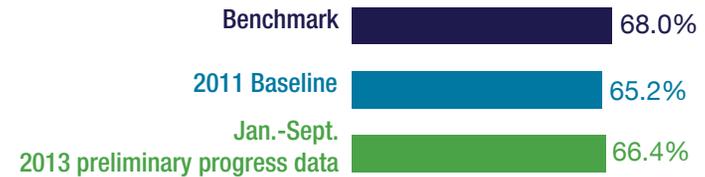
Purpose: Follow-up care is important to help patients make progress and feel better after being in the hospital for mental illness. This measure addresses an emerging issue for children by suggesting follow up for patients ages 6 and up. Additionally, research shows that follow-up care helps keep patients from returning to the hospital, providing an important opportunity to reduce health care costs and improve health.

Jan. – Sept. 2013 data

This metric represents follow-up visits within seven days after members were discharged from a hospital with a mental health diagnosis between January and September 2013.

Due to a small number of cases for this metric, it is too early to interpret whether there are improvements on this measure. However, the 2013 preliminary data are encouraging and show a slight increase over the baseline.

STATEWIDE



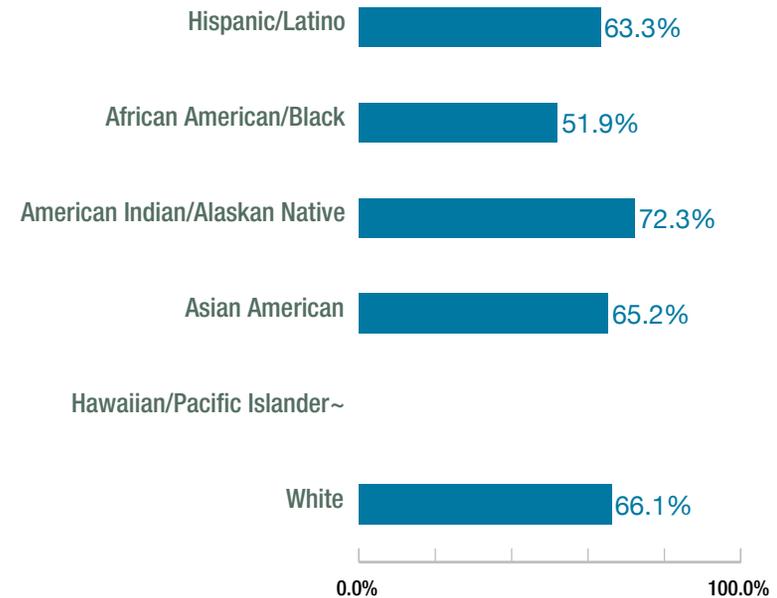
2013 n = 1,359

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 4.9% of respondents

*Each race category excludes Hispanic/Latino

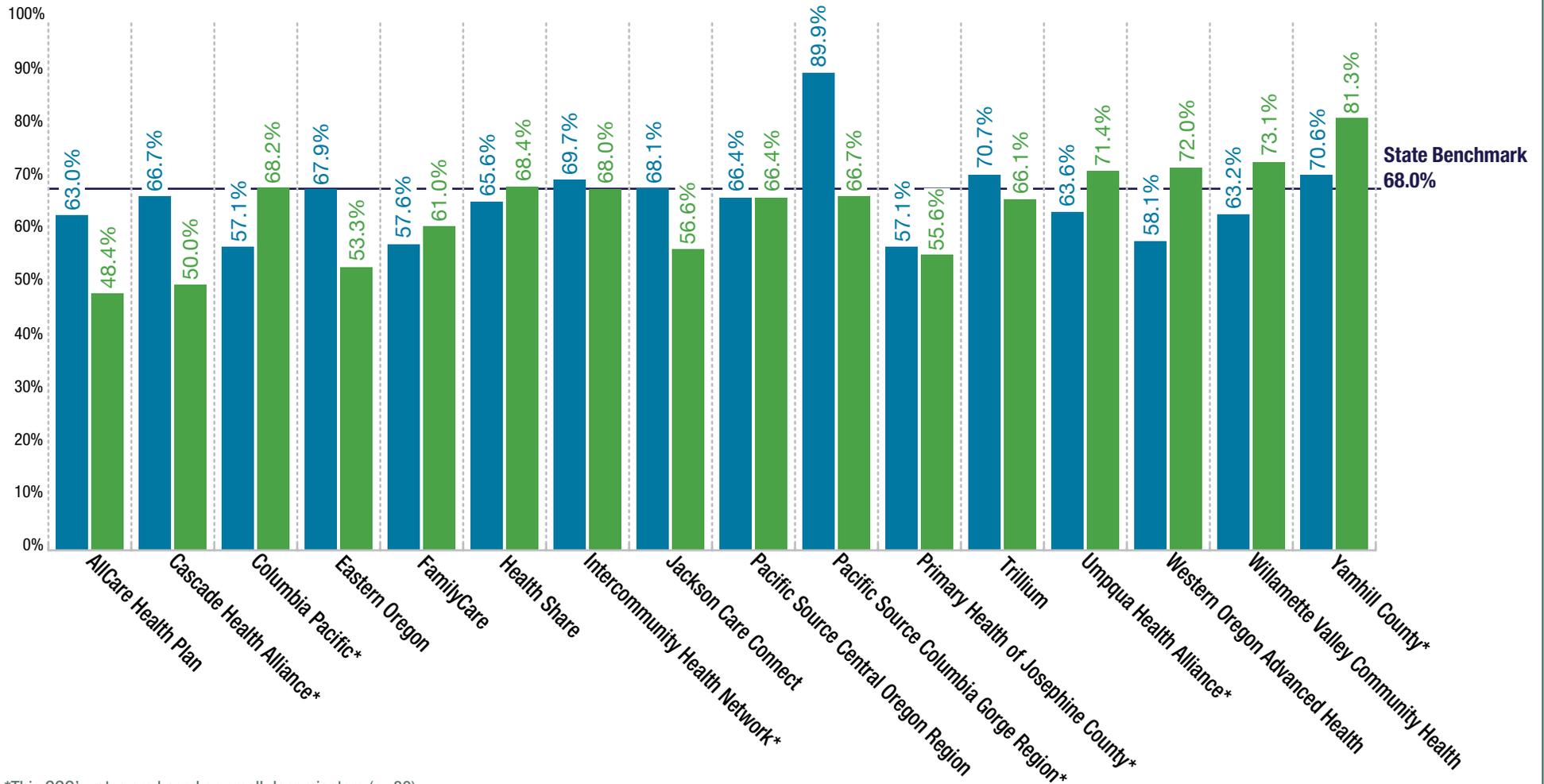
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of patients who received follow-up care within 7 days of being discharged from the hospital for mental illness

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



*This CCO's rates are based on small denominators (n<30)

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Follow-up care for children prescribed ADHD medication (initiation phase)

Definition: Percentage of children (ages 6-12) who had at least one follow-up visit with a provider during the 30 days after receiving a new prescription for attention deficit hyperactivity disorder (ADHD) medication.

Focus areas: Improving behavioral and physical health coordination and improving access to effective and timely care.

Purpose: Children with attention deficit hyperactivity disorder can be greatly helped by ADHD medication. One critical component of care is that children have follow-up visits once they are on the medication. After a child receives ADHD medication, a primary care provider should continue to assess learning and behavior and help manage the condition. ADHD treatment is an important emerging issue for children.

Jan. – Sept. 2013 data

This metric tracks the percentage of children prescribed ADHD medication who had a follow-up visit within 30 days after receiving a new prescription. Statewide, there was a 5% increase over the January–June data.

Due to a small number of cases for this metric, it is too early to interpret whether or not there are improvements on this measure. However, the 2013 preliminary data are encouraging and show a slight increase over the baseline.

STATEWIDE



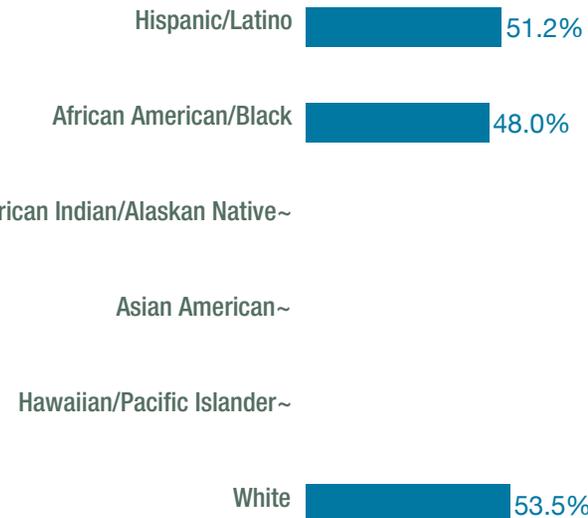
2013 n = 1,590

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



0.0%

100.0%

Note: Racial and ethnic information missing for 10.4% of respondents

*Each race category excludes Hispanic/Latino

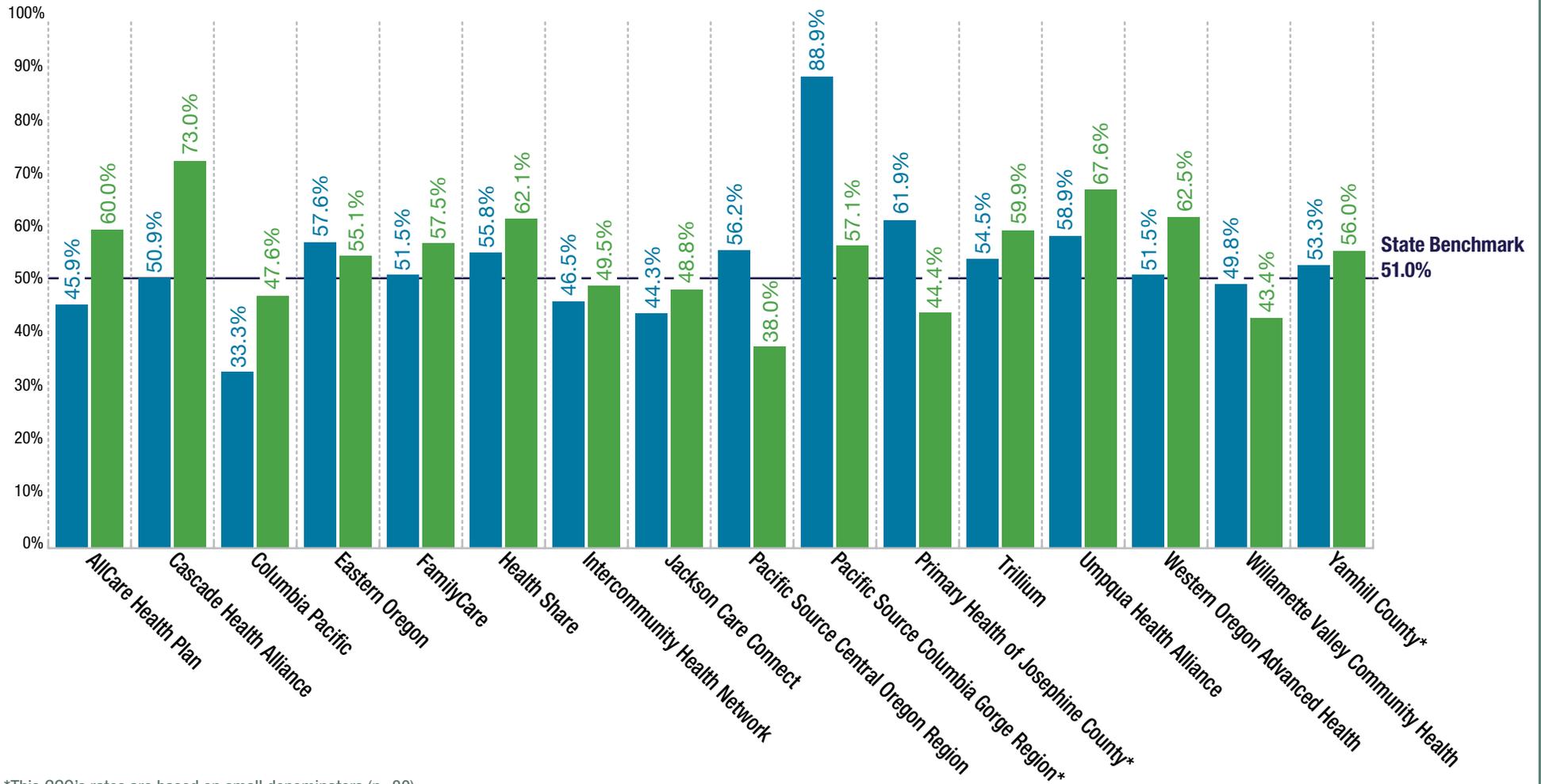
~ Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

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

■ 2011 BASELINE DATA



*This CCO's rates are based on small denominators (n<30)

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Follow-up care for children prescribed ADHD medication (continuation and maintenance phase)

Definition: 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 (see page 28).

Focus areas: Improving behavioral and physical health coordination and improving access to effective and timely care.

Purpose: Children with attention deficit hyperactivity disorder can be greatly helped by ADHD medication. One critical component of care is that children have follow-up visits once they are on the medication. After a child receives ADHD medication, a primary care provider should continue to assess learning and behavior and help manage the condition. ADHD treatment is an important emerging issue for children.

Jan. – Sept. 2013 data

This metric tracks the percentage of children prescribed ADHD medication who remained on the medication for 210 days and had at least two follow-ups with a provider within 270 days of the prescription. To date, data are similar to baseline numbers.

STATEWIDE



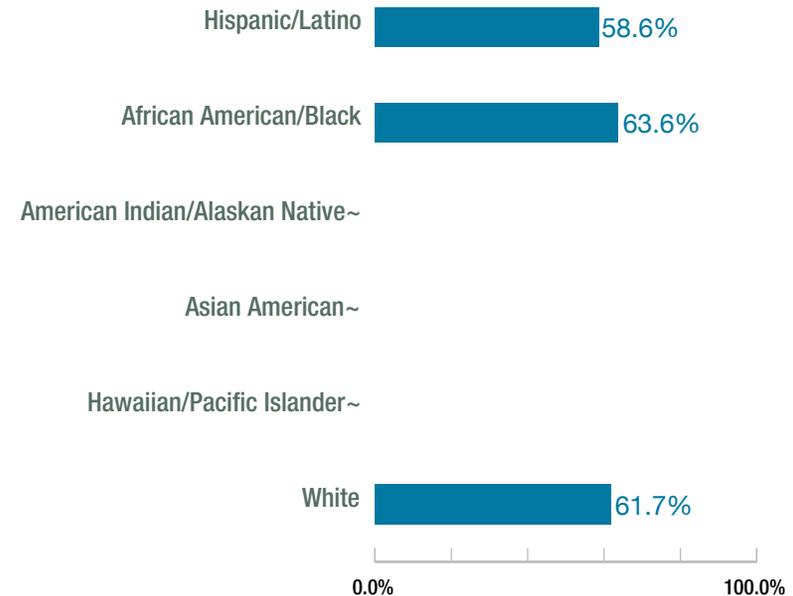
2013 n = 1,063

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.2% of respondents

*Each race category excludes Hispanic/Latino

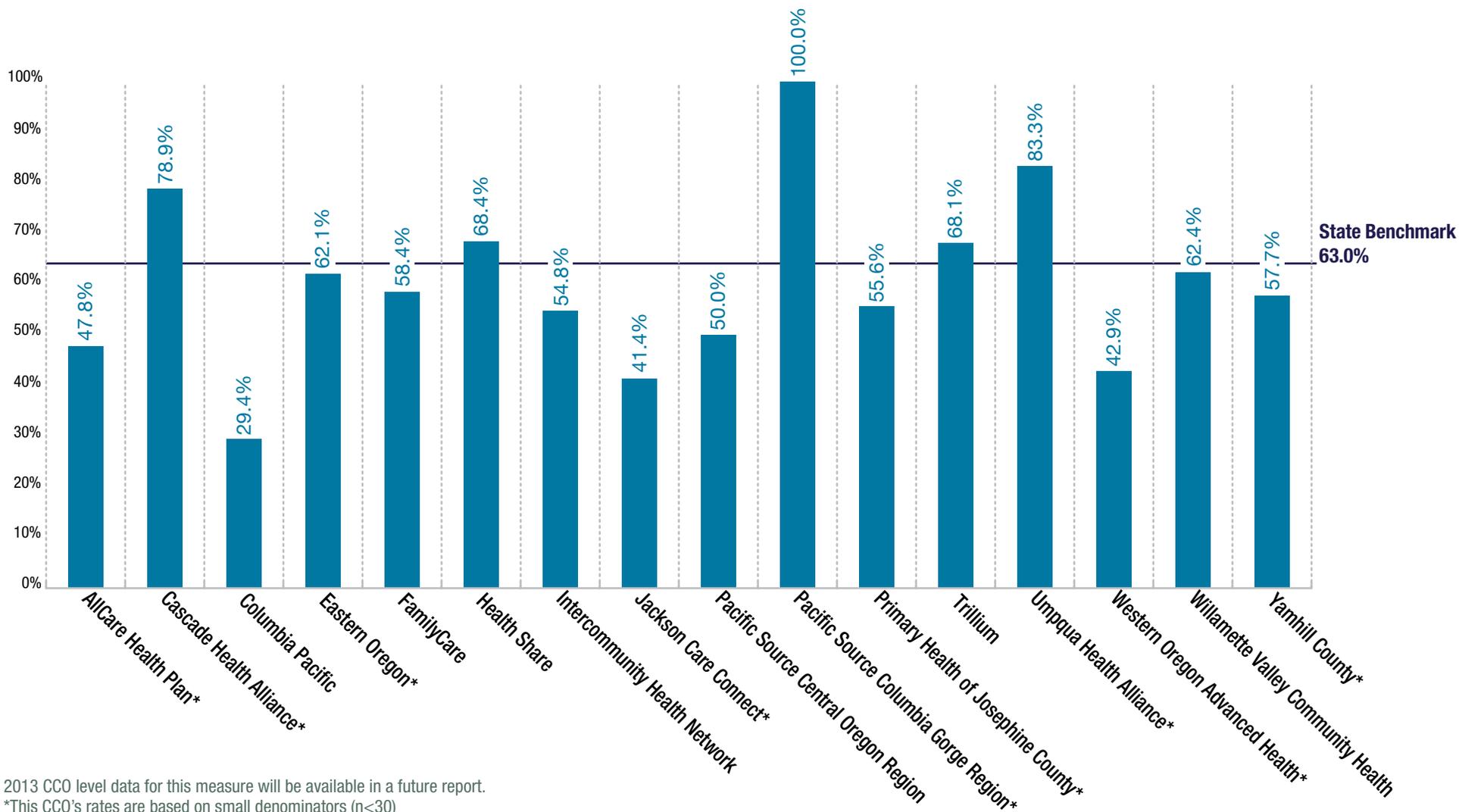
~ Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of children (ages 6-12) who remained on ADHD medication for 210 days after receiving a new prescription and who had at least two follow-ups

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

*This CCO's rates are based on small denominators (n<30)

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Patient-centered primary care home enrollment

Definition: Percentage of patients who were enrolled in a recognized patient-centered primary care home (PCPCH).

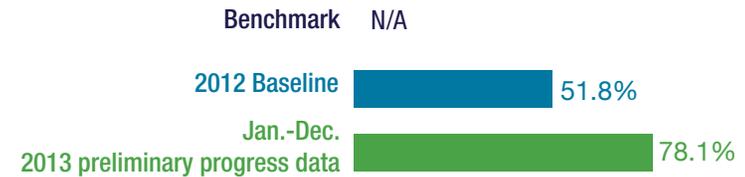
Focus areas: Improving primary care for all populations; ensuring appropriate care is delivered in appropriate settings; and improving access to effective and timely care.

Purpose: Patient-centered primary care homes are clinics that have been recognized for their commitment to quality, patient-centered, coordinated care. Patient-centered primary care homes help improve a patient's health care experience and overall health.

Jan. – Sept. 2013 data

This metric tracks the percentage of CCO members who are enrolled in a recognized patient-centered primary care home. The January through September 2013 data show a trend toward higher enrollment compared to the 2011 baseline and an increase since the November quarterly report.

STATEWIDE



2013 n = 541,538
Data source: CCO quarterly report

RACE AND ETHNICITY DATA

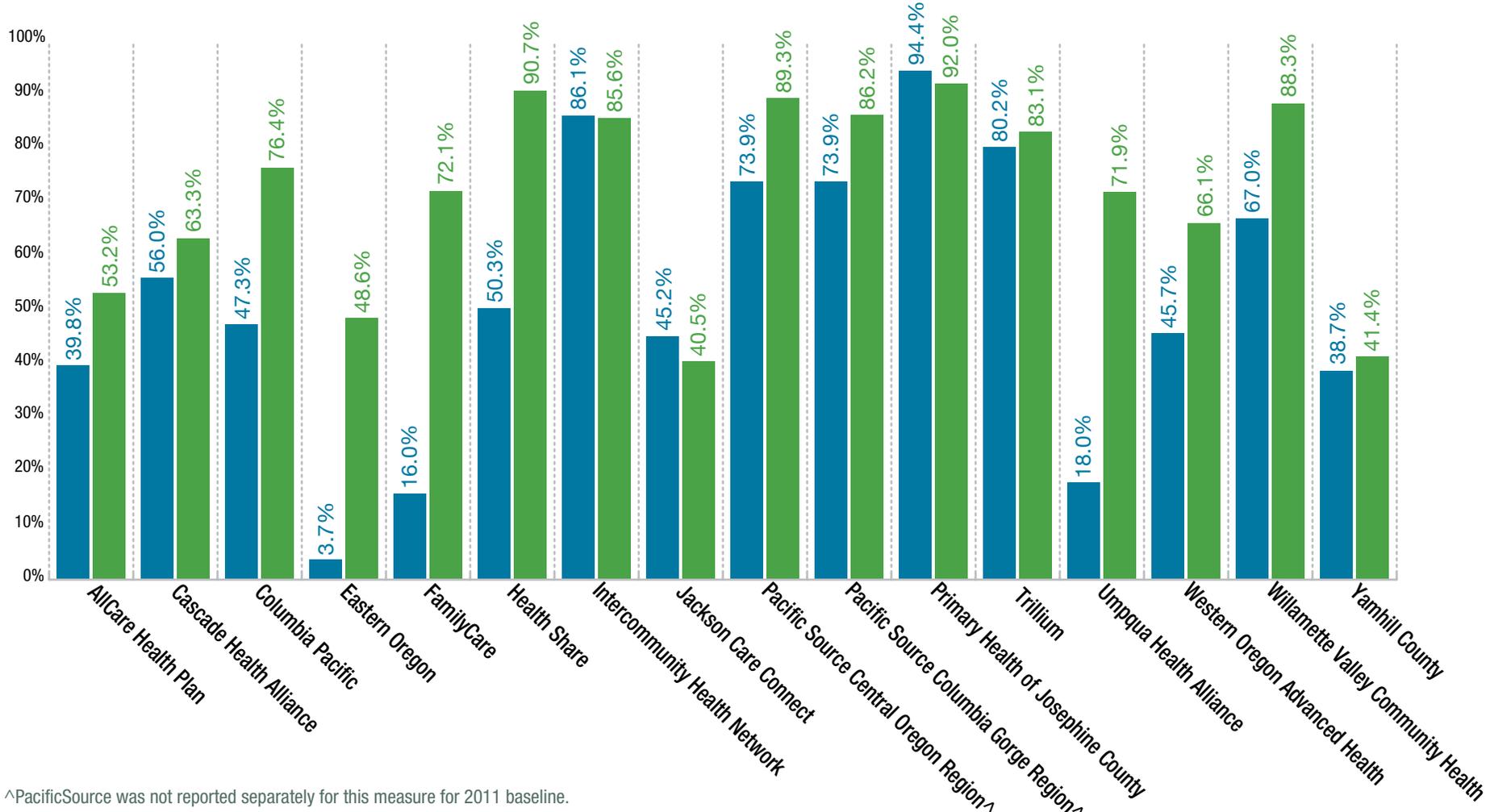
Patient-centered primary care home enrollment will not be stratified by race and ethnicity.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of patients who were enrolled in a recognized patient-centered primary care home

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



^PacificSource was not reported separately for this measure for 2011 baseline.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Satisfaction with care (CAHPS)

Definition: Percentage of patients (adults and children) who received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Focus area: Addressing patient satisfaction with health care.

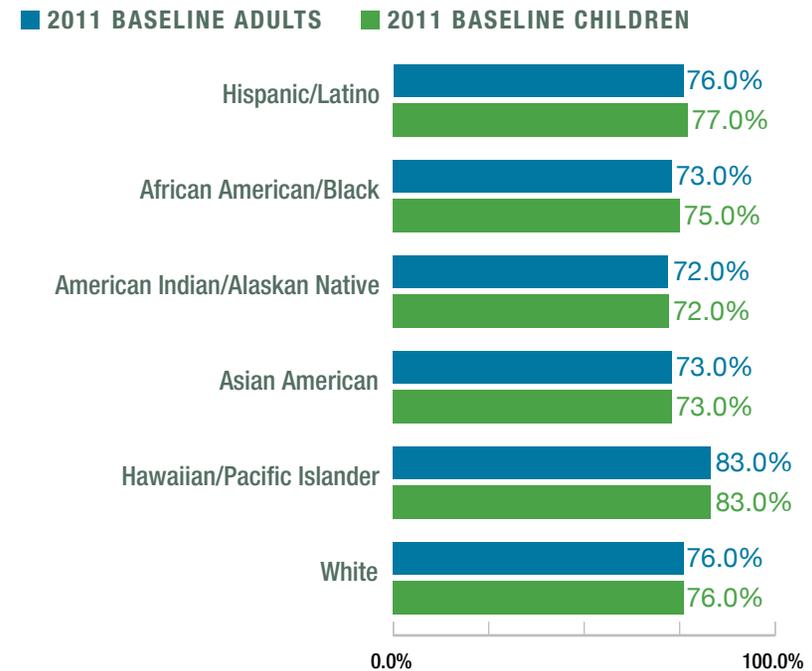
Purpose: A patient's satisfaction and overall experience with their care is a critical component of quality health care. Data shows that healthier patients tend to report being more satisfied with the care they receive. Patients who are not satisfied with their care may miss appointments.

STATEWIDE



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*



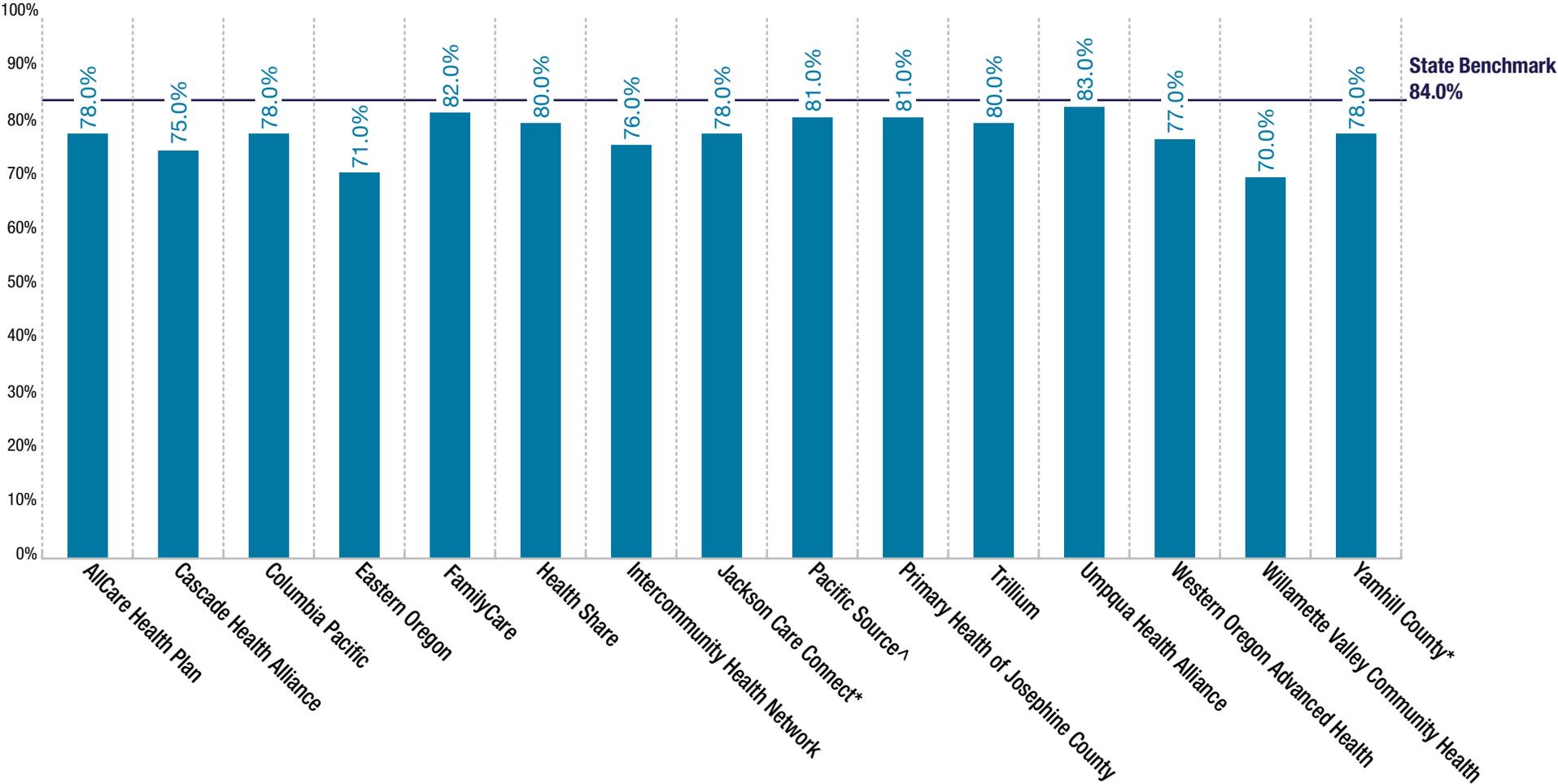
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Percentage of patients who received needed information and thought they were treated with courtesy and respect

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.
 *CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.
[^]Cannot report PacificSource separately for this measure.
 2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

Timeliness of prenatal care

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

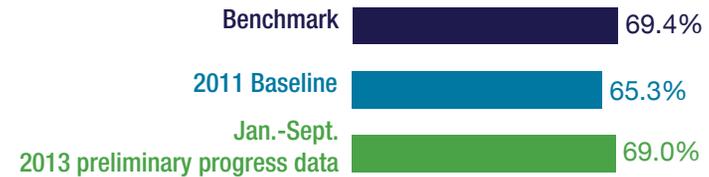
Focus areas: Improving overall perinatal and maternity care and improving access to effective and timely care.

Purpose: Care during a pregnancy, prenatal care, is widely considered the most productive and cost-effective way to support the delivery of a healthy baby. The timeliness of that care is a critical and sometimes overlooked component. This measure helps ensure timeliness by tracking the percentage of women who receive an early prenatal care visit (in the first trimester). Improving the timeliness of prenatal care can lead to significantly better health outcomes and cost savings – as more than 40% of all babies born in Oregon are covered by Medicaid.

Jan. – Sept. 2013 data

This metric tracks the percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid. The preliminary 2013 data show an improvement over baseline and are approaching the statewide benchmark.

STATEWIDE



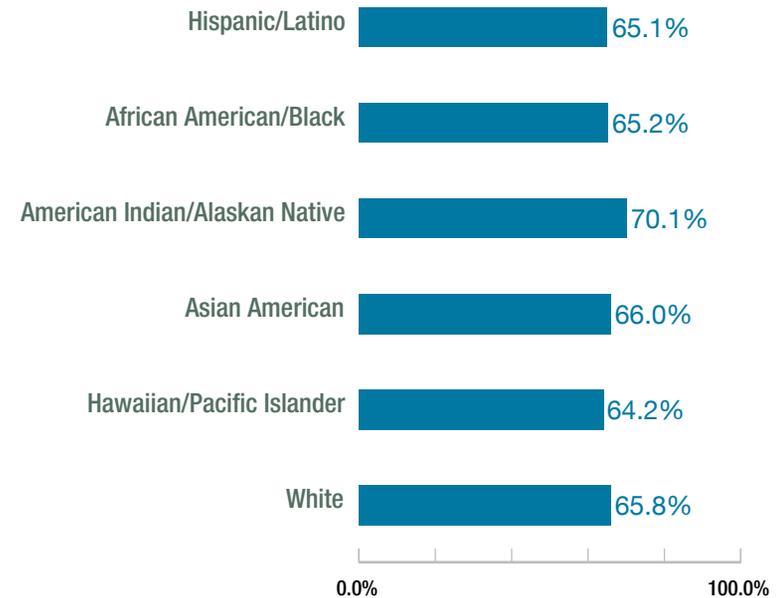
2013 n = 3,701

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile (administrative data only)

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 9.0% of respondents

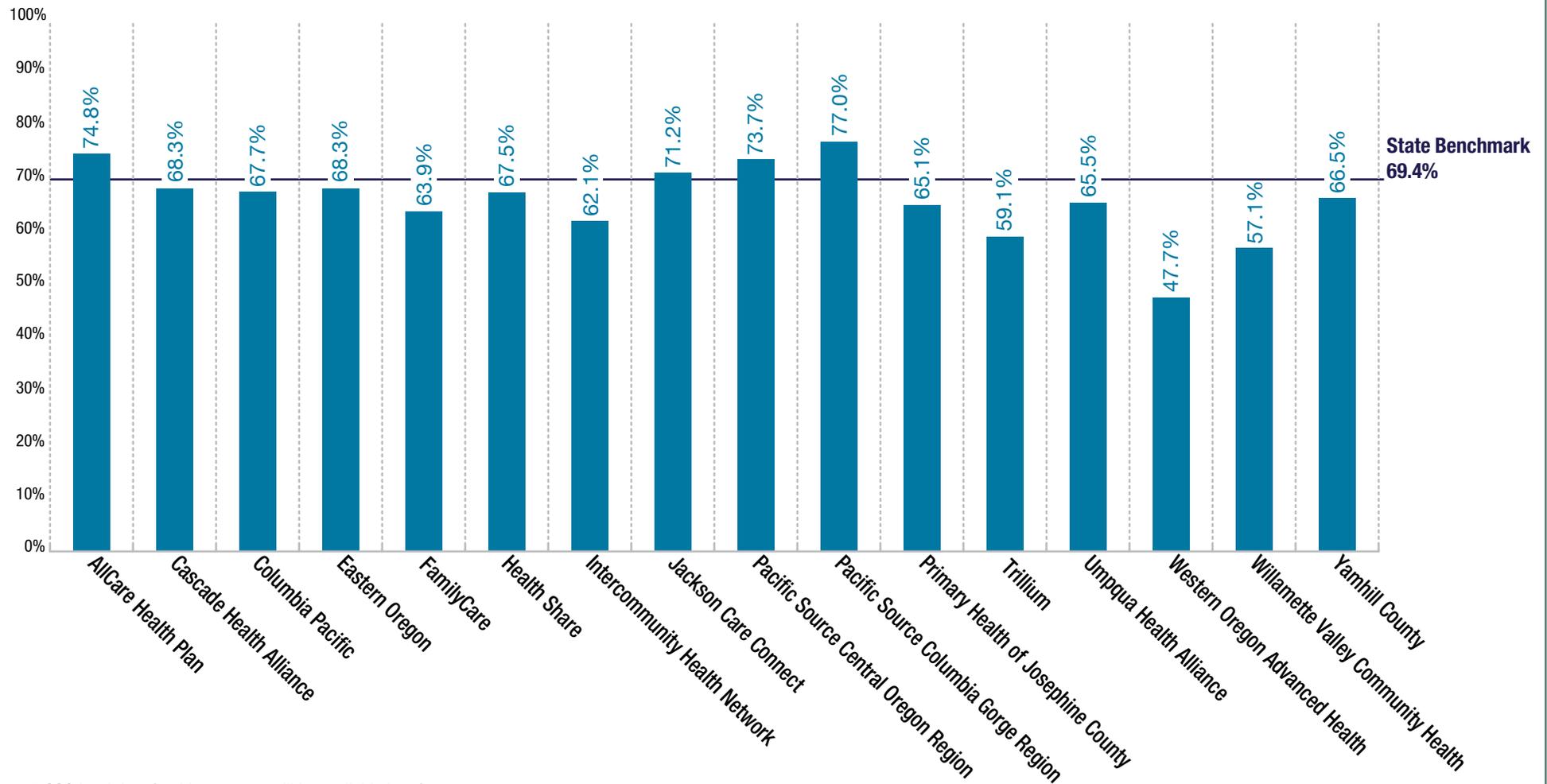
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

CCO Incentive and State Performance Measures

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

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

All-cause readmission

Definition: Percentage of adult patients (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.

Focus area: Reducing preventable re-hospitalizations.

Purpose: Some patients who leave the hospital end up being admitted again shortly thereafter. Often times, these costly and burdensome “readmissions” are avoidable. Reducing the preventable problems that send patients back to the hospital is the best way to keep patients at home and healthy.

Jan. – Sept. 2013 data

This metric tracks the percentage of adult patients who had a hospital stay and were readmitted for any reason within 30 days of discharge. The January through September 2013 data show a preliminary trend toward lower (better) readmission rates.

STATEWIDE



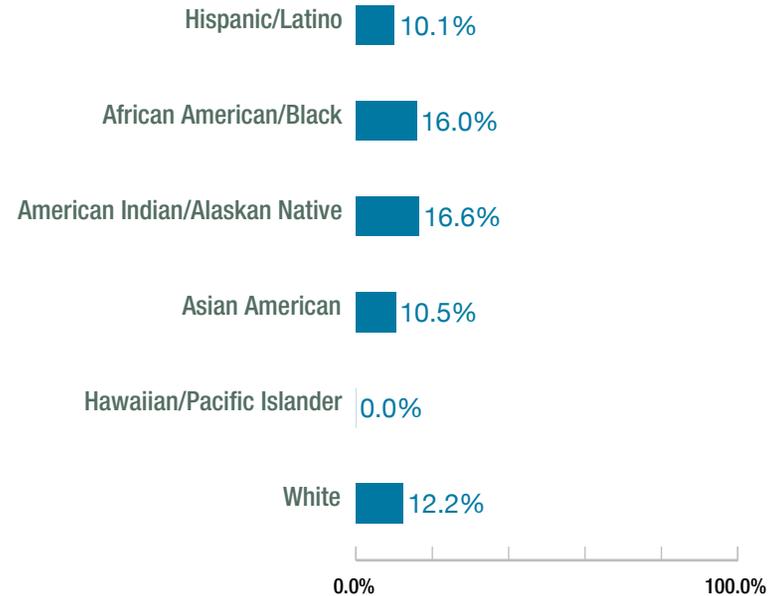
2013 n = 15,407

Data source: Administrative (billing) claims

Benchmark source: Average of 2012 Commercial and Medicare 75th percentiles

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 3.3% of respondents

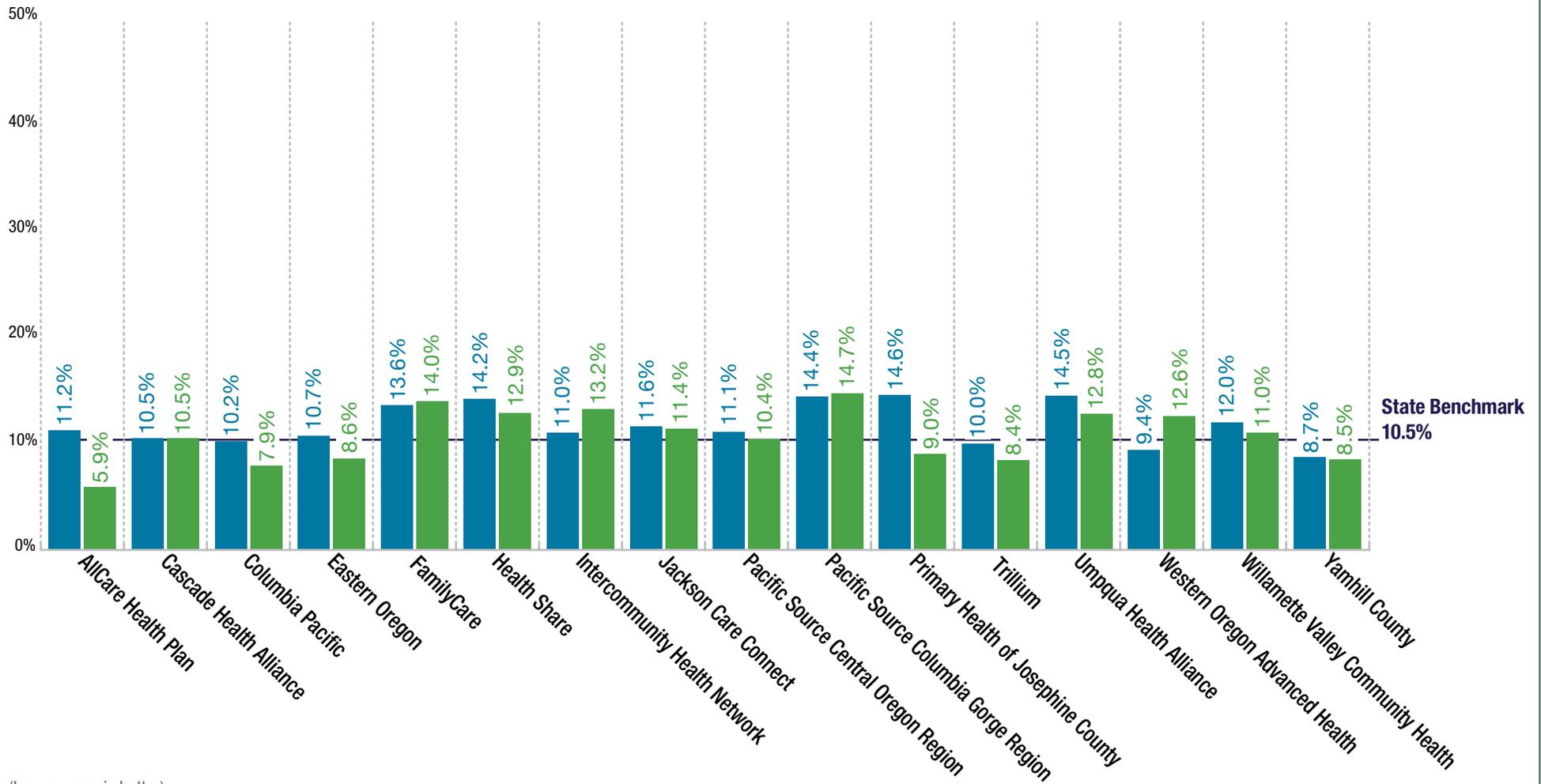
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of adult patients who had a hospital stay and were readmitted for any reason within 30 days of discharge

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower score is better)

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Appropriate testing for children with pharyngitis

Definition: Percentage of children with a sore throat (pharyngitis) who were given a strep test before getting an antibiotic.

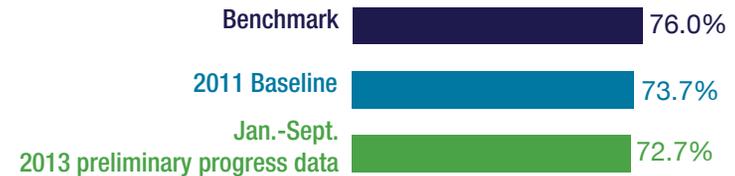
Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: A strep test helps determine whether or not a child will benefit from antibiotics for a sore throat (pharyngitis). This test can help reduce the overuse of antibiotics, which can improve care quality and ensure that antibiotics continue to work when they are needed.

Jan. – Sept. 2013 data

This metric tracks the percentage of children with a sore throat from January through September 2013 who had a strep test before being prescribed antibiotics. The 2013 preliminary data are comparable to the baseline.

STATEWIDE



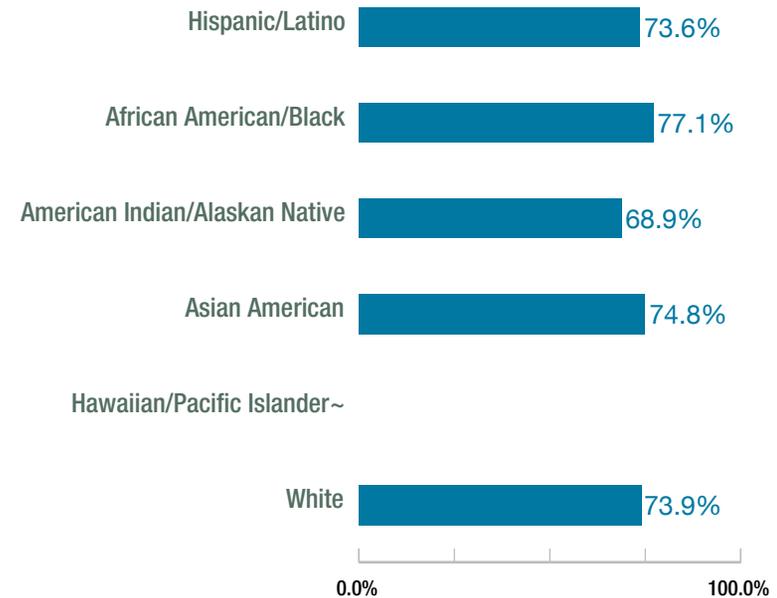
2013 n = 6,598

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.6% of respondents

*Each race category excludes Hispanic/Latino

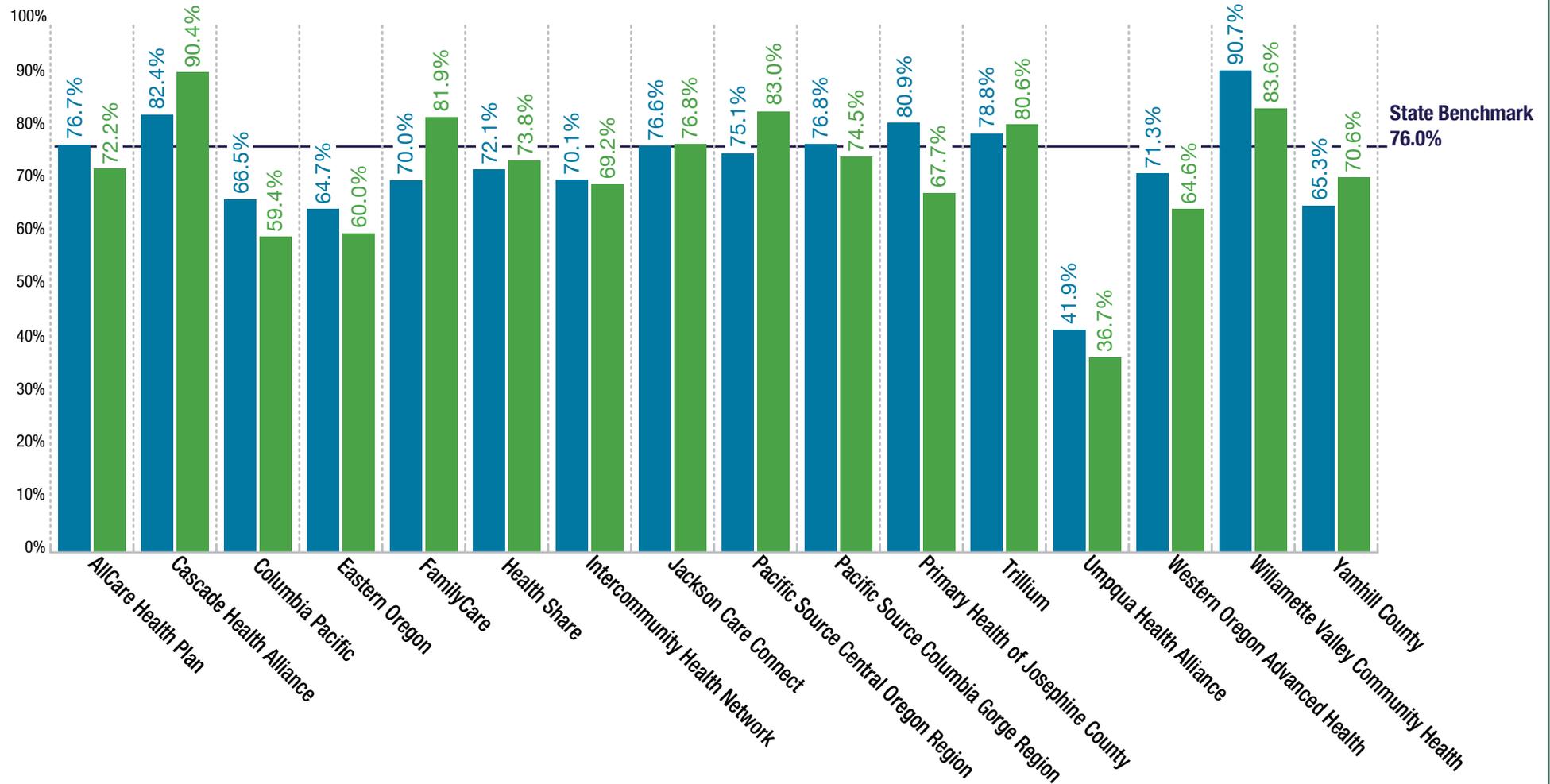
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

State Performance Measures

Percentage of children with a sore throat who were given a strep test before getting an antibiotic

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Cervical cancer screening

Definition: Percentage of women patients (ages 21 to 64) who got one or more Pap tests for cervical cancer in the past three years.

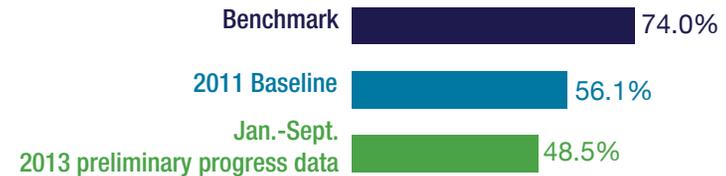
Focus area: Improving access to effective and timely care.

Purpose: A Pap test helps find early signs of cancer in the cervix when the disease is easier and less costly to treat. Treating cervical cancer in its earliest stages also increases the five-year survival rate to 92 percent, according to the American Cancer Society.

Jan. – Sept. 2013 data

This metric tracks the percentage of women (ages 21 to 64) who had one or more Pap tests for cervical cancer in the past three years. The 2013 preliminary data show there is room for further development and attention for cervical cancer screening. The percentage through September 2013 shows the progress toward the goal on this metric and should not be compared to the 2011 baseline or the benchmark until all screenings are counted at the end of 2013 when we have a full year of data.

STATEWIDE



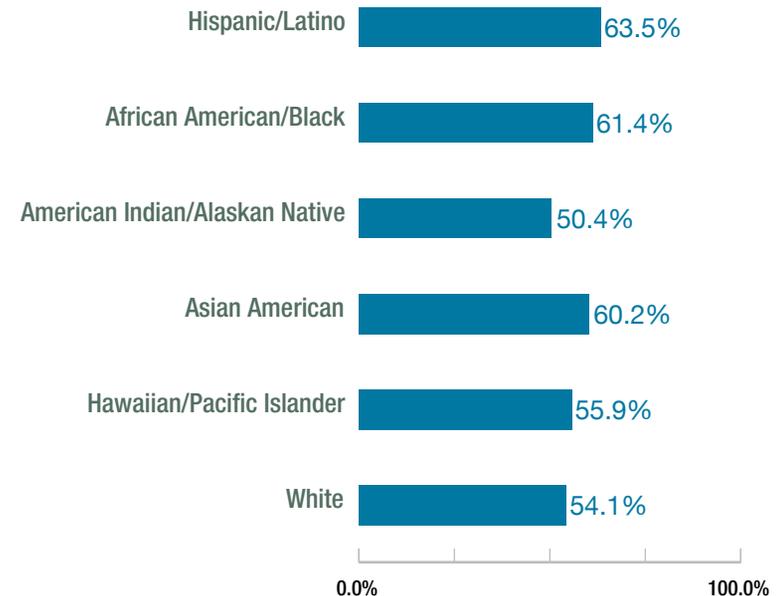
2013 n = 83,178

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 6.6% of respondents

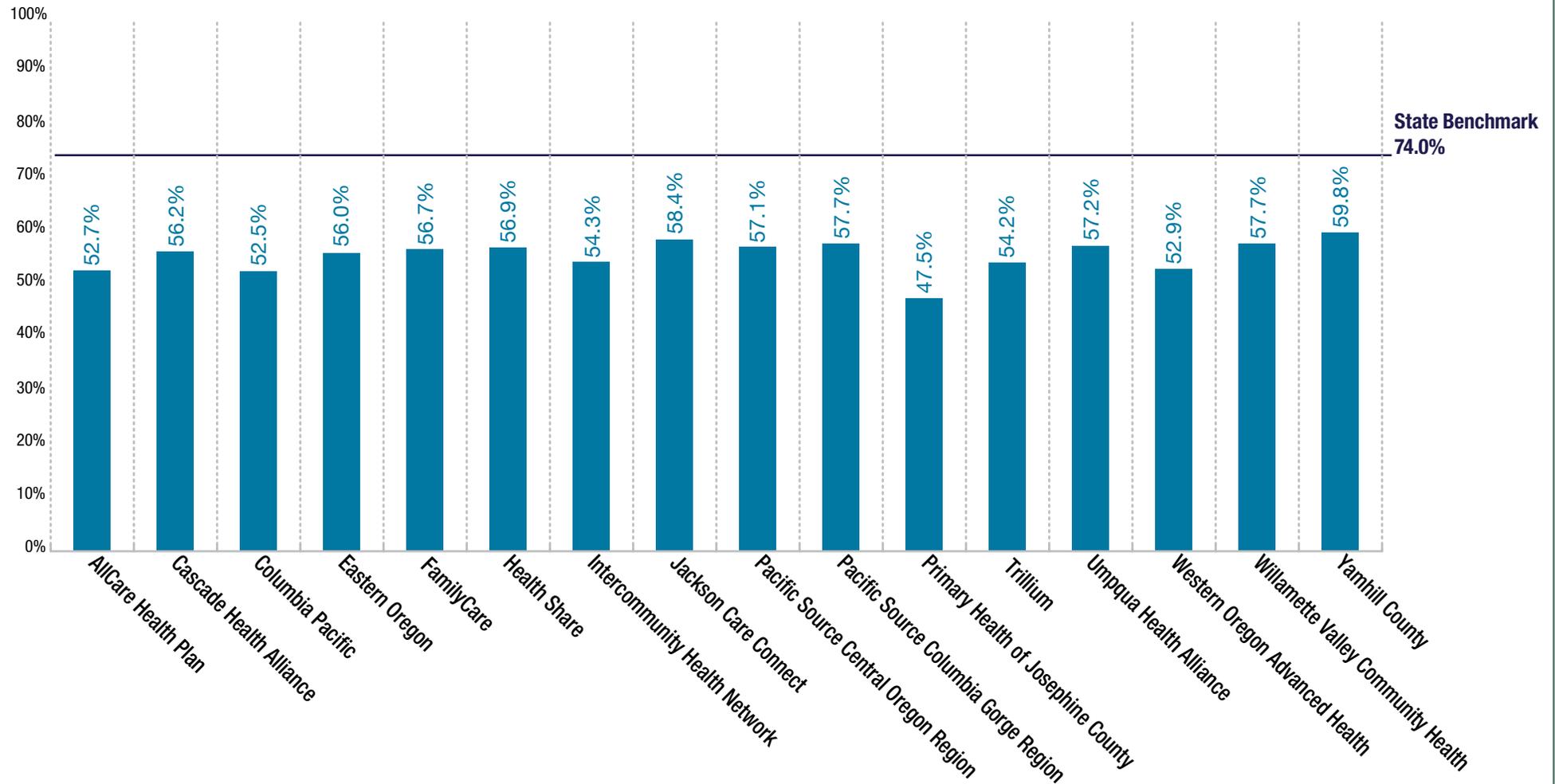
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of women patients (ages 21 to 64) who got one or more Pap tests for cervical cancer in the past three years

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care providers, all ages

Definition: Percentage of children (ages 12 months – 19 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and improving primary care for all populations.

Purpose: Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

Jan. – Sept. 2013 data

This measure tracks child and adolescent access to primary care providers by measuring the percentage of children who had a visit with a primary care provider during the last year. The measure is split into 5 categories: all ages, 12–24 months, 25 months–6 years, 7–11 years and 12–19 years. Each category should not be compared to the benchmark until all visits are counted at the end of 2013 when we have a full year of data.

STATEWIDE



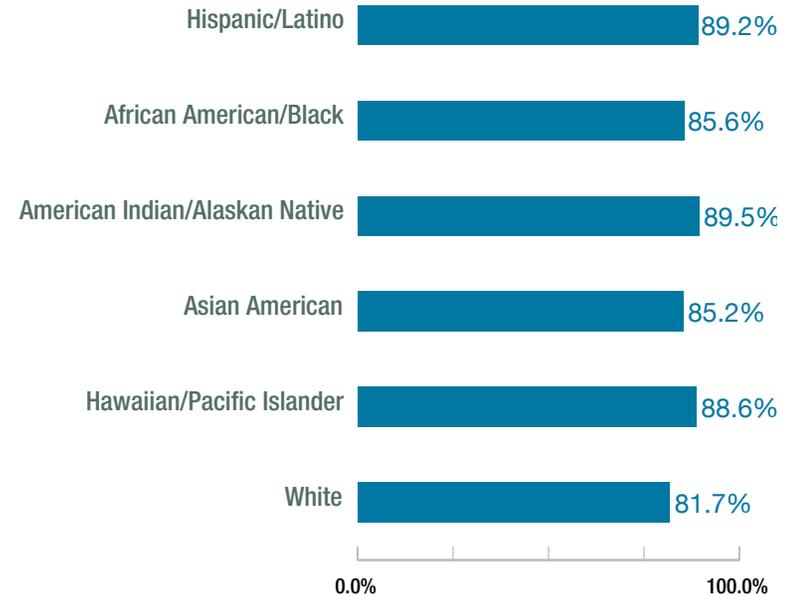
2013 n = 281,490

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile (average of the four age breakouts for this measure)

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

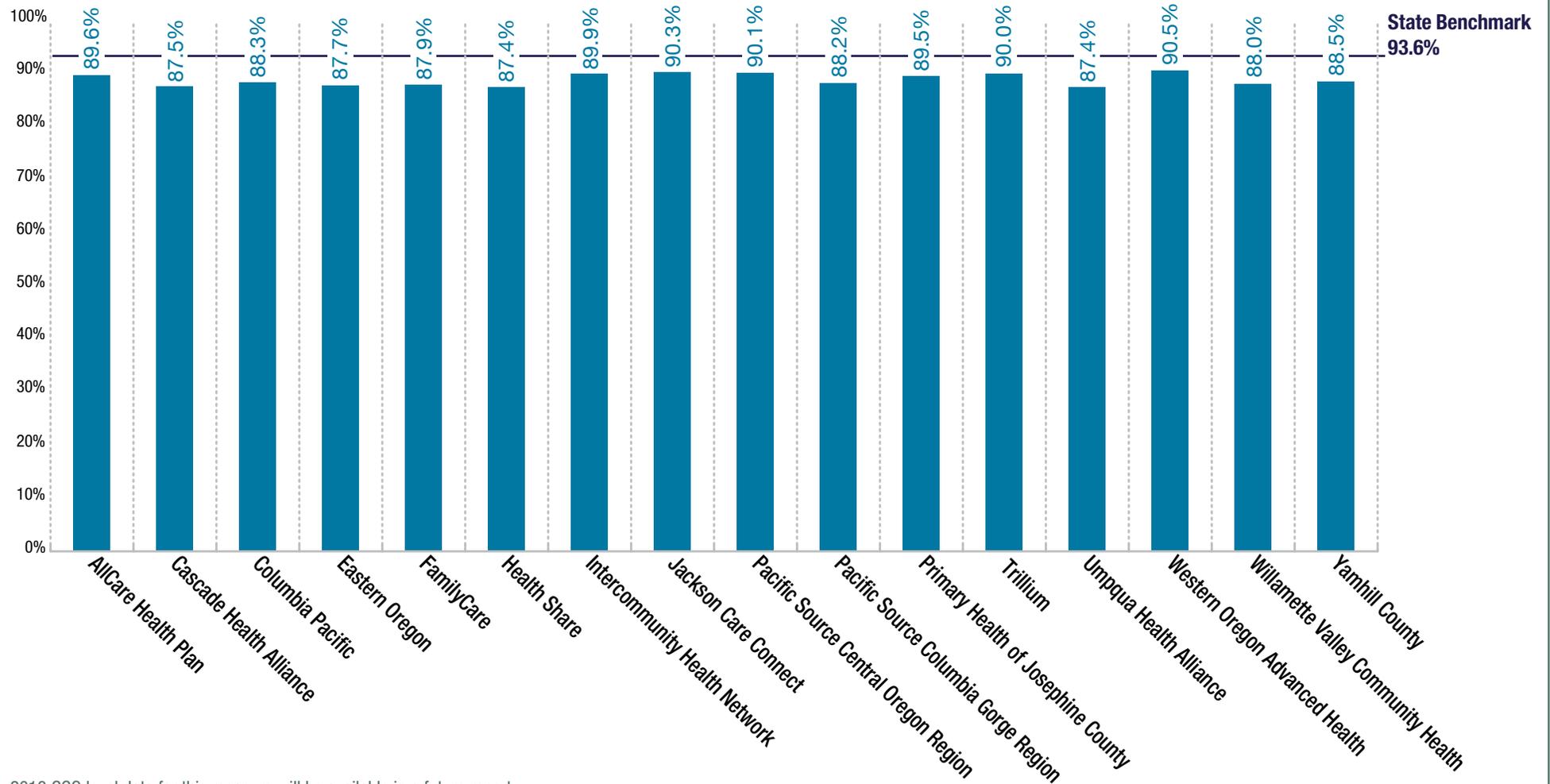
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of children who had a visit with a primary care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care providers, 12-24 months

Definition: Percentage of toddlers (ages 12–24 months) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and improving primary care for all populations.

Purpose: Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

STATEWIDE



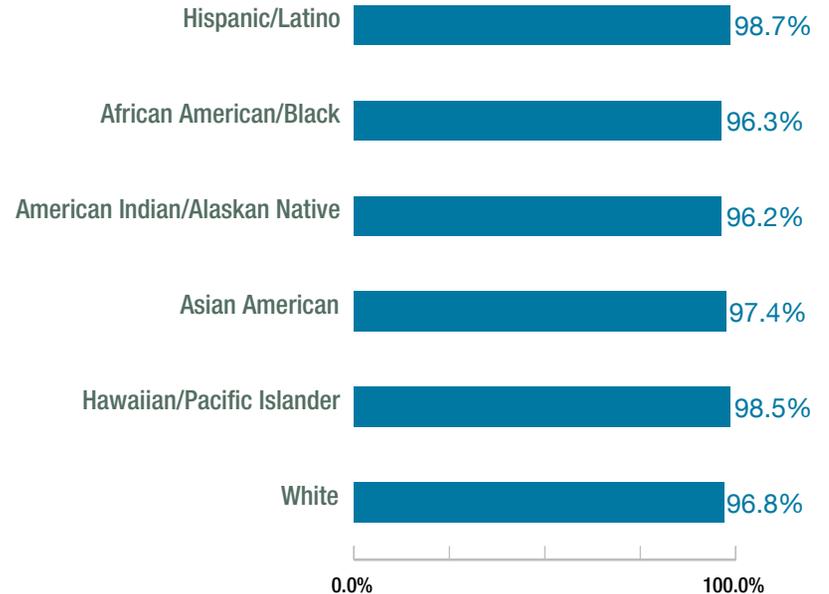
2013 n = 20,641

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

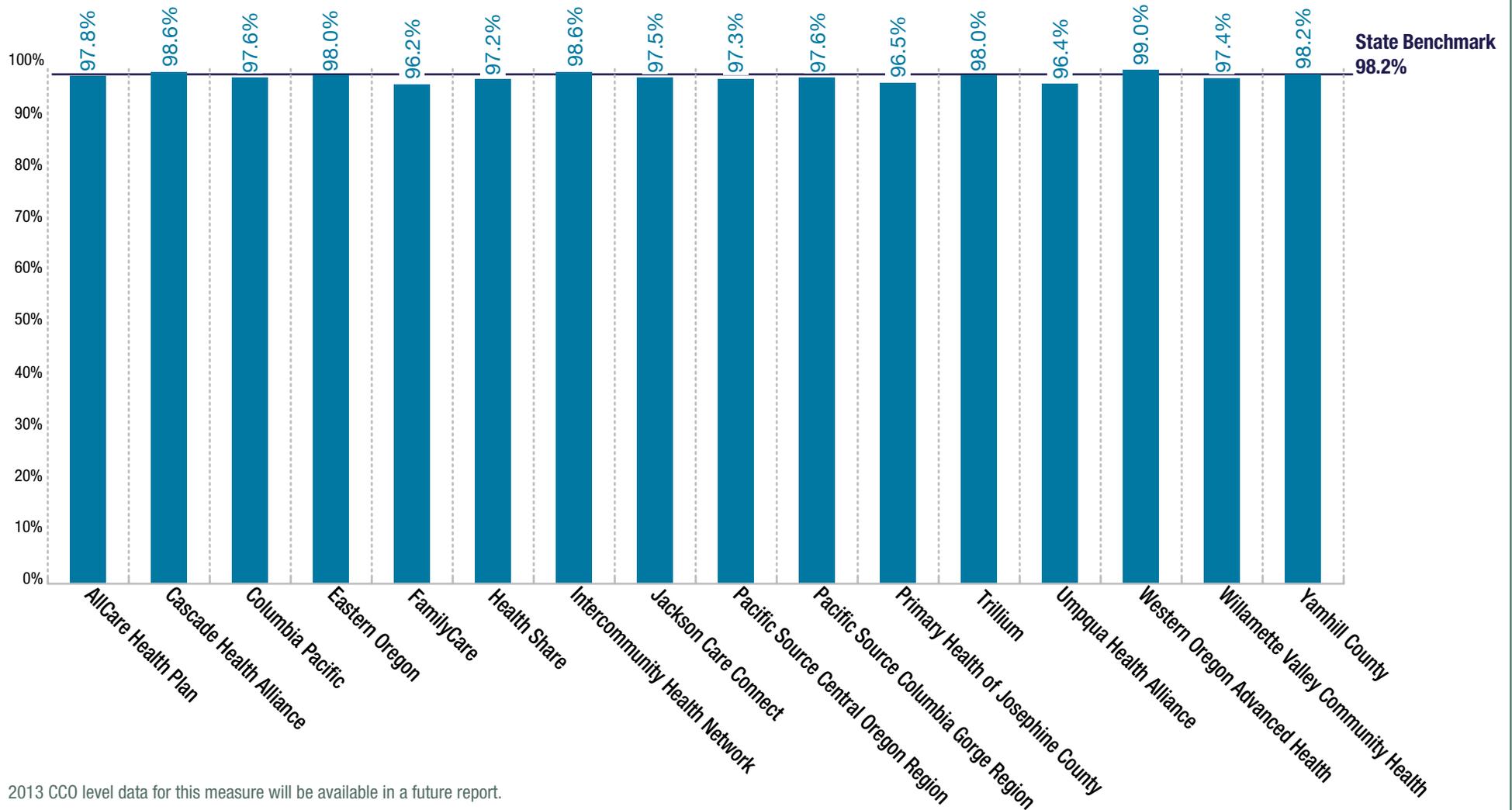
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of toddlers (ages 12–24 months) who had a visit with a primary care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care providers, 25 months – 6 years

Definition: Percentage of children (ages 25 months – 6 years years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and improving primary care for all populations.

Purpose: Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

STATEWIDE



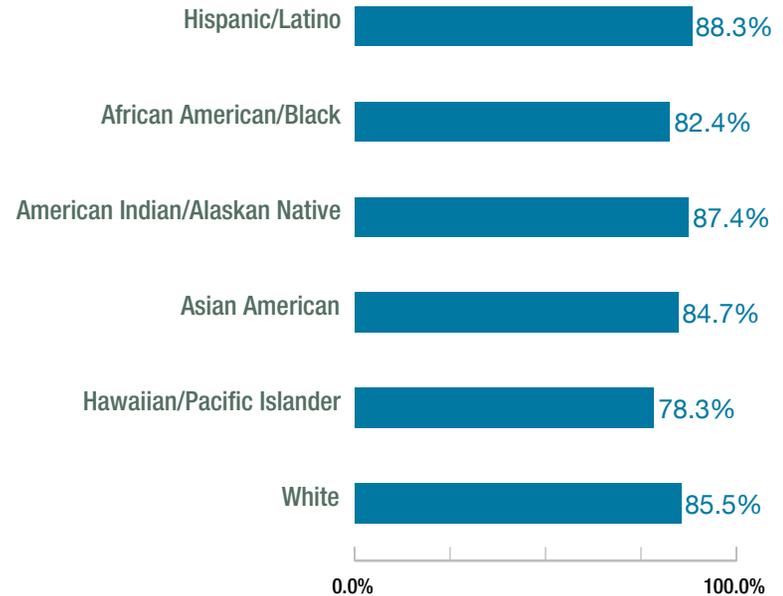
2013 n = 95,804

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

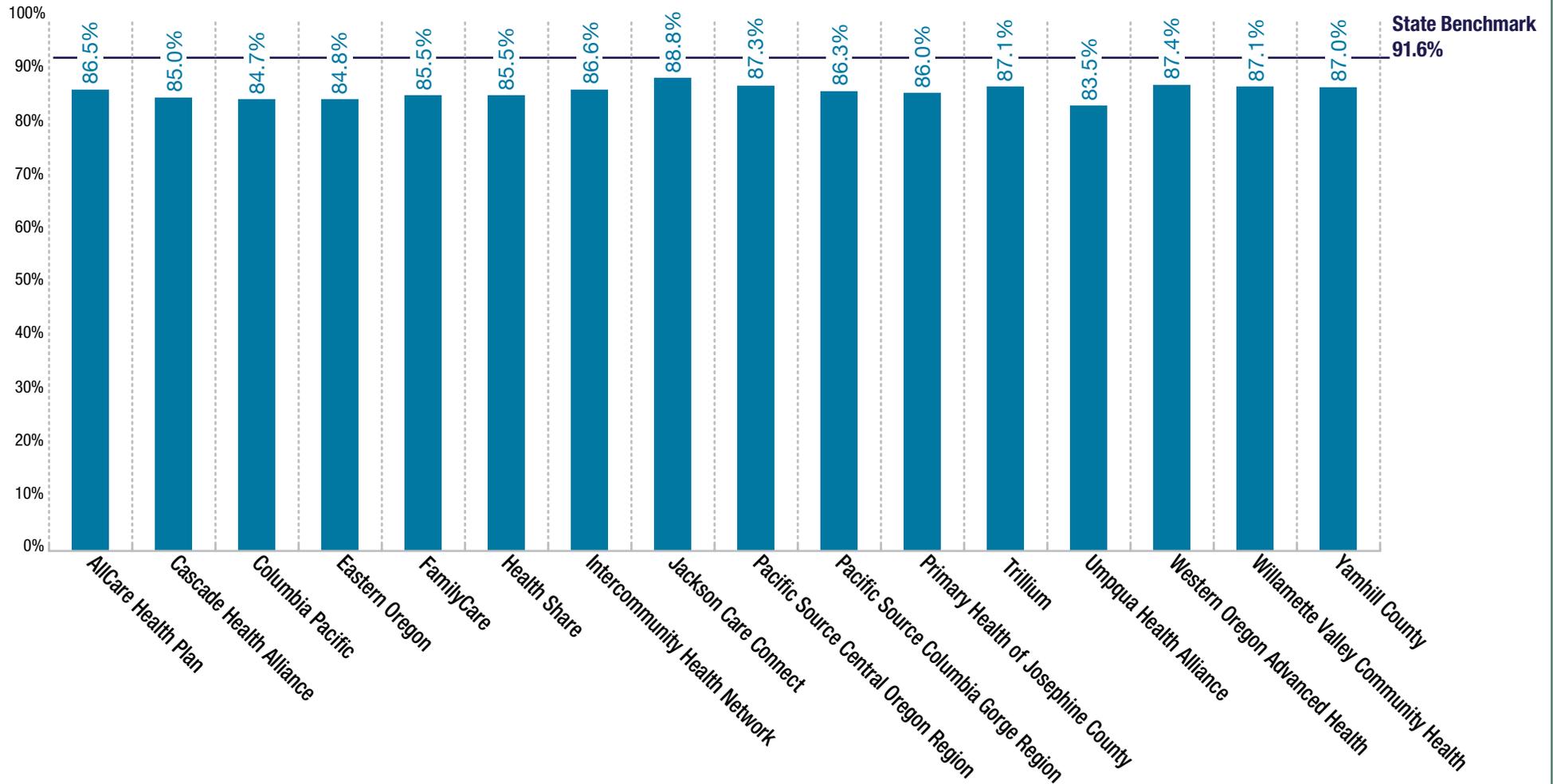
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of children (ages 25 months – 6 years years) who had a visit with a primary care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care providers, 7-11 years

Definition: Percentage of children and adolescents (ages 7–11 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and improving primary care for all populations.

Purpose: Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

STATEWIDE



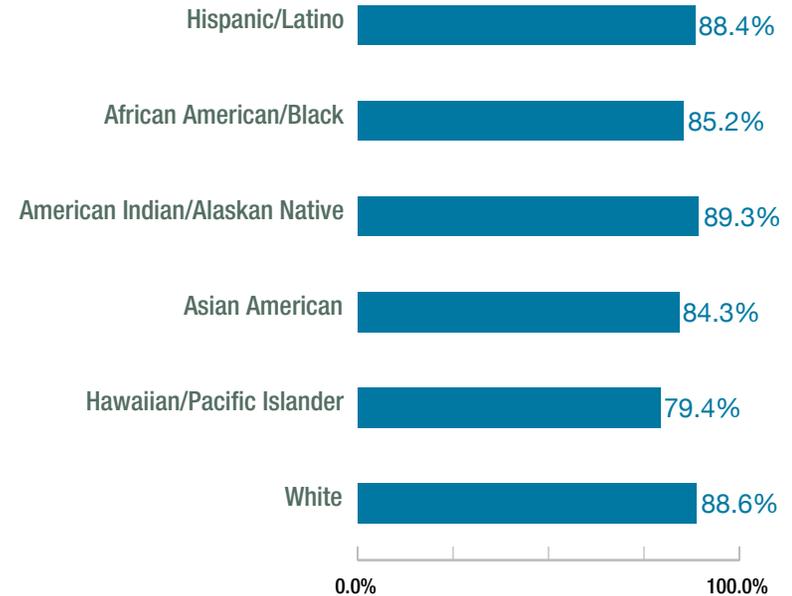
2013 n = 74,921

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

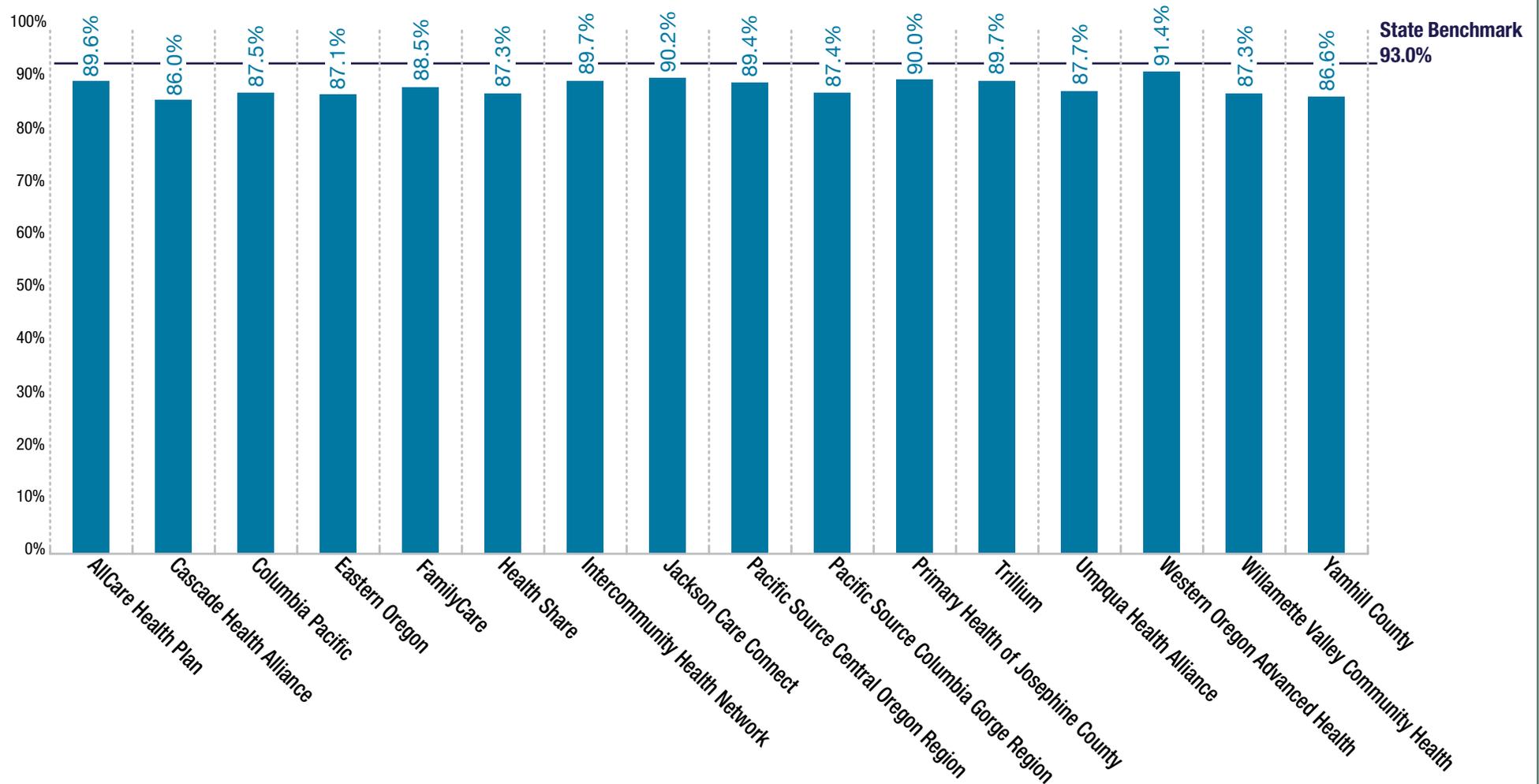
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of children and adolescents (ages 7–11 years) who had a visit with a primary care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Child and adolescent access to primary care providers, 12-19 years

Definition: Percentage of adolescents (ages 12–19 years) who had a visit with a primary care provider.

Focus areas: Improving access to effective and timely care and improving primary care for all populations.

Purpose: Access to a primary care provider is important for the healthy growth and development of children and teens. Measuring visits with a primary care provider helps to identify and address barriers to services that can keep youth healthy.

STATEWIDE



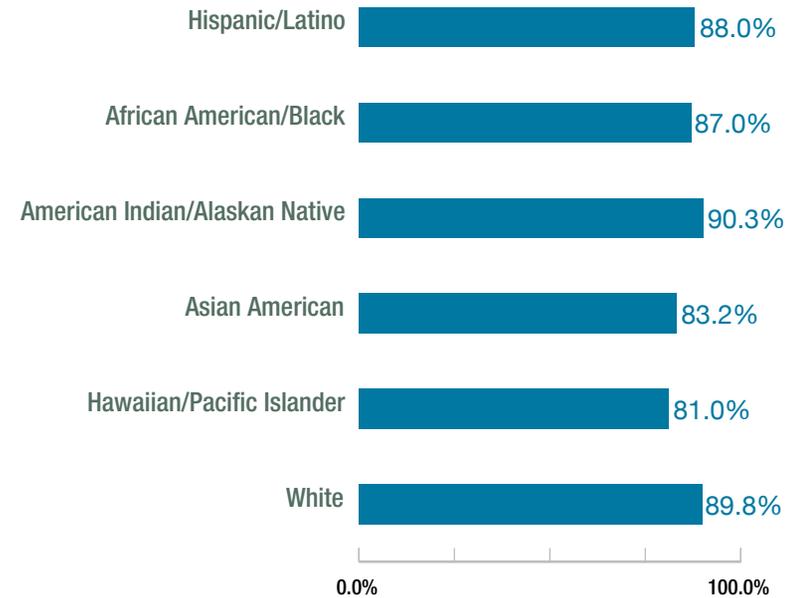
2013 n = 90,124

Data source: Administrative (billing) claims

Benchmark source: 2011 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

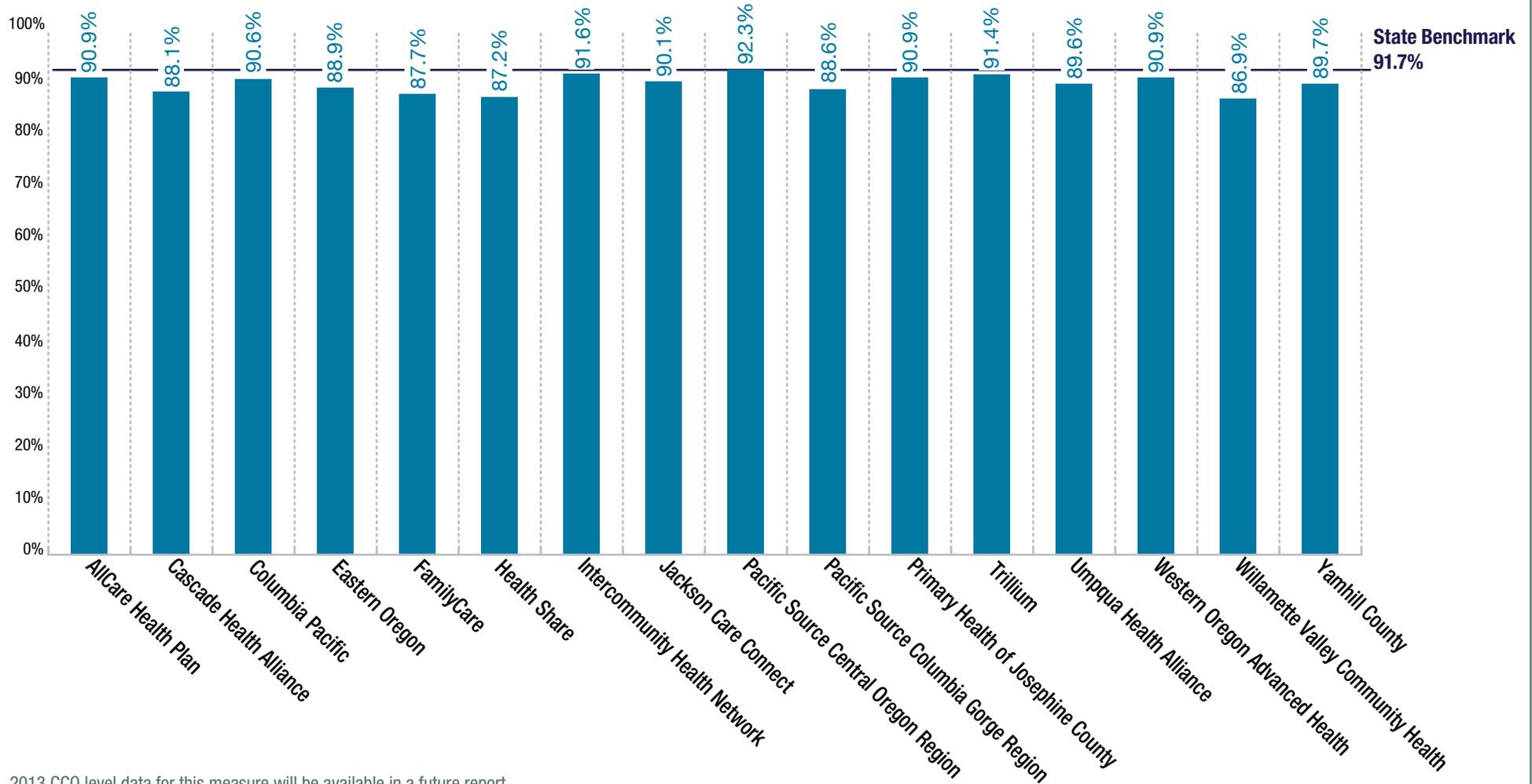
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of adolescents (ages 12–19 years) who had a visit with a primary care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Childhood immunization status

Definition: Percentage of children who received recommended vaccines before their 2nd birthday.

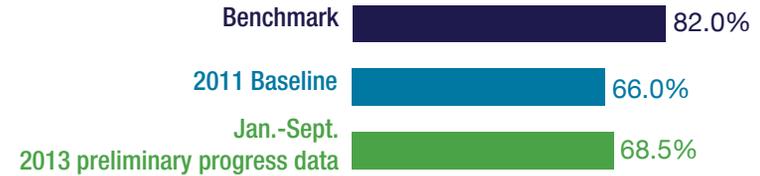
Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: Vaccines are one of the safest, easiest and most effective ways to protect children from potentially serious diseases. Vaccines are also cost-effective tools that help to prevent the spread of serious diseases which can sometimes lead to widespread public health threats.

Jan. – Sept. 2013 data

This metric tracks the percentage of children who received their recommended vaccines before their 2nd birthday. The preliminary 2013 data show encouraging results. However, this metric should not be compared to the benchmark until all immunizations are counted at the end of 2013 when we have a full year of data.

STATEWIDE



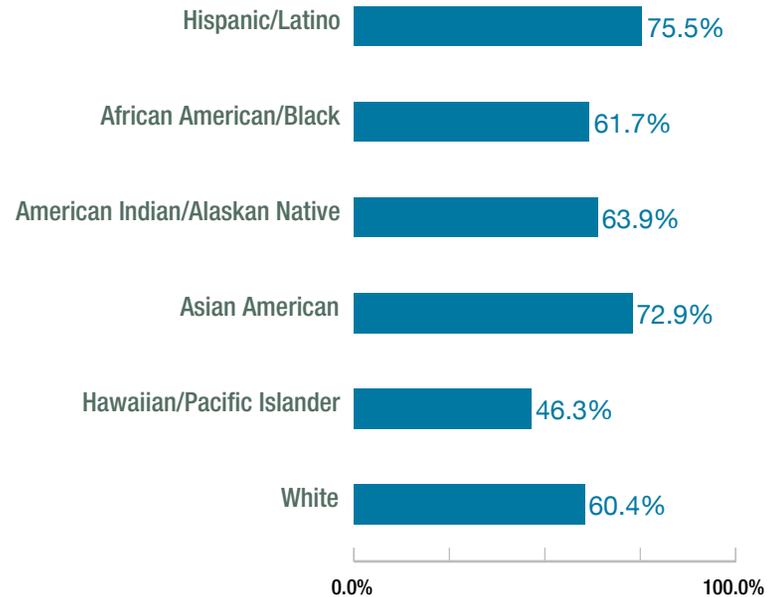
2013 n = 18,296

Data source: Administrative (billing) claims and ALERT Immunization Information System

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 10.3% of respondents

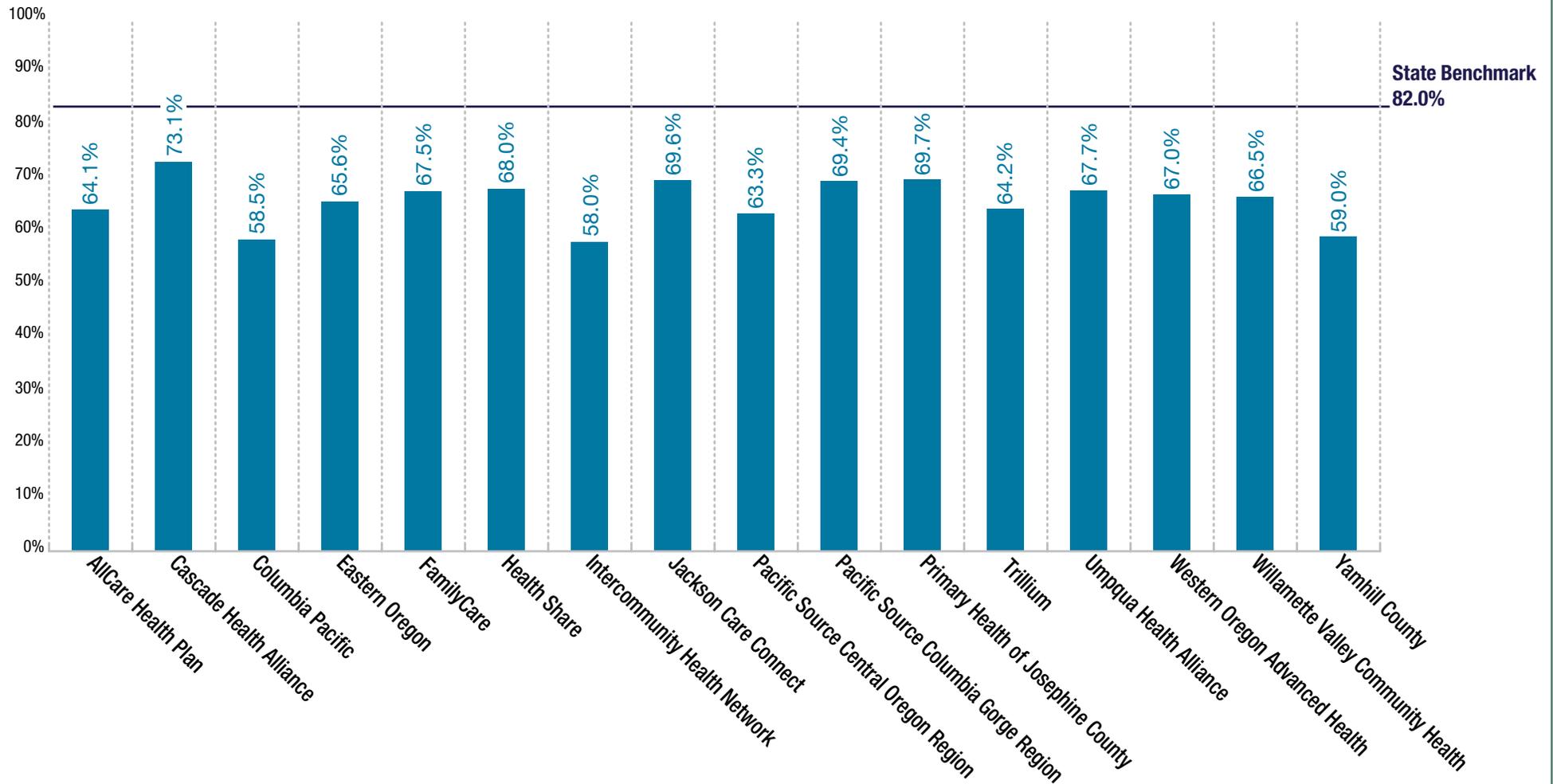
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of children who received recommended vaccines before their 2nd birthday

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Chlamydia screening

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

Focus area: Improving access to effective and timely care.

Purpose: Chlamydia is the most common reportable illness in Oregon. Since there are usually no symptoms, routine screening is important to find the disease early so that it can be treated and cured with antibiotics. If Chlamydia is not found and treated, it can lead to pelvic inflammatory disease, which can cause infertility.

Jan. – Sept. 2013 data

This metric tracks the percentage of sexually active women ages 16–24 who were tested for chlamydia infection. The percentage through September 2013 shows the progress toward the goal on this metric and should not be compared to the 2011 baseline or benchmark until all screenings are counted at the end of 2013 when we have a full year of data.

STATEWIDE



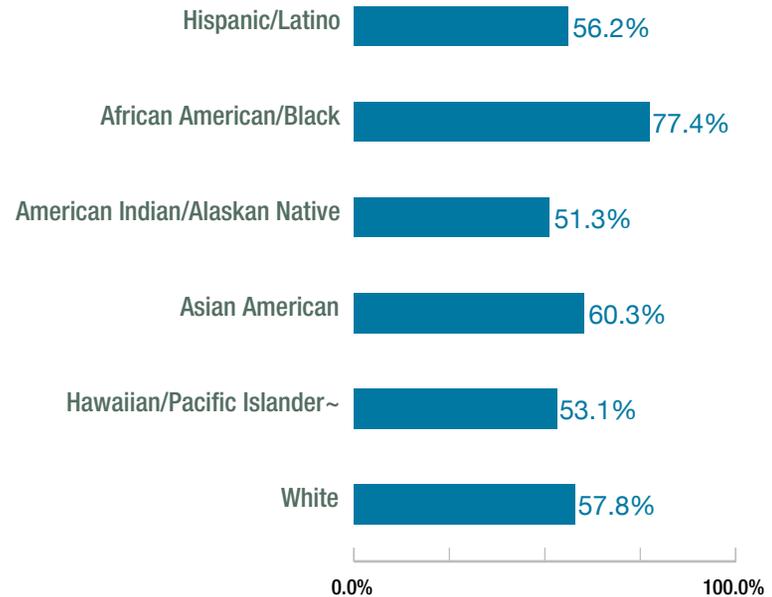
2013 n = 6,127

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 10.6% of respondents

*Each race category excludes Hispanic/Latino

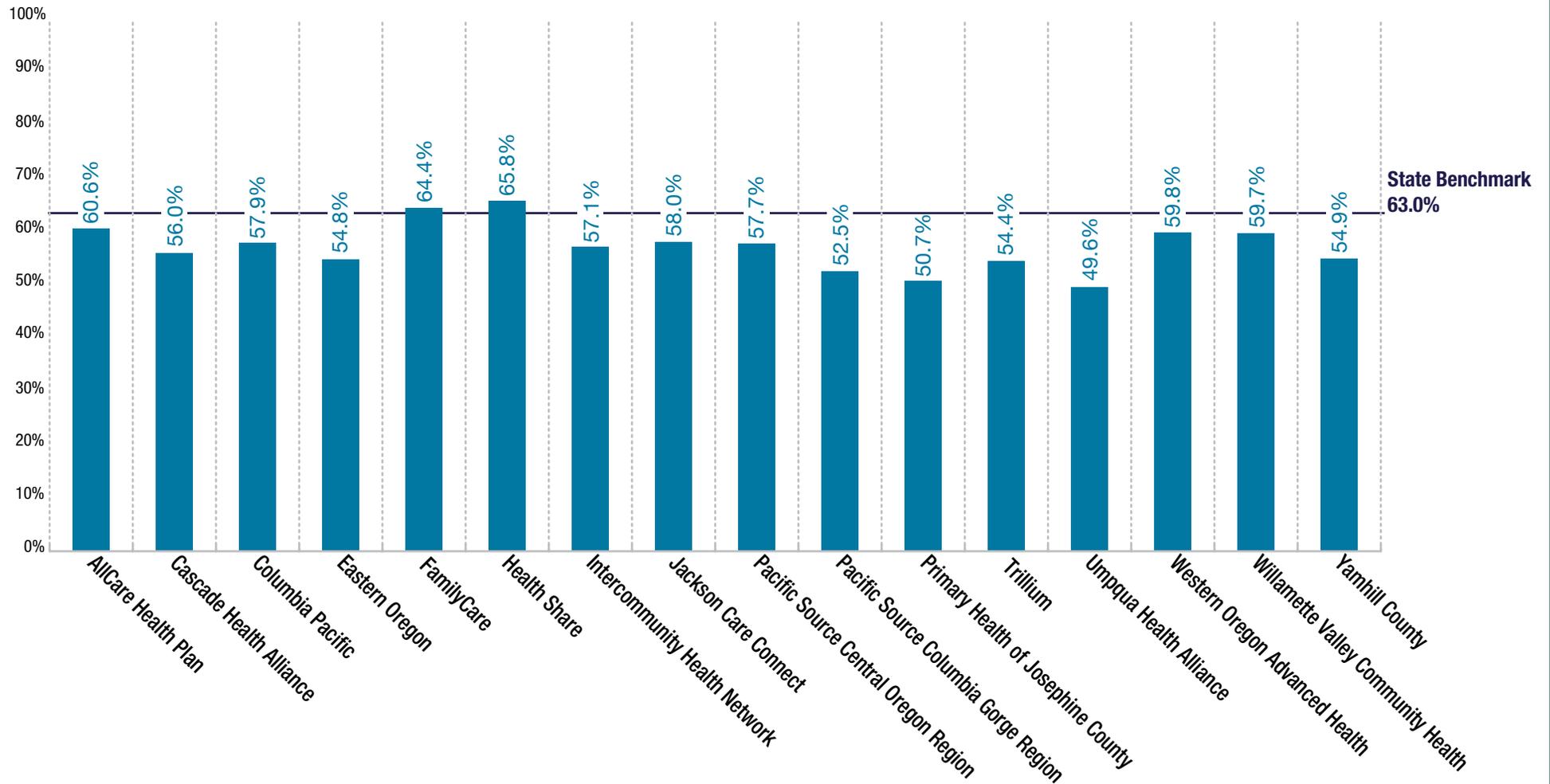
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

State Performance Measures

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

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Comprehensive diabetes care: Hemoglobin A1c testing

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

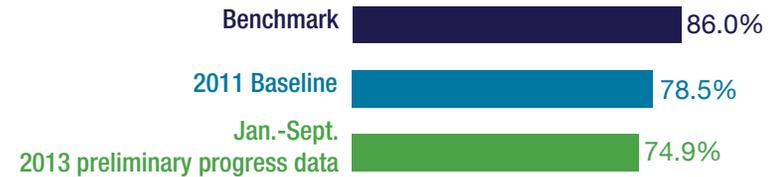
Focus area: Addressing discrete health issues.

Purpose: Controlling blood sugar levels is important to help people with diabetes manage their disease. It is also a key way to assess the overall effectiveness of diabetes care in Oregon. By improving the quality of care for diabetes, Oregon can help patients avoid complications and hospitalizations that lead to poor health and high costs.

Jan. – Sept. 2013 data

This metric tracks the percentage of adult patients with diabetes who received at least one A1c blood sugar test. The 2013 preliminary data are down from 2011 baseline. However, this metric should not be compared to the baseline or benchmark until all tests are counted at the end of 2013 when we have a full year of data.

STATEWIDE



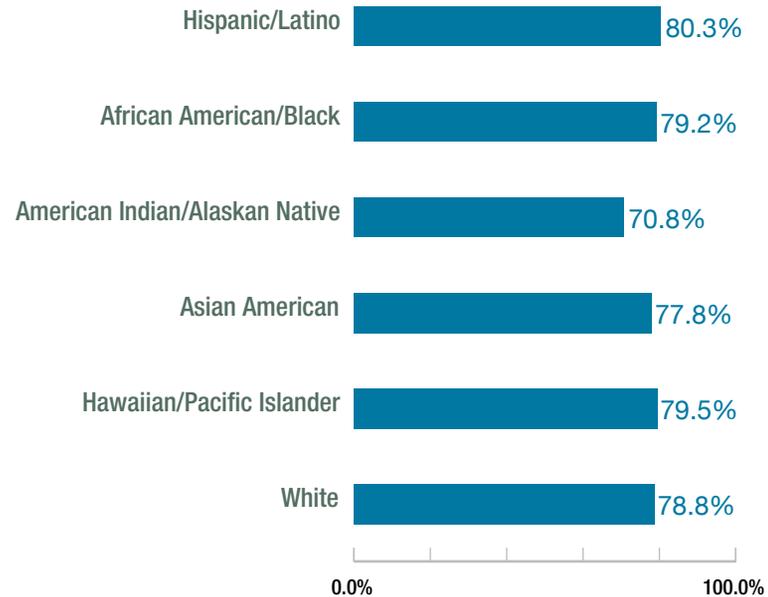
2013 n = 20,429

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 3.0% of respondents

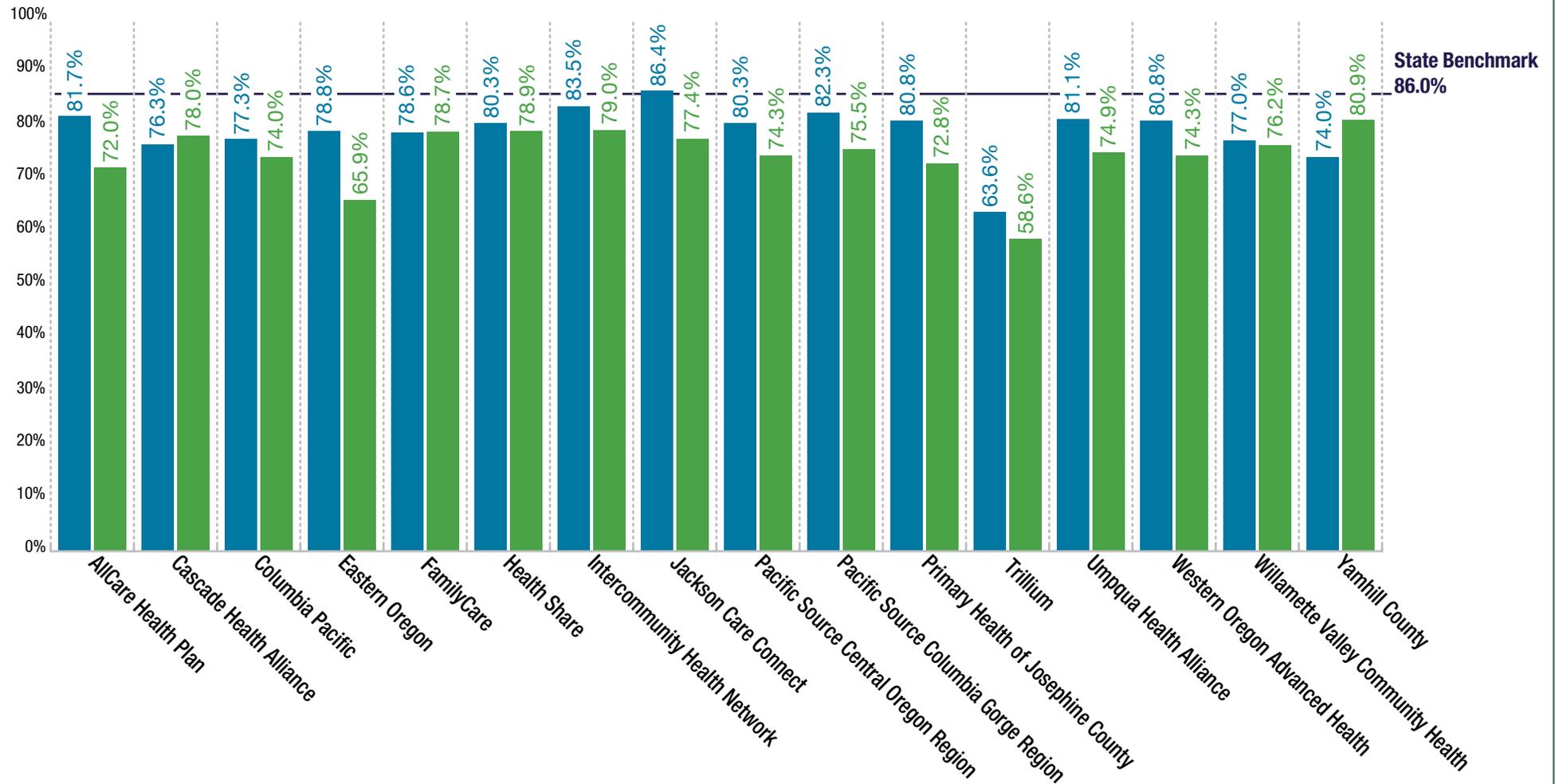
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of adult patients with diabetes who received at least one A1c blood sugar test

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Comprehensive diabetes care: LDL-C screening

Definition: Percentage of adult patients (ages 18-75) with diabetes who received a LDL-C (cholesterol) test.

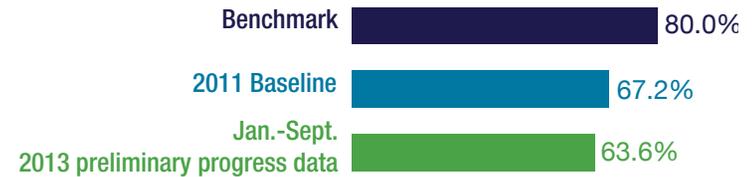
Focus area: Addressing discrete health issues.

Purpose: This test helps people with diabetes manage their condition by measuring the level of 'bad cholesterol' (LDL-C) in the blood. Managing cholesterol levels can help people with diabetes avoid problems such as heart disease and stroke.

Jan. – Sept. 2013 data

This metric tracks the percentage of adult patients with diabetes who received an LCL-C test. The 2013 preliminary data are down from the 2011 baseline. However, this metric should not be compared to the baseline or benchmark until all tests are counted at the end of 2013 when we have a full year of data.

STATEWIDE



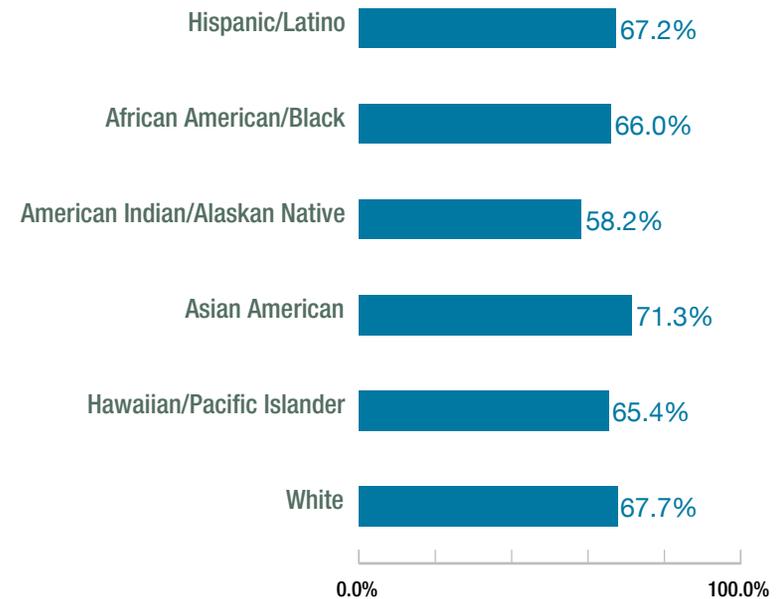
2013 n = 20,429

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 3.0% of respondents

*Each race category excludes Hispanic/Latino

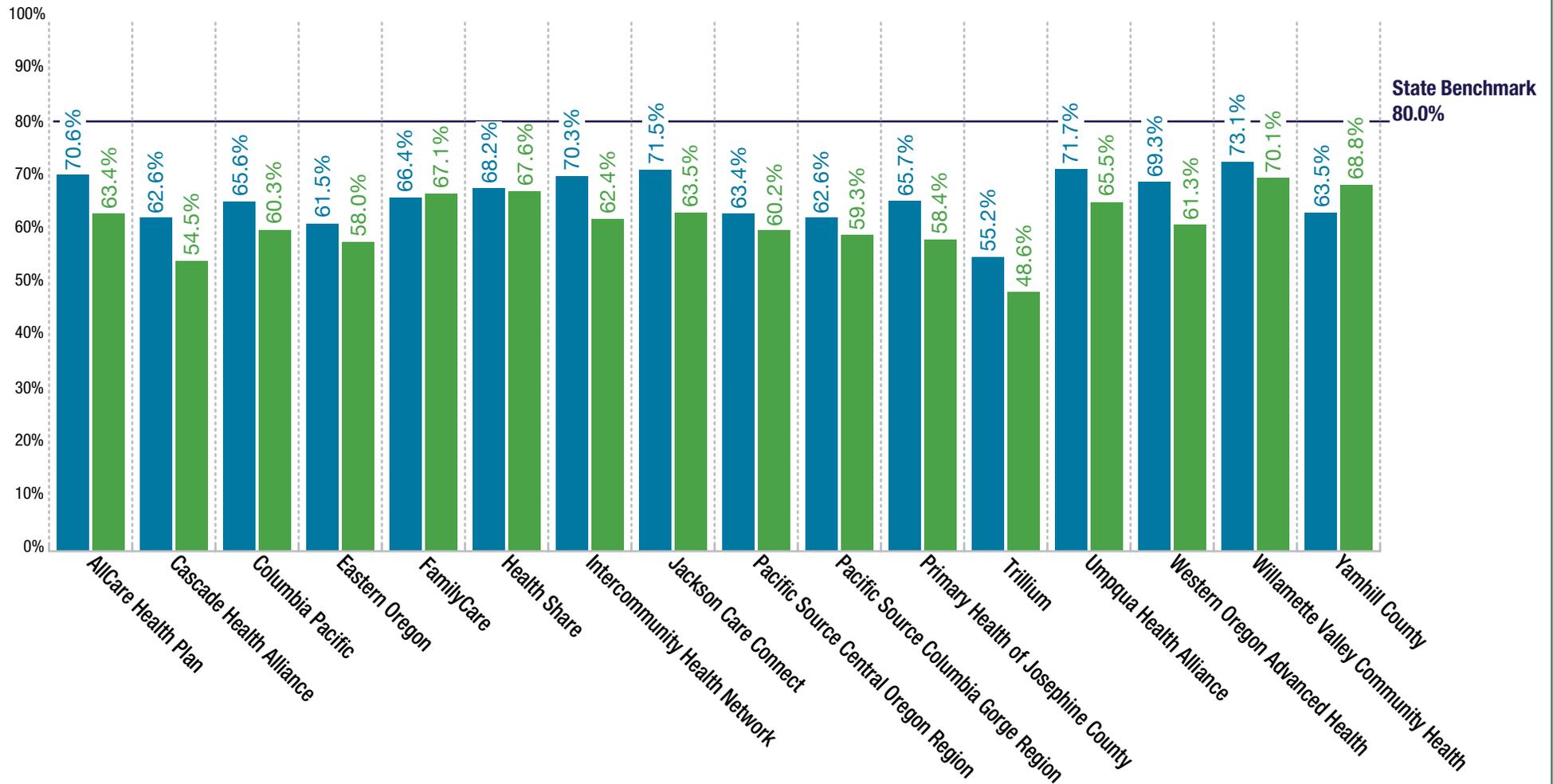
PERFORMANCE METRICS

State Performance Measures

Percentage of adult patients with diabetes who received an LDL-C (cholesterol) test

■ 2011 BASELINE DATA

■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Immunizations for adolescents

Definition: Percentage of adolescents who received recommended vaccines before their 13th birthday.

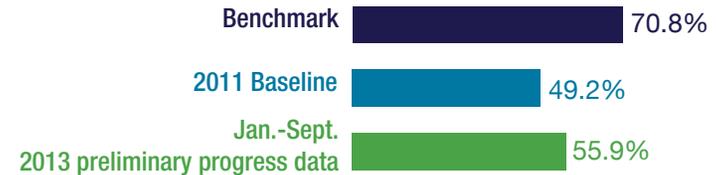
Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: Like young children, adolescents also benefit from immunizations. Vaccines are a safe, easy and cost-effective way to prevent serious disease. Vaccines are also cost-effective tools that help to prevent the spread of serious and sometimes fatal diseases.

Jan. – Sept. 2013 data

This metric tracks the percentage of adolescents who received their recommended vaccines before their 13th birthday. The preliminary 2013 data show CCOs are doing better at administering vaccines compared to the 2011 baseline. However, this metric should not be compared to the benchmark until all immunizations are counted at the end of 2013 when we have a full year of data.

STATEWIDE



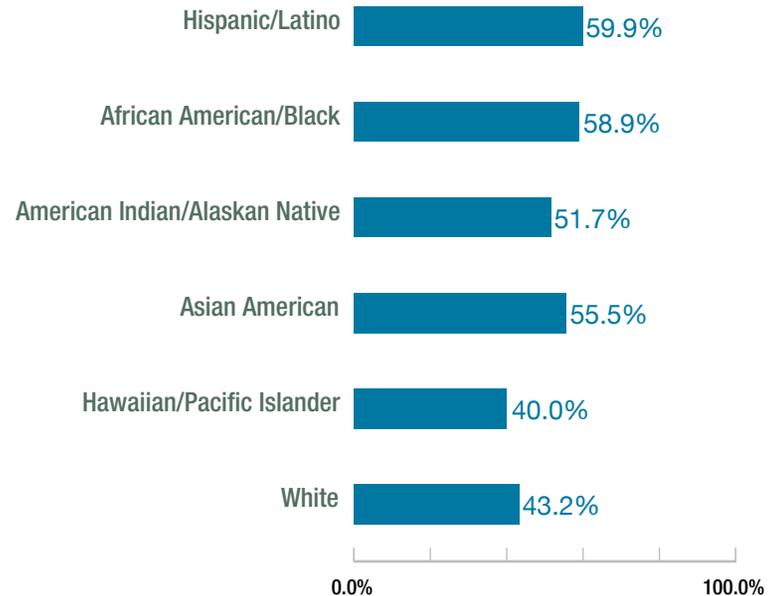
2013 n = 14,877

Data source: Administrative (billing) claims and ALERT Immunization Information System

Benchmark source: 2012 National Medicaid 75th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 7.4% of respondents

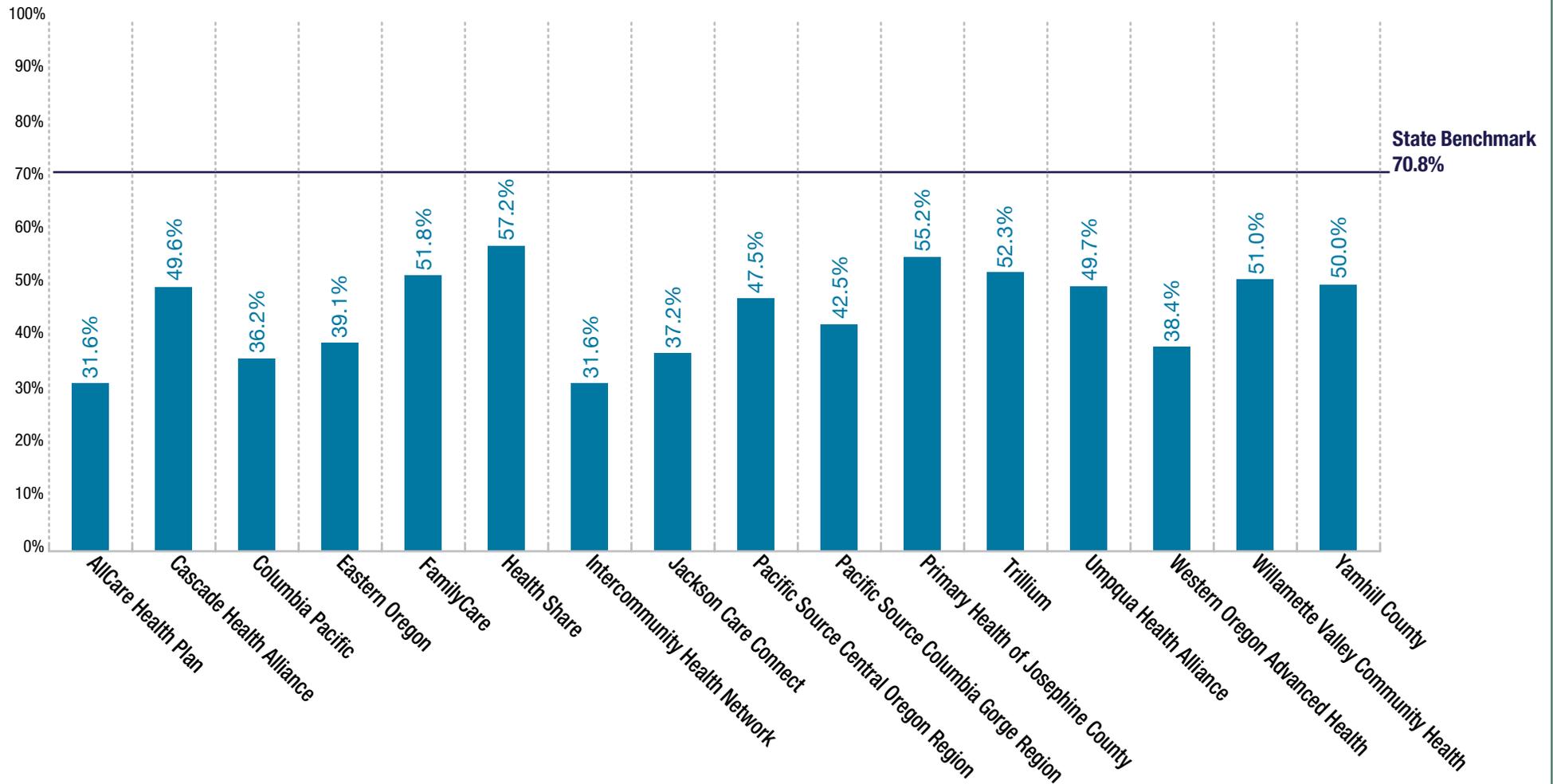
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of adolescents who got recommended vaccines before their 13th birthday

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

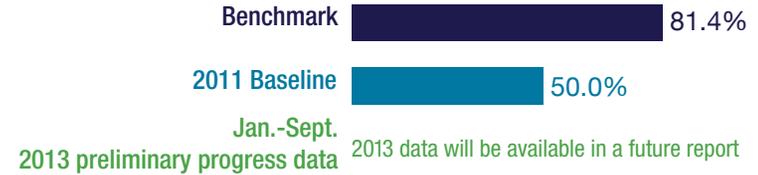
Medical assistance with smoking and tobacco use cessation

Component 1: Percentage of adult tobacco users advised to quit by their doctor.

Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

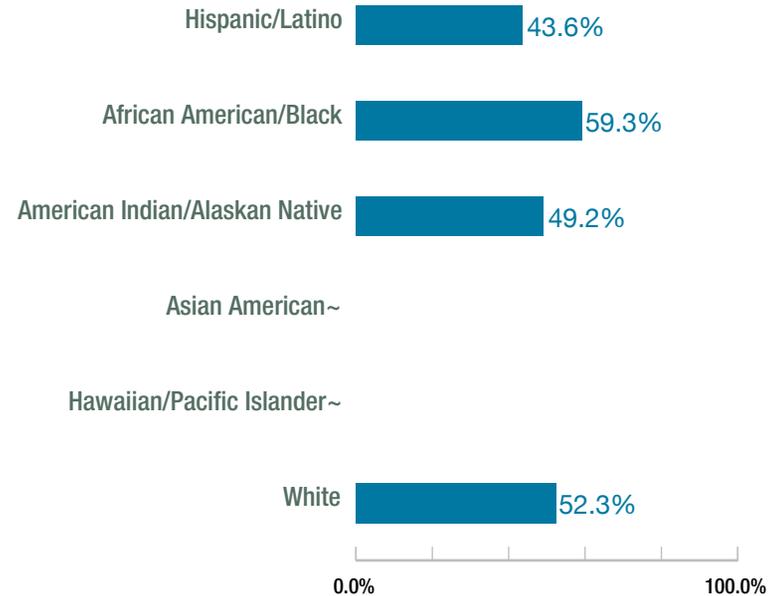
STATEWIDE



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



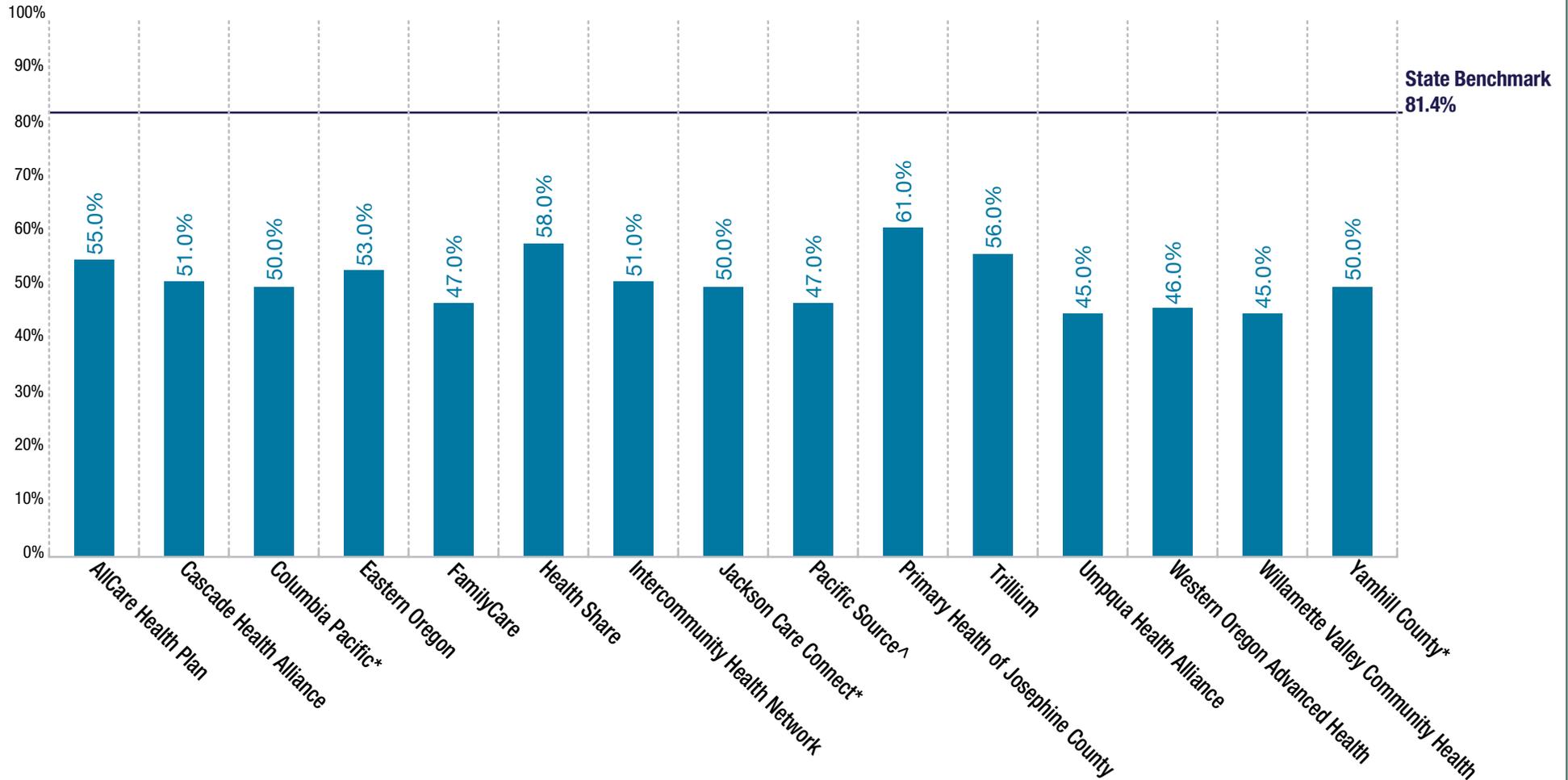
*Each race category excludes Hispanic/Latino
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

State Performance Measures

Smoking and tobacco use cessation: Percentage of adult tobacco users advised to quit by their doctor

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

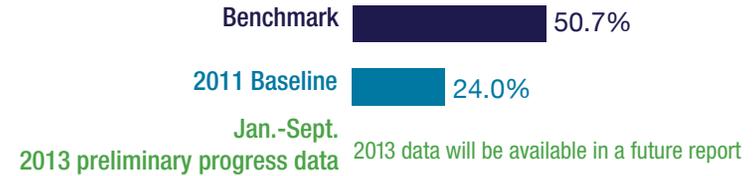
Medical assistance with smoking and tobacco use cessation

Component 2: Percentage of adult tobacco users whose doctor discussed or recommended medications to quit smoking.

Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

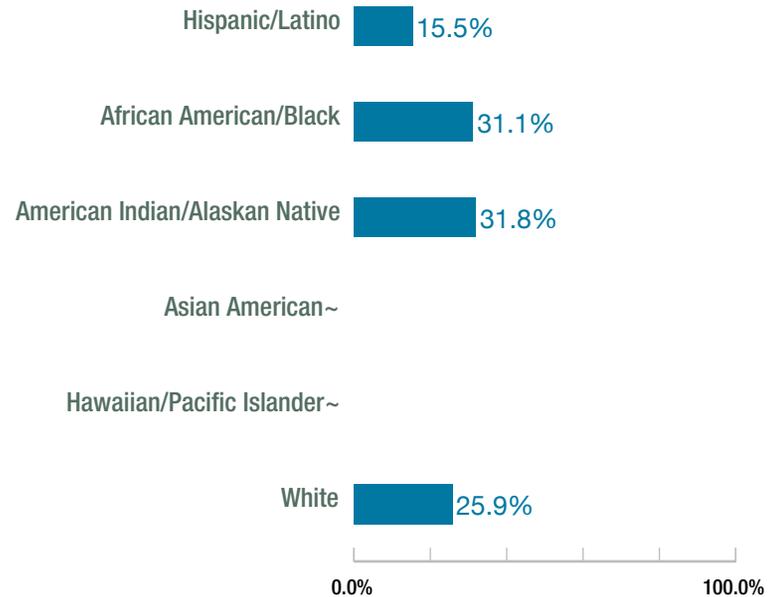
STATEWIDE



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



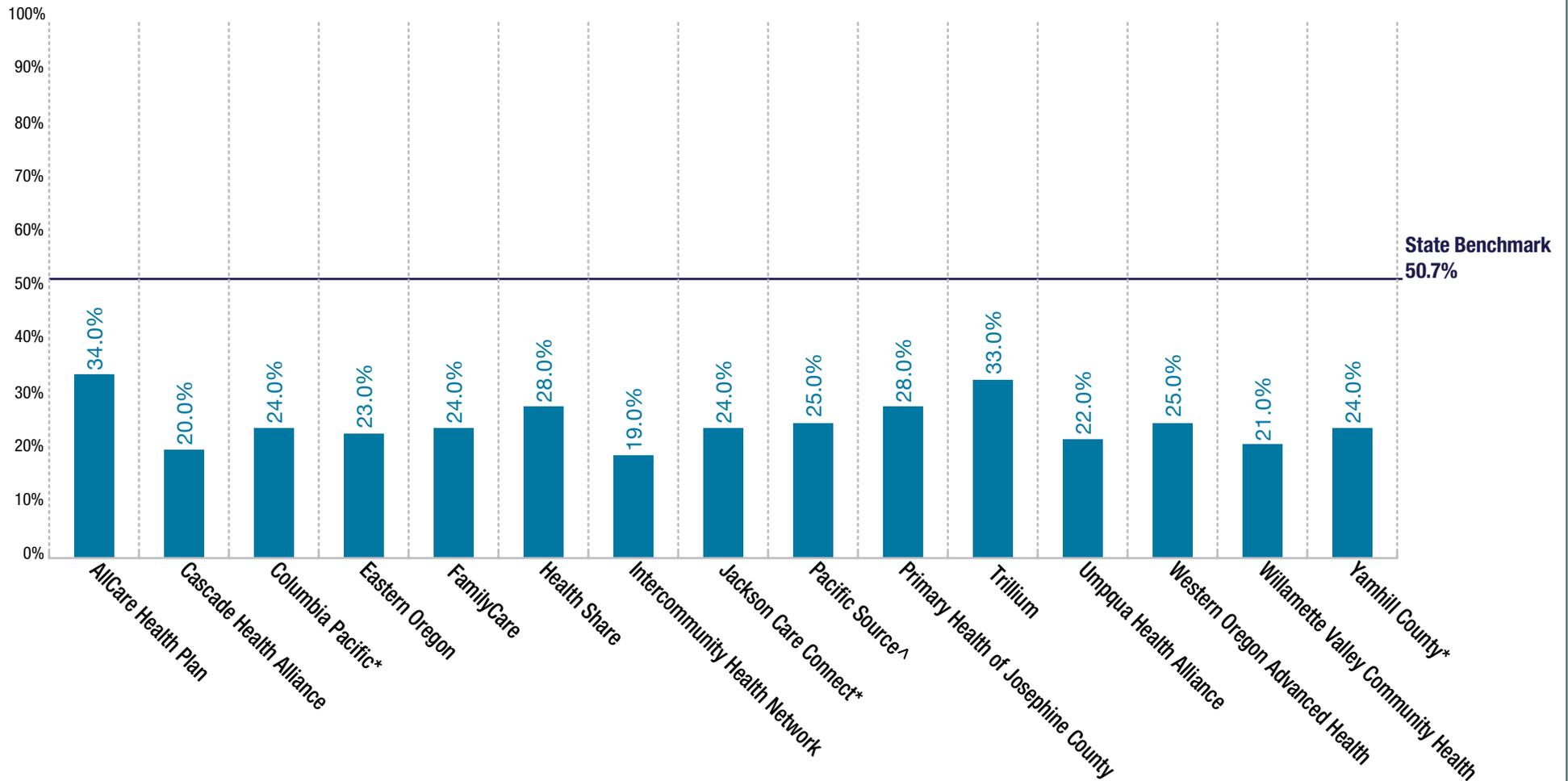
*Each race category excludes Hispanic/Latino
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

State Performance Measures

Smoking and tobacco use cessation: Percentage of adult tobacco users whose doctor discussed or recommended medications to quit smoking

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

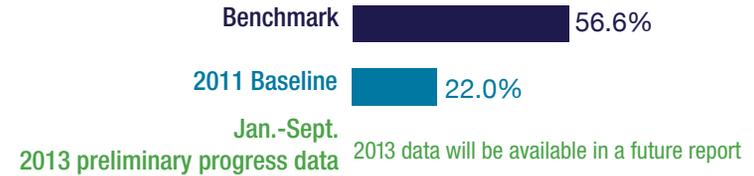
Medical assistance with smoking and tobacco use cessation

Component 3: Percentage of adult tobacco users whose doctor discussed or recommended strategies to quit smoking.

Focus areas: Improving primary care for all populations and ensuring appropriate care is delivered in appropriate settings.

Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

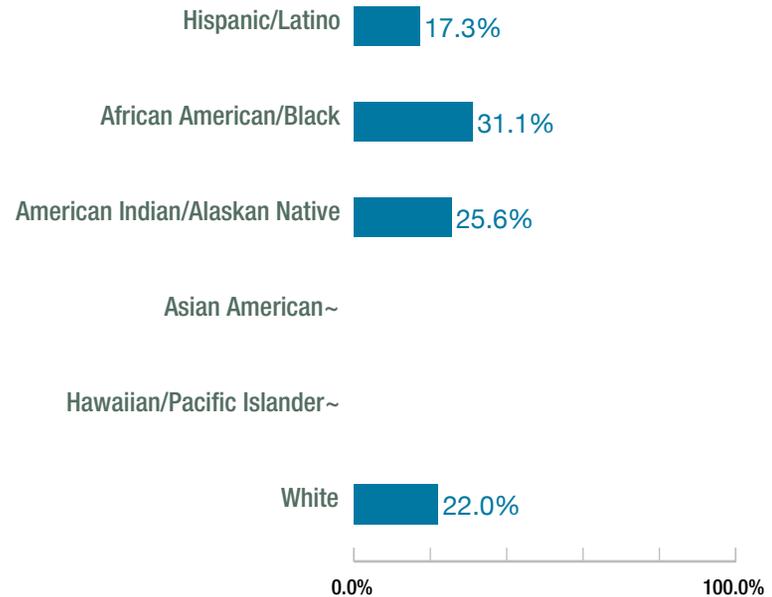
STATEWIDE



Data source: Consumer Assessment of Healthcare Providers and Systems (CAHPS)
Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



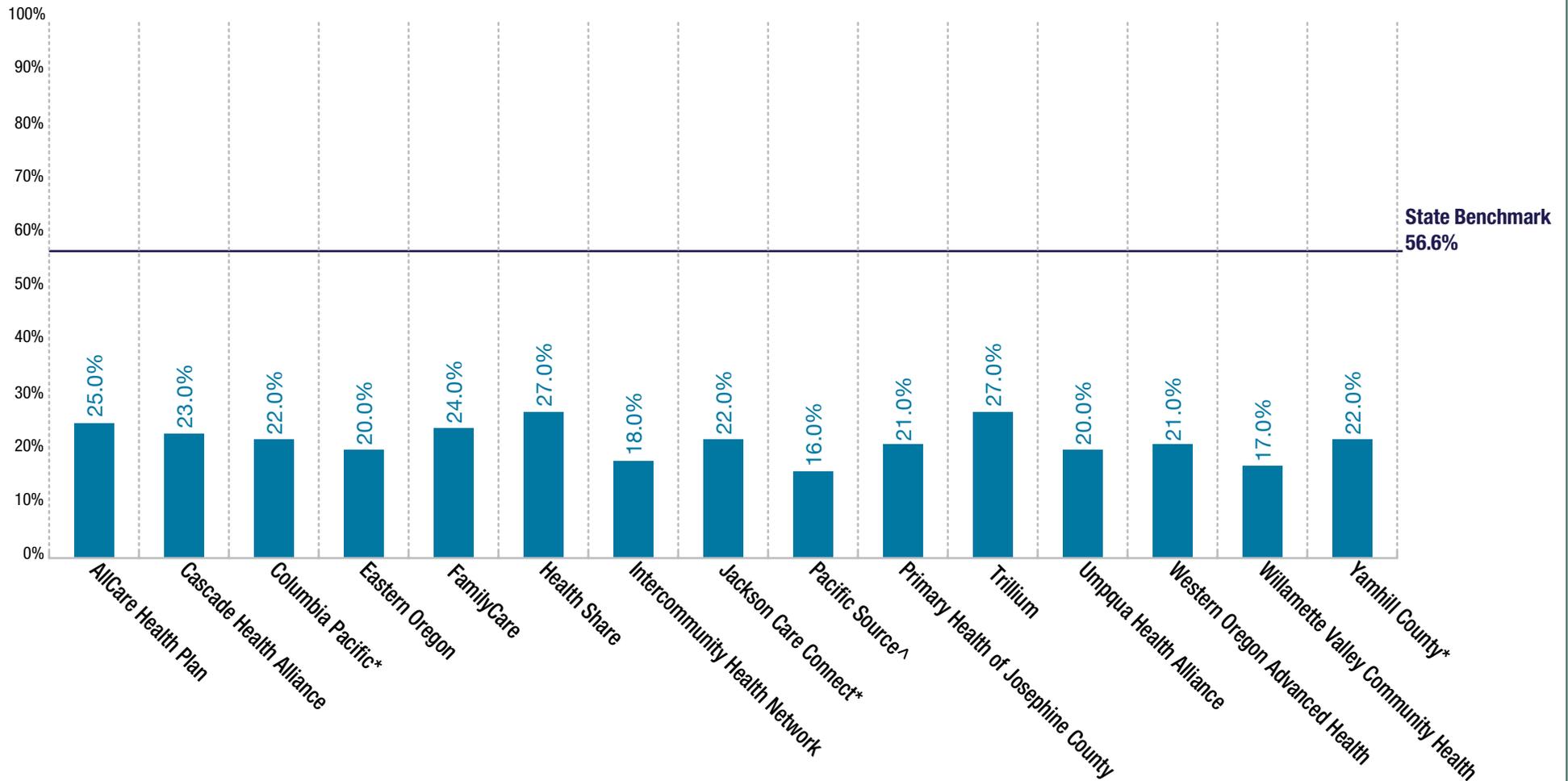
*Each race category excludes Hispanic/Latino
~Data suppressed due to low numbers (n<30)

PERFORMANCE METRICS

State Performance Measures

Smoking and tobacco use cessation: Percentage of adult tobacco users whose doctor discussed or recommended strategies to quit smoking

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

*CCO baseline could not clearly be attributed to a past FCHP. Baseline provided is state average.

^Cannot report PacificSource separately for this measure.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Extent to which primary care providers are accepting new Medicaid patients

Definition: Percentage of primary care providers that are accepting new Medicaid/Oregon Health Plan patients (with both no limitations and some restrictions). This information comes from the Oregon Physician Workforce Survey.

Focus area: Improving access to effective and timely care.

Purpose: Access to primary care leads to better health outcomes and more affordable health care. Improving primary care access for low-income Oregonians can also help reduce health disparities and overall health care costs.

STATEWIDE

Benchmark TBD

2011 Baseline  85.0%

Jan.-Sept.
2013 preliminary progress data 2013 data will be available in a future report

Data source: Physician Workforce Survey

RACE AND ETHNICITY DATA

Physician Workforce Survey results cannot be stratified by race and ethnicity

PERFORMANCE METRICS

State Performance Measures

Extent to which primary care providers currently see Medicaid patients

Definition: Percentage of primary care providers that currently care for Medicaid/Oregon Health Plan patients. This information comes from the Oregon Physician Workforce Survey. It does not include “don’t know” or missing.

Focus area: Improving access to effective and timely care.

Purpose: Access to primary care leads to better health outcomes and more affordable health care. Improving primary care access for low-income Oregonians can also help reduce health disparities and overall health care costs.

STATEWIDE

Benchmark TBD

2011 Baseline  81.7%

Jan.-Sept.
2013 preliminary progress data 2013 data will be available in a future report

Data source: Physician Workforce Survey

RACE AND ETHNICITY DATA

Physician Workforce Survey results cannot be stratified by race and ethnicity

PERFORMANCE METRICS

State Performance Measures

Postpartum care

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

Focus areas: Improving perinatal and maternity care.

Purpose: Having a timely postpartum care visit helps increase the quality of maternal care and reduces the risks for potential health complications associated with pregnancy. Women who have a visit between 21 and 56 days after delivery can have their physical health assessed and can consult with their provider about infant care, family planning and breastfeeding.

Jan. – Sept. 2013 data

This metric tracks the percentage of women who had a timely postpartum care visit after delivery. However, this metric should not be compared to the benchmark until all postpartum care visits are counted at the end of 2013 when we have a full year of data.

STATEWIDE



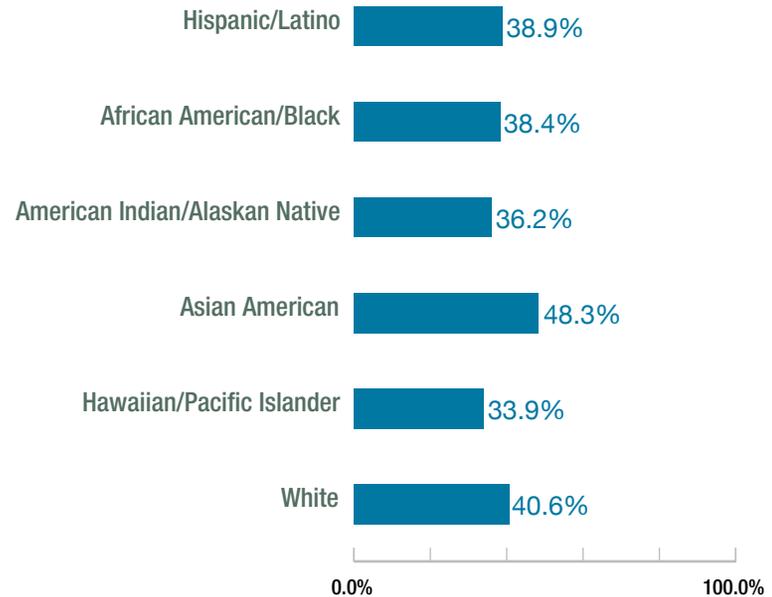
2013 n = 13,014

Data Source: Administrative (billing) claims

Benchmark Source: 2012 national Medicaid 75th percentile (administrative data only, adjusted)

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 9.0% of respondents

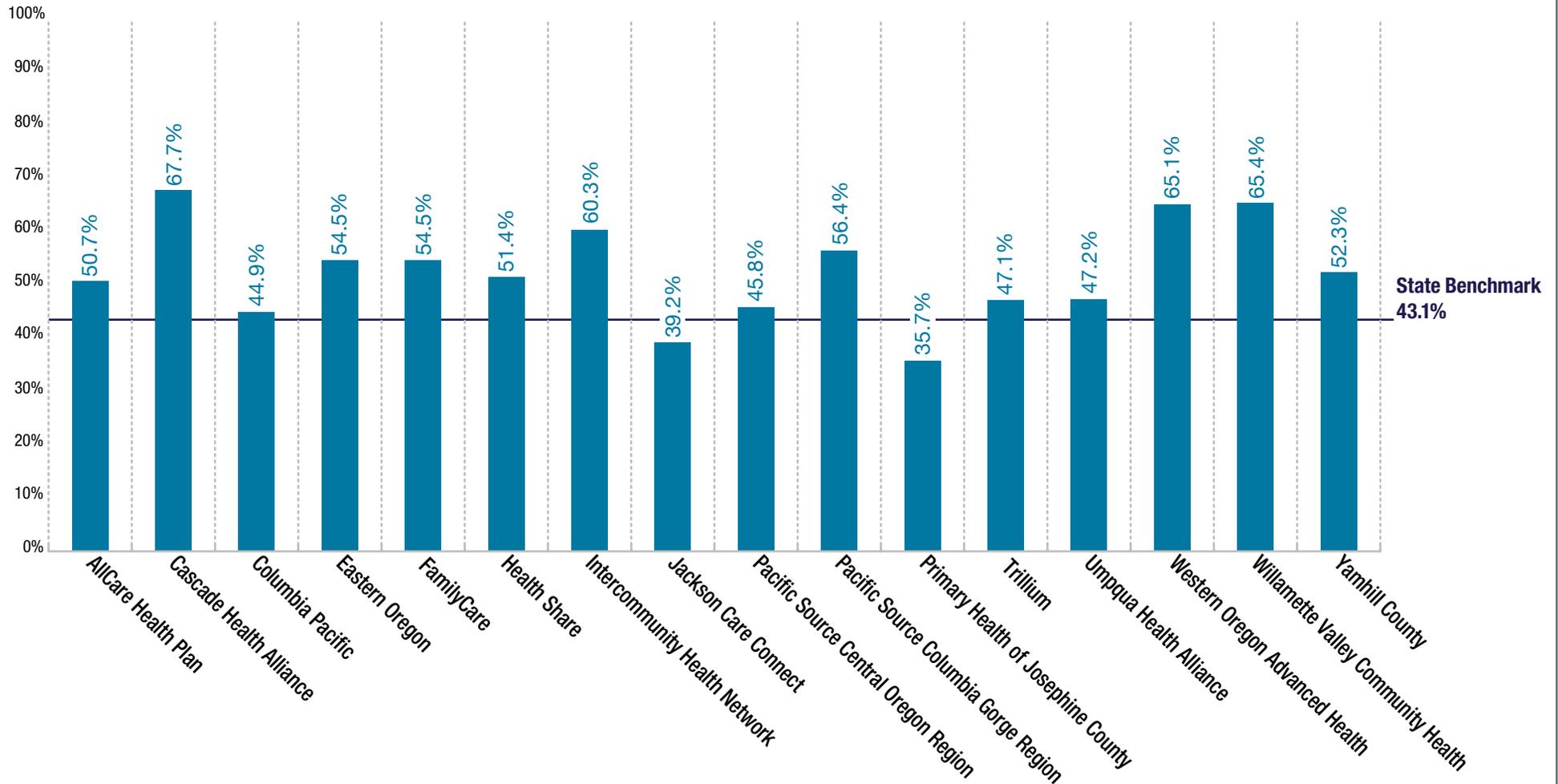
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

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

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Diabetes short term complications admission rate (PQI 1)*

Definition: Rate of adult patients (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease. Rates are reported per 100,000 member years. A lower score is better. PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators.

Focus area: Addressing discrete health issues.

Purpose: Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Jan. – Sept. 2013 data

This metric tracks hospital use for adult patients with diabetes that could be better treated with good disease management. The rates for this measure are reported per 100,000 member years, which means the January through September 2013 data is directly comparable to annual data, including the 2011 baseline.

STATEWIDE

Benchmark 10% reduction from baseline

2011 Baseline 192.9

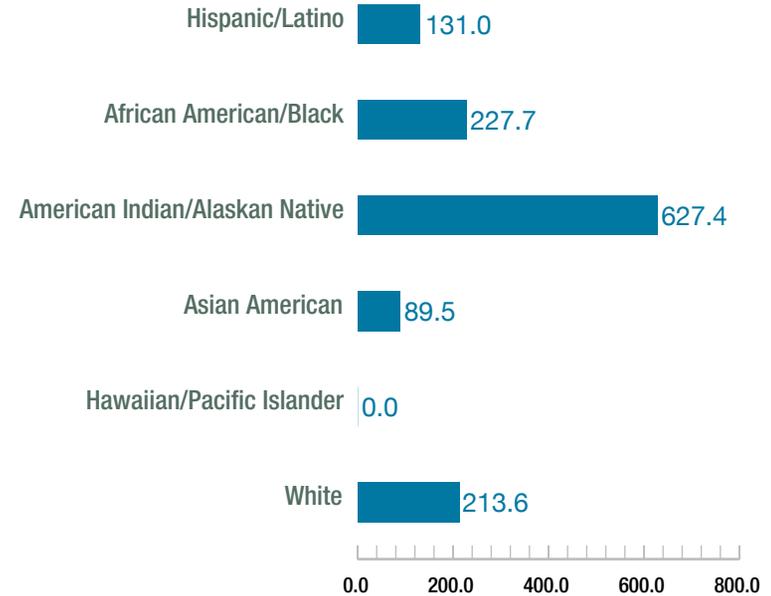
Jan.-Sept. 2013 preliminary progress data 203.8

2013 n = 2,025,495 (member months)

Data source: Administrative (billing) claims

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

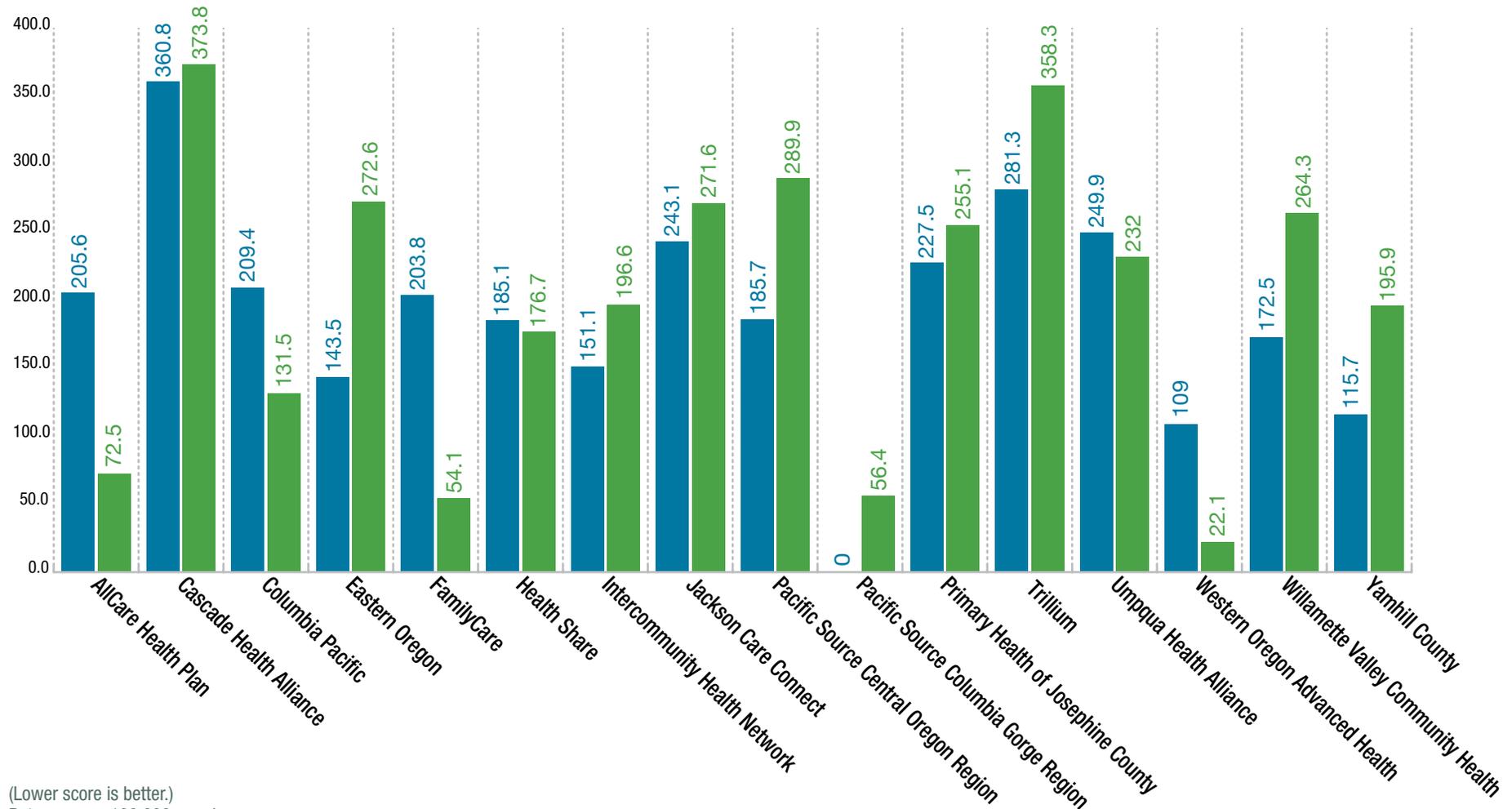
*Each race category excludes Hispanic/Latino
(Lower score is better.)

PERFORMANCE METRICS

State Performance Measures

PQI 1*: Rate of adult patients with diabetes who had a hospital stay because of a short-term problem from their disease

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower score is better.)

Rates are per 100,000 member years

Benchmark is 10% reduction from baseline

*PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate (PQI 5)*

Definition: Rate of adult patients (ages 40 and older) who had a hospital stay because of chronic obstructive pulmonary disease or asthma. Rates are reported per 100,000 member years. A lower score is better. PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators.

Focus area: Addressing discrete health issues.

Purpose: Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Jan. – Sept. 2013 data

This metric tracks hospital use for older adults with chronic obstructive pulmonary disease or asthma, diseases that could be better treated with good disease management. The rates for this measure are reported per 100,000 member years, which means the January through September 2013 data are directly comparable to annual data, including the 2011 baseline. This metric shows a preliminary trend toward lower hospital utilization for this chronic condition.

STATEWIDE

Benchmark 10% reduction from baseline

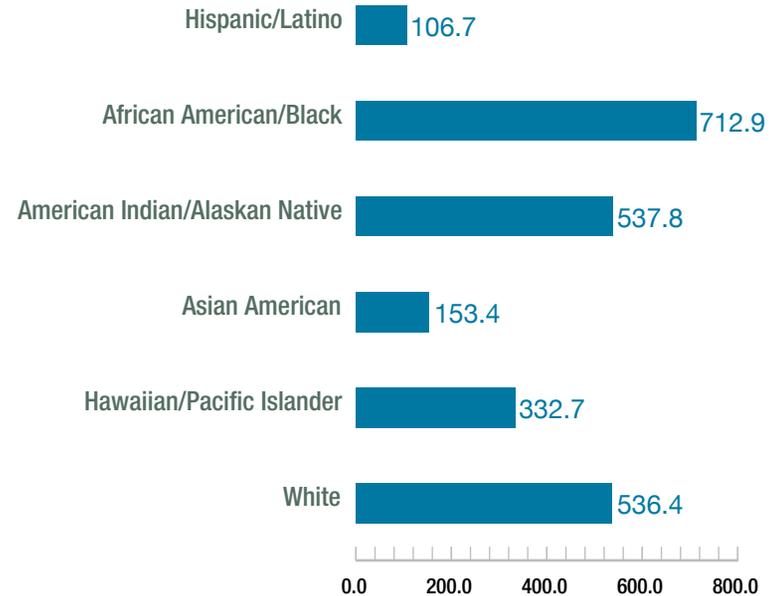
2011 Baseline 454.6

Jan.-Sept. 2013 preliminary progress data 292.7

2013 n = 2,025,495 (member months)
Data source: Administrative (billing) claims

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 8.5% of respondents

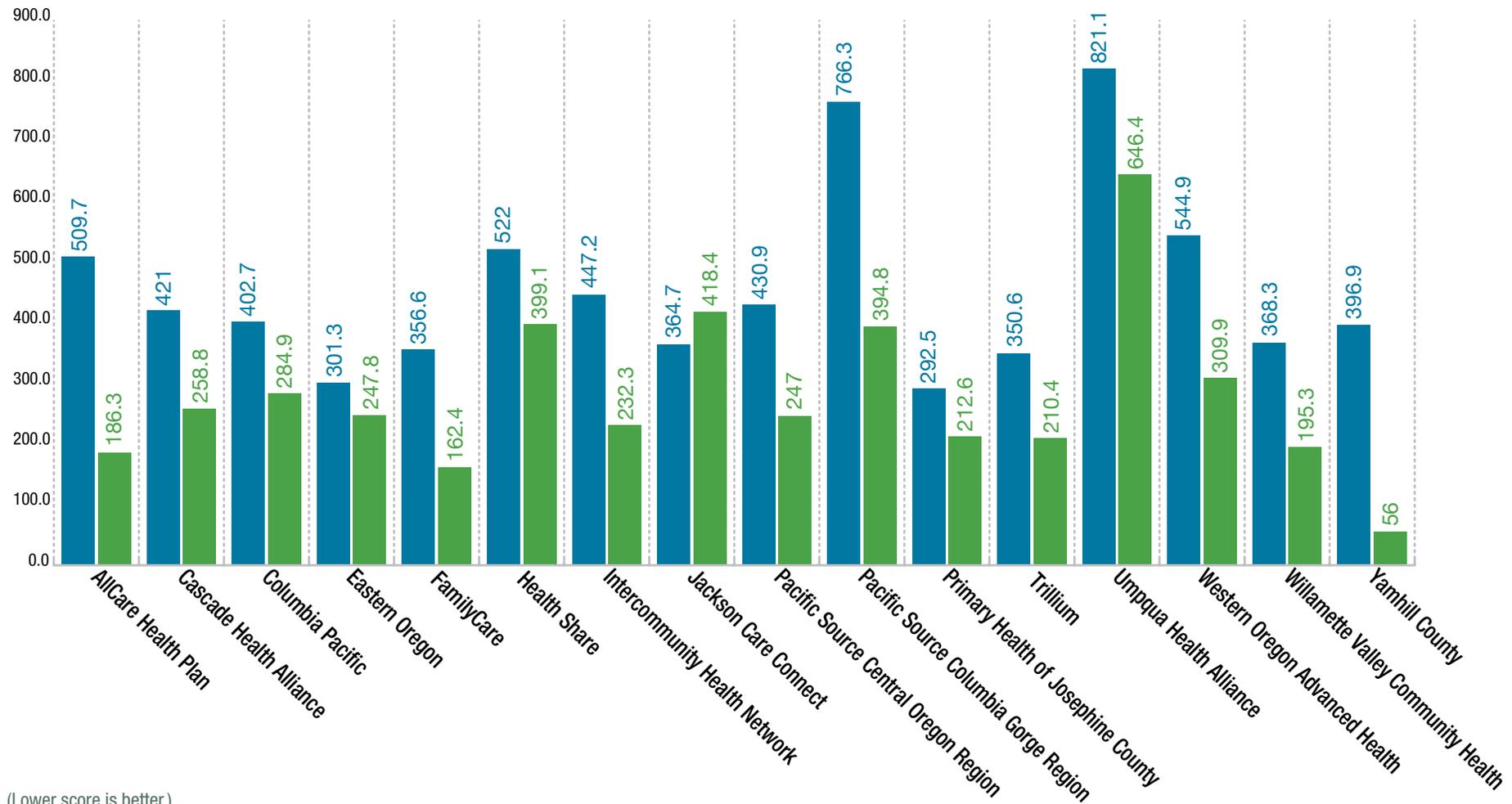
*Each race category excludes Hispanic/Latino
(Lower score is better.)

PERFORMANCE METRICS

State Performance Measures

PQI 5*: Rate of adult patients (ages 40 and older) who had a hospital stay because of asthma or chronic obstructive pulmonary disease

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower score is better.)

Rates are per 100,000 member years

Benchmark is 10% reduction from baseline

*PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Congestive heart failure admission rate (PQI 8)*

Definition: Rate of adult patients (ages 18 and older) who had a hospital stay because of congestive heart failure. Rates are reported per 100,000 member years. A lower score is better. PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators.

Focus area: Addressing discrete health issues.

Purpose: Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Jan. – Sept. 2013 data

This metric tracks hospital use for adults with congestive health failure that could be better treated with good disease management. The rates for this measure are reported per 100,000 member years, which means the January through September 2013 data is directly comparable to annual data, including the 2011 baseline. This metric shows a preliminary trend toward lower hospital utilization for this chronic condition.

STATEWIDE

Benchmark 10% reduction from baseline

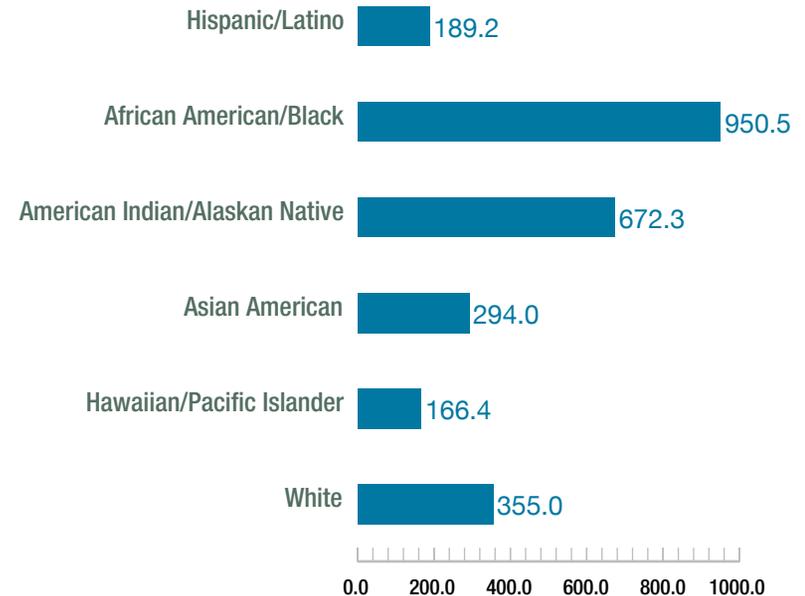
2011 Baseline 336.9

Jan.-Sept. 2013 preliminary progress data 229.3

2013 n = 2,025,495 (member months)
Data source: Administrative (billing) claims

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



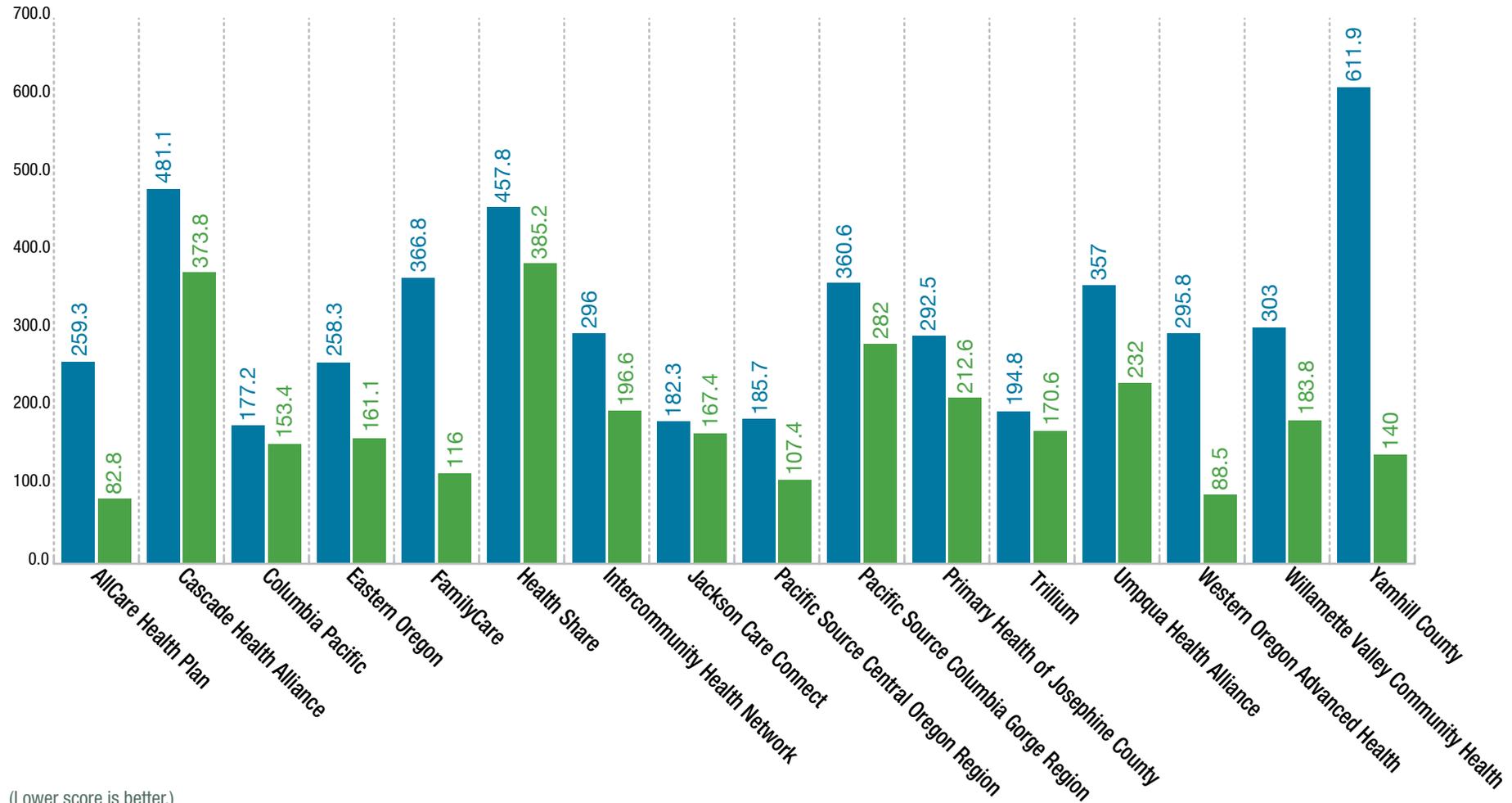
Note: Racial and ethnic information missing for 8.5% of respondents
*Each race category excludes Hispanic/Latino
(Lower score is better.)

PERFORMANCE METRICS

State Performance Measures

PQI 8*: Rate of adult patients who had a hospital stay because of congestive heart failure

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower score is better.)

Rates are per 100,000 member years

Benchmark is 10% reduction from baseline

*PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Adult (ages 18-39) asthma admission rate (PQI 15)*

Definition: Rate of adult patients (ages 18-39) who had a hospital stay because of asthma. Rates are reported per 100,000 member years. A lower score is better. PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators.

Focus area: Addressing discrete health issues.

Purpose: Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. Improving the quality of care for people with chronic disease to help them avoid hospital stays improves the patient experience of health care and improves overall health outcomes. Decreasing hospital stays also helps to reduce the costs of health care.

Jan. – Sept. 2013 data

This metric tracks hospital use for adults with asthma that could be better treated with good disease management. The rates for this measure are reported per 100,000 member years, which means the January through September 2013 data is directly comparable to annual data, including the 2011 baseline. This metric shows a preliminary trend toward lower hospital utilization for this chronic condition.

STATEWIDE

Benchmark 10% reduction from baseline

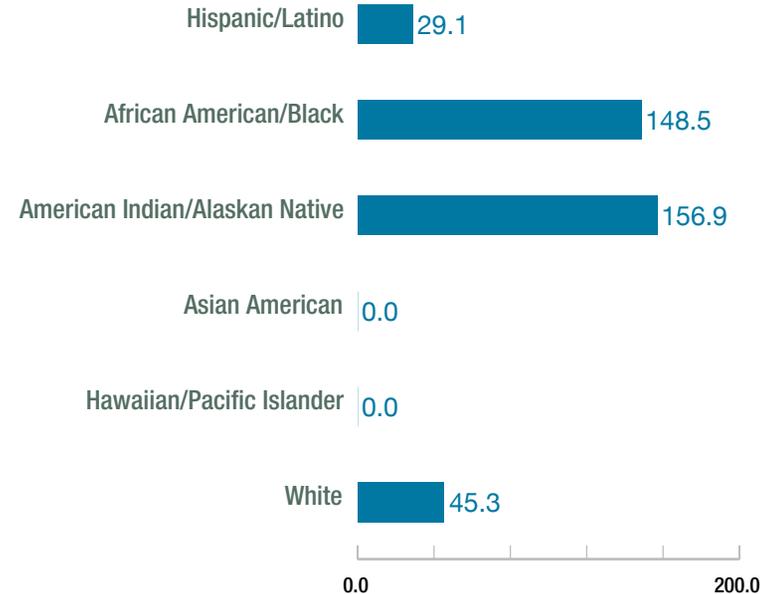
2011 Baseline 53.4

Jan.-Sept. 2013 preliminary progress data 43.8

2013 n = 2,025,495 (member months)
Data source: Administrative (billing) claims

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



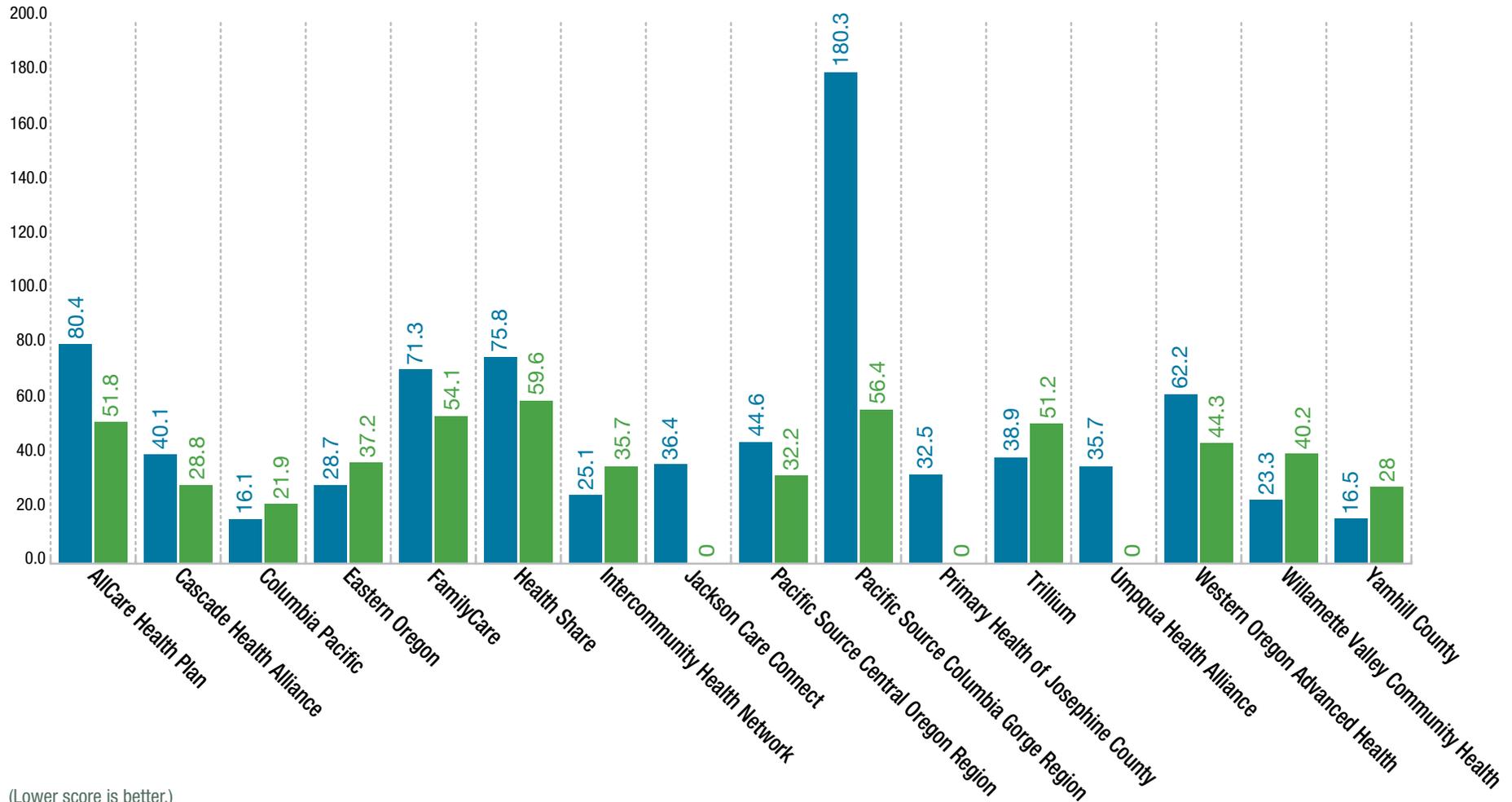
Note: Racial and ethnic information missing for 8.5% of respondents
*Each race category excludes Hispanic/Latino
(Lower score is better.)

PERFORMANCE METRICS

State Performance Measures

PQI 15*: Rate of adult patients (ages 18-39) who had a hospital stay because of asthma

■ 2011 BASELINE DATA ■ JAN.–SEPT. 2013 PRELIMINARY PROGRESS DATA



(Lower score is better.)

Rates are per 100,000 member years

Benchmark is 10% reduction from baseline

*PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

PERFORMANCE METRICS

State Performance Measures

Well-child visits in the first 15 months of life

Definition: Percentage of children up to 15-months-old who had at least six well-child visits with a health care provider.

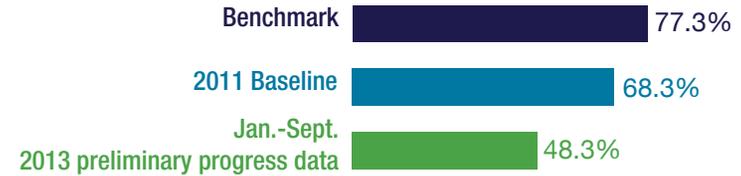
Focus areas: Improving access to effective and timely care; improving primary care for all populations; and ensuring appropriate care is delivered in appropriate settings.

Purpose: Regular well-child visits are one of the best ways to detect physical, developmental, behavioral and emotional problems in infants. They are also an opportunity for providers to offer guidance and counseling to parents.

Jan. – Sept. 2013 data

This metric tracks the percentage of children up to 15-months-old who had at least six well-child visits with a health care provider. The percentage through September 2013 shows the progress toward the goal on this metric and should not be compared to the 2011 baseline or benchmark until all visits are counted at the end of 2013 when we have a full year of data.

STATEWIDE



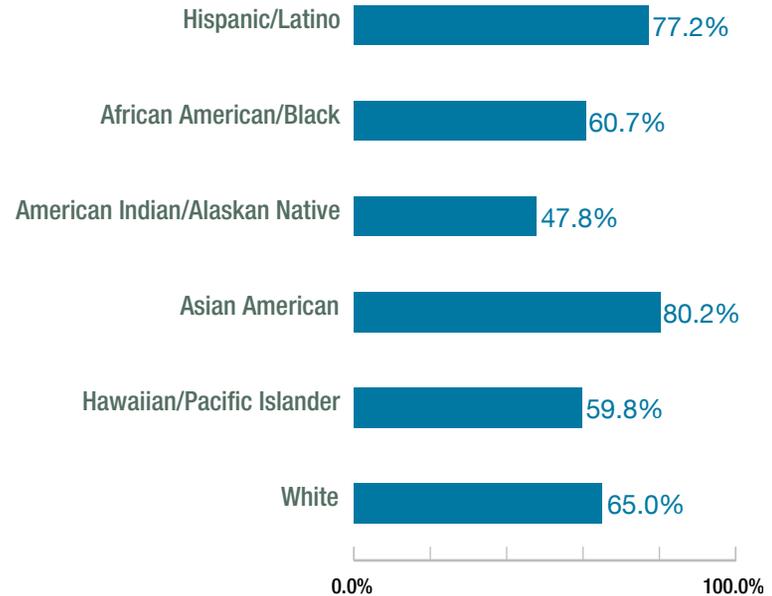
2013 n = 5,303

Data source: Administrative (billing) claims

Benchmark source: 2012 National Medicaid 90th percentile

RACE AND ETHNICITY DATA*

2011 BASELINE DATA



Note: Racial and ethnic information missing for 11.9% of respondents

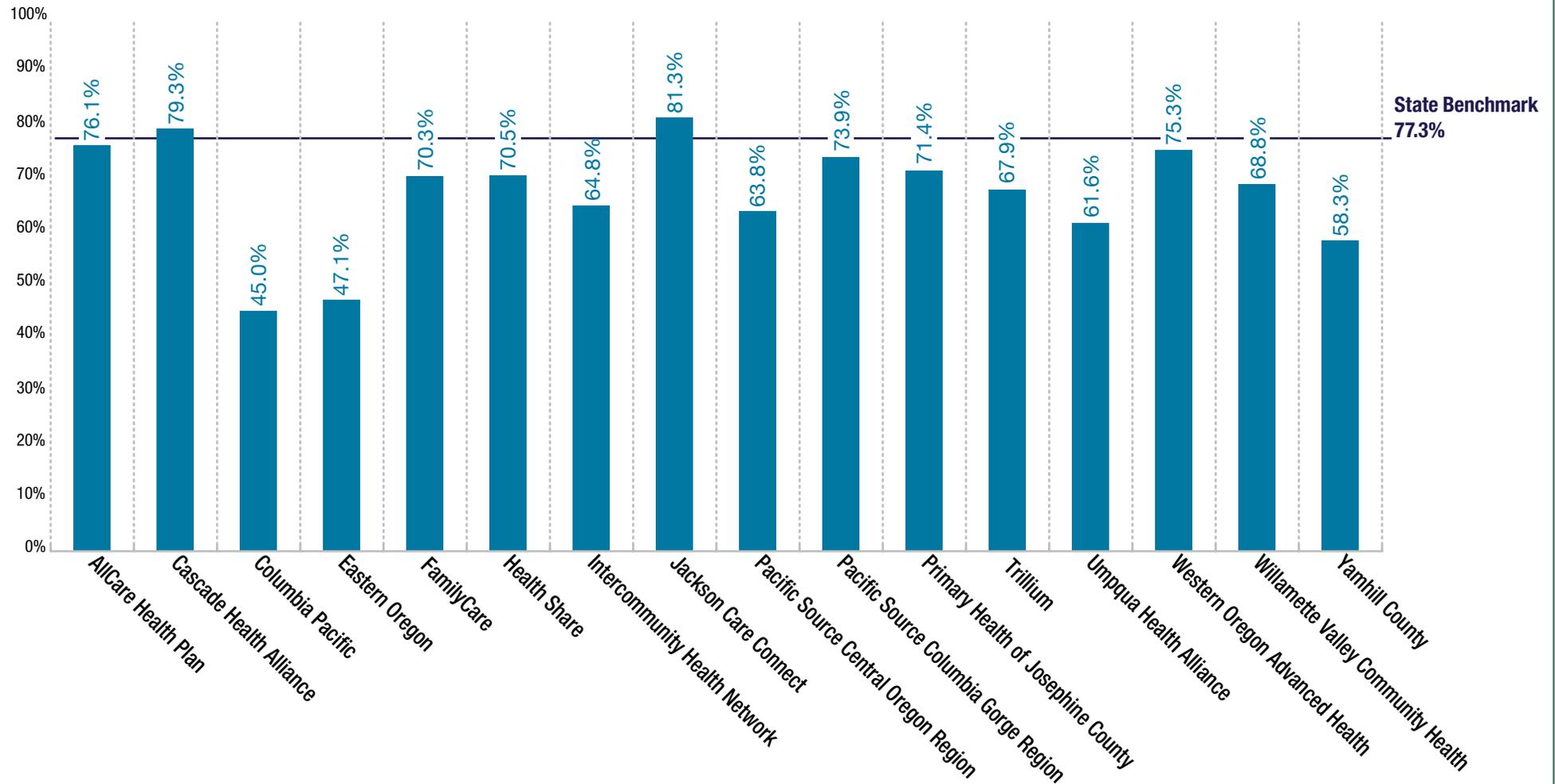
*Each race category excludes Hispanic/Latino

PERFORMANCE METRICS

State Performance Measures

Percentage of children up to 15 months old who had at least six well-child visits with a health care provider

■ 2011 BASELINE DATA



2013 CCO level data for this measure will be available in a future report.

2011 baselines are pre-CCO and are based on data from the predecessor care organization.

COST AND UTILIZATION DATA

Quarterly Data

UTILIZATION DATA STATEWIDE

CATEGORY	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 *	JAN-MAR 2013 *	APR-JUN 2013 *	JUL-SEP 2013 *	OCT 2012 - SEP 2013 AVERAGE
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)							
Inpatient – Medical / General – Patient Days	161.1	****	166.4	187.1	152.0	127.8	158.3
Inpatient – Medical / Rehabilitation – Patient Days	3.0	****	3.3	3.0	2.4	2.3	2.8
Inpatient – Surgical – Patient Days	81.5	****	80.8	78.9	71.1	62.2	73.2
Inpatient – Maternity / Normal Delivery – Patient Days	45.8	****	39.3	42.5	40.7	39.4	40.5
Inpatient – Maternity / C-Section Delivery – Patient Days	27.5	****	21.0	22.7	22.2	23.0	22.2
Inpatient – Maternity / Non-Delivery – Patient Days	9.0	****	6.6	7.2	7.7	6.6	7.0
Inpatient – Newborn / Well – Patient Days	40.0	****	35.0	37.7	36.1	27.4	34.0
Inpatient – Newborn / With Complications – Patient Days	51.7	****	46.0	39.4	45.0	30.4	40.2
Inpatient – Mental Health / Psychiatric – Patient Days	53.1	****	51.8	47.6	43.1	31.1	43.4
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	5.7	****	6.6	4.9	6.2	5.1	5.7
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	2,655.2	****	3,111.0	3,390.3	3,016.0	2,794.2	3,077.9
Outpatient – Specialty Care Visits	4,163.5	****	3,990.7	3,932.9	3,657.0	3,509.7	3,772.6
Outpatient – Mental Health Visits	885.4	****	983.1	771.0	724.5	603.9	770.6
Outpatient – Dental Visits (preventative)	475.5	****	471.2	518.0	521.4	416.2	481.7
Outpatient – Emergency Dept Visits	SEE AMBULATORY CARE ED UTILIZATION METRIC ON PAGE 14						
Outpatient – Pharmacy Prescriptions Filled	9,490.9	****	8,902.3	9,419.7	8,710.0	8,831.6	8,965.9
Outpatient – Labs and Radiology (Service Units)	4,858.9	****	4,617.1	4,967.2	4,898.2	4,655.2	4,784.4
Outpatient – Freestanding ASC Procedures	25.4	****	22.0	24.7	25.3	23.1	23.8

COST AND UTILIZATION DATA

Quarterly Data

UTILIZATION DATA BY CCO, OCT.-DEC. 2012, TABLE 1 OF 4

CATEGORY	STATEWIDE	ALLCARE HEALTH PLAN, INC.	CASCADE COMPREHENSIVE CARE	COLUMBIA PACIFIC CCO, LLC
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)				
Inpatient – Medical / General – Patient Days	166.4	126.0	175.4	107.5
Inpatient – Medical / Rehabilitation – Patient Days	3.3	10.6	0.0	6.0
Inpatient – Surgical – Patient Days	80.8	55.4	144.0	98.0
Inpatient – Maternity / Normal Delivery – Patient Days	39.3	36.8	38.3	40.7
Inpatient – Maternity / C-Section Delivery – Patient Days	21.0	23.0	49.4	21.3
Inpatient – Maternity / Non-Delivery – Patient Days	6.6	3.5	10.6	2.2
Inpatient – Newborn / Well – Patient Days	35.0	37.3	33.9	37.2
Inpatient – Newborn / With Complications – Patient Days	46.0	37.9	57.9	34.4
Inpatient – Mental Health / Psychiatric – Patient Days	51.8	9.7	N/A	73.2
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	6.6	5.6	N/A	11.5
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	3,111.0	3,151.1	2,646.6	2,944.9
Outpatient – Specialty Care Visits	3,990.7	3,607.4	3,102.6	2,290.3
Outpatient – Mental Health Visits	983.1	566.8	N/A	948.1
Outpatient – Emergency Dept Visits	SEE AMBULATORY CARE ED UTILIZATION METRIC ON PAGE 14			
Outpatient – Pharmacy Prescriptions Filled	8,902.3	8,722.8	8,319.1	10,244.9
Outpatient – Labs and Radiology (Service Units)	4,617.1	4,497.4	3,664.6	4,105.0
Outpatient – Freestanding ASC Procedures	22.0	30.5	7.3	13.1

COST AND UTILIZATION DATA

Quarterly Data

UTILIZATION DATA BY CCO, OCT.-DEC. 2012, TABLE 2 OF 4

CATEGORY	EASTERN OREGON CCO	FAMILY CARE CCO	HEALTH SHARE OF OREGON	INTERCOMMUNITY HEALTH NETWORK CCO
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)				
Inpatient – Medical / General – Patient Days	114.0	Data Pending	200.3	213.6
Inpatient – Medical / Rehabilitation – Patient Days	5.8	Data Pending	2.9	2.0
Inpatient – Surgical – Patient Days	55.0	Data Pending	94.1	127.0
Inpatient – Maternity / Normal Delivery – Patient Days	48.1	Data Pending	31.8	40.7
Inpatient – Maternity / C-Section Delivery – Patient Days	25.0	Data Pending	20.4	25.8
Inpatient – Maternity / Non-Delivery – Patient Days	8.1	Data Pending	8.2	3.9
Inpatient – Newborn / Well – Patient Days	39.1	Data Pending	29.5	28.6
Inpatient – Newborn / With Complications – Patient Days	58.8	Data Pending	43.0	66.7
Inpatient – Mental Health / Psychiatric – Patient Days	20.8	Data Pending	84.9	30.1
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	5.3	Data Pending	13.4	0.9
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	1,495.3	2,814.2	3,178.9	3,572.8
Outpatient – Specialty Care Visits	3,634.1	3,685.2	4,422.0	3,242.1
Outpatient – Mental Health Visits	742.0	864.0	1,383.3	629.3
Outpatient – Emergency Dept Visits	SEE AMBULATORY CARE ED UTILIZATION METRIC ON PAGE 14			
Outpatient – Pharmacy Prescriptions Filled	8,414.3	6,452.0	9,258.1	11,405.0
Outpatient – Labs and Radiology (Service Units)	3,865.5	4,020.3	4,633.4	4,653.0
Outpatient – Freestanding ASC Procedures	6.3	9.7	14.2	18.9

COST AND UTILIZATION DATA

Quarterly Data

UTILIZATION DATA BY CCO, OCT.-DEC. 2012, TABLE 3 OF 4

CATEGORY	JACKSON CARE CONNECT	PACIFICSOURCE COMM. SOLUTIONS	PRIMARY HEALTH JOSEPHINE CO CCO	TRILLIUM COMM. HEALTH PLAN
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)				
Inpatient – Medical / General – Patient Days	129.4	132.1	124.4	172.8
Inpatient – Medical / Rehabilitation – Patient Days	5.9	1.7	0.0	3.3
Inpatient – Surgical – Patient Days	77.8	67.5	39.0	81.0
Inpatient – Maternity / Normal Delivery – Patient Days	32.3	43.6	8.2	34.7
Inpatient – Maternity / C-Section Delivery – Patient Days	20.4	21.6	14.4	27.7
Inpatient – Maternity / Non-Delivery – Patient Days	5.9	8.6	8.2	5.1
Inpatient – Newborn / Well – Patient Days	20.2	33.8	13.0	34.0
Inpatient – Newborn / With Complications – Patient Days	79.3	47.7	10.9	57.6
Inpatient – Mental Health / Psychiatric – Patient Days	25.5	39.5	0.0	51.1
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	0.4	4.6	15.7	2.8
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	3,830.8	2,805.6	1,711.6	3,376.4
Outpatient – Specialty Care Visits	3,498.0	3,823.9	1,956.9	4,839.2
Outpatient – Mental Health Visits	460.4	291.2	647.1	1,318.5
Outpatient – Emergency Dept Visits	SEE AMBULATORY CARE ED UTILIZATION METRIC ON PAGE 14			
Outpatient – Pharmacy Prescriptions Filled	9,414.8	8,925.4	10,246.9	9,832.6
Outpatient – Labs and Radiology (Service Units)	4,503.9	3,755.3	2,681.8	5,384.0
Outpatient – Freestanding ASC Procedures	32.5	29.6	17.8	42.5

COST AND UTILIZATION DATA

Quarterly Data

UTILIZATION DATA BY CCO, OCT.-DEC. 2012, TABLE 4 OF 4

CATEGORY	UMPQUA HEALTH ALLIANCE	WESTERN OREGON ADVANCED HEALTH	WILLAMETTE VALLEY COMMUNITY HEALTH	YAMHILL COUNTY CARE ORGANIZATION
UTILIZATION DATA (ANNUALIZED / 1000 MEMBERS)				
Inpatient – Medical / General – Patient Days	205.9	200.5	160.3	53.7
Inpatient – Medical / Rehabilitation – Patient Days	0.0	4.8	4.2	0.0
Inpatient – Surgical – Patient Days	125.7	79.3	77.0	56.3
Inpatient – Maternity / Normal Delivery – Patient Days	35.7	54.1	40.1	33.1
Inpatient – Maternity / C-Section Delivery – Patient Days	25.8	33.7	15.1	21.9
Inpatient – Maternity / Non-Delivery – Patient Days	4.9	0.7	5.8	1.3
Inpatient – Newborn / Well – Patient Days	36.0	49.7	38.6	30.1
Inpatient – Newborn / With Complications – Patient Days	59.1	60.9	34.2	40.8
Inpatient – Mental Health / Psychiatric – Patient Days	69.8	40.5	23.9	16.9
Inpatient – Mental Health / Alcohol and Drug Abuse – Patient Days	1.5	8.9	7.2	4.3
Outpatient – Primary Care Medical Visits (Includes Immun/Inject)	3,365.7	2,684.8	3,484.6	2,649.3
Outpatient – Specialty Care Visits	4,395.1	4,035.6	4,096.1	2,991.9
Outpatient – Mental Health Visits	794.4	216.0	809.7	530.3
Outpatient – Emergency Dept Visits	SEE AMBULATORY CARE ED UTILIZATION METRIC ON PAGE 14			
Outpatient – Pharmacy Prescriptions Filled	10,225.6	10,701.3	4,305.9	6,495.2
Outpatient – Labs and Radiology (Service Units)	6,232.9	5,606.6	5,306.8	3,463.3
Outpatient – Freestanding ASC Procedures	8.8	38.8	36.7	13.3

COST AND UTILIZATION DATA

Quarterly Data

COST DATA STATEWIDE

CATEGORY	OREGON PRE-CCO BASELINE**	BENCHMARK	OCT-DEC 2012 *	JAN-MAR 2013 *	APR-JUN 2013 *	JUL-SEP 2013 *	OCT 2012 - SEP 2013 AVERAGE
COST PER MEMBER PER MONTH (PMPM)							
Inpatient – Medical / General	\$25.51	****	\$25.55	\$28.37	\$23.87	\$18.77	\$24.14
Inpatient – Medical / Rehabilitation	\$0.27	****	\$0.27	\$0.23	\$0.21	\$0.15	\$0.22
Inpatient – Surgical	\$20.99	****	\$19.98	\$20.46	\$19.76	\$15.60	\$18.95
Inpatient – Maternity / Normal Delivery	\$6.47	****	\$5.81	\$6.03	\$5.96	\$5.52	\$5.83
Inpatient – Maternity / C-Section Delivery	\$4.36	****	\$3.31	\$3.62	\$3.54	\$3.39	\$3.47
Inpatient – Maternity / Non-Delivery	\$1.21	****	\$0.83	\$0.95	\$0.91	\$0.74	\$0.86
Inpatient – Newborn / Well	\$2.12	****	\$2.07	\$2.27	\$2.14	\$1.48	\$1.99
Inpatient – Newborn / With Complications	\$7.21	****	\$5.73	\$5.54	\$5.87	\$4.57	\$5.43
Inpatient – Mental Health / Psychiatric	\$3.97	****	\$3.38	\$3.27	\$3.05	\$2.22	\$2.98
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.52	****	\$0.54	\$0.42	\$0.52	\$0.45	\$0.48
Outpatient – Primary Care	\$20.94	****	\$23.51	\$26.48	\$24.82	\$24.22	\$24.76
Outpatient – Primary Care / Supplemental Wrap-Around Payments	\$13.47	****	\$15.12	\$17.03	\$15.97	\$15.58	\$15.93
Outpatient – Specialty Care	\$25.46	****	\$24.36	\$25.20	\$24.46	\$22.59	\$24.15
Outpatient – Mental Health	\$23.19	****	\$21.74	\$21.32	\$20.78	\$18.88	\$20.68
Outpatient – Dental	\$12.20	****	\$8.04	\$8.79	\$9.03	\$7.37	\$8.31
Outpatient – Emergency Department	\$9.71	****	\$7.89	\$8.41	\$8.00	\$7.27	\$7.89
Outpatient – Pharmacy Prescriptions	\$32.40	****	\$32.35	\$33.58	\$31.91	\$33.66	\$32.88
Outpatient – Labs and Radiology	\$21.72	****	\$19.00	\$20.17	\$19.53	\$18.10	\$19.20
Outpatient – Freestanding ASC Procedures	\$1.60	****	\$1.57	\$1.83	\$1.75	\$1.56	\$1.68
Outpatient – Health Related Services	\$0.00	****	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$29.00	****	\$24.51	\$27.54	\$26.80	\$23.75	\$25.65
Outpatient – All Other	\$21.00	****	\$21.31	\$22.57	\$22.51	\$22.80	\$22.30

For footnote explanations, see page 94.

COST AND UTILIZATION DATA

Quarterly Data

COST DATA BY CCO, OCT.-DEC. 2012, TABLE 1 OF 4

CATEGORY	STATEWIDE	ALLCARE HEALTH PLAN, INC.	CASCADE COMPREHENSIVE CARE	COLUMBIA PACIFIC CCO, LLC
COST PER MEMBER PER MONTH (PMPM)				
Inpatient – Medical / General	\$25.55	\$17.42	\$20.56	\$20.74
Inpatient – Medical / Rehabilitation	\$0.27	\$0.75	\$0.00	\$0.48
Inpatient – Surgical	\$19.98	\$13.80	\$25.43	\$23.80
Inpatient – Maternity / Normal Delivery	\$5.81	\$5.05	\$4.72	\$9.44
Inpatient – Maternity / C-Section Delivery	\$3.31	\$3.34	\$5.38	\$6.64
Inpatient – Maternity / Non-Delivery	\$0.83	\$0.87	\$0.85	\$0.31
Inpatient – Newborn / Well	\$2.07	\$1.41	\$1.19	\$3.06
Inpatient – Newborn / With Complications	\$5.73	\$4.83	\$5.33	\$4.12
Inpatient – Mental Health / Psychiatric	\$3.38	\$0.93	N/A	\$4.31
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.54	\$0.48	N/A	\$1.00
Outpatient – Primary Care	\$23.51	\$23.25	\$16.31	\$22.33
Outpatient – Primary Care / Supplemental Wrap-Around Payments	\$15.12	Data Pending	Data Pending	Data Pending
Outpatient – Specialty Care	\$24.36	\$18.06	\$19.84	\$15.31
Outpatient – Mental Health	\$21.74	\$12.13	N/A	\$13.01
Outpatient – Emergency Department	\$7.89	\$3.77	\$2.20	\$11.66
Outpatient – Pharmacy Prescriptions	\$32.35	\$32.69	\$29.32	\$33.82
Outpatient – Labs and Radiology	\$19.00	\$14.62	\$11.82	\$28.35
Outpatient – Freestanding ASC Procedures	\$1.57	\$1.52	\$0.31	\$0.51
Outpatient – Health Related Services	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$24.51	\$19.28	\$17.60	\$41.41
Outpatient – All Other	\$21.31	\$16.02	\$16.98	\$16.68

COST AND UTILIZATION DATA

Quarterly Data

COST DATA BY CCO, OCT.-DEC. 2012, TABLE 2 OF 4

CATEGORY	EASTERN OREGON CCO	FAMILY CARE CCO	HEALTH SHARE OF OREGON	INTERCOMMUNITY HEALTH NETWORK CCO
COST PER MEMBER PER MONTH (PMPM)				
Inpatient – Medical / General	\$25.94	Data Pending	\$27.84	\$39.97
Inpatient – Medical / Rehabilitation	\$0.23	Data Pending	\$0.27	\$0.16
Inpatient – Surgical	\$18.83	Data Pending	\$21.02	\$30.97
Inpatient – Maternity / Normal Delivery	\$9.52	Data Pending	\$3.79	\$6.98
Inpatient – Maternity / C-Section Delivery	\$7.43	Data Pending	\$2.55	\$6.00
Inpatient – Maternity / Non-Delivery	\$1.31	Data Pending	\$0.75	\$0.78
Inpatient – Newborn / Well	\$2.52	Data Pending	\$1.07	\$2.02
Inpatient – Newborn / With Complications	\$5.90	Data Pending	\$5.61	\$9.77
Inpatient – Mental Health / Psychiatric	\$1.35	Data Pending	\$5.09	\$2.26
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.75	Data Pending	\$1.12	\$0.17
Outpatient – Primary Care	\$12.96	\$22.54	\$24.46	\$28.88
Outpatient – Primary Care / Supplemental Wrap-Around Payments	Data Pending	Data Pending	Data Pending	Data Pending
Outpatient – Specialty Care	\$20.55	\$19.58	\$27.38	\$25.31
Outpatient – Mental Health	\$14.39	\$22.26	\$28.83	\$16.36
Outpatient – Emergency Department	\$10.92	\$5.44	\$8.27	\$6.16
Outpatient – Pharmacy Prescriptions	\$29.13	\$21.02	\$35.01	\$49.21
Outpatient – Labs and Radiology	\$24.64	\$12.51	\$18.00	\$26.51
Outpatient – Freestanding ASC Procedures	\$0.23	\$0.61	\$0.87	\$1.46
Outpatient – Health Related Services	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$33.19	\$12.49	\$27.45	\$25.86
Outpatient – All Other	\$15.62	\$12.22	\$25.96	\$22.36

COST AND UTILIZATION DATA

Quarterly Data

COST DATA BY CCO, OCT.-DEC. 2012, TABLE 3 OF 4

CATEGORY	JACKSON CARE CONNECT	PACIFICSOURCE COMM. SOLUTIONS	PRIMARY HEALTH JOSEPHINE CO CCO	TRILLIUM COMM. HEALTH PLAN
COST PER MEMBER PER MONTH (PMPM)				
Inpatient – Medical / General	\$17.68	\$23.27	\$14.96	\$25.75
Inpatient – Medical / Rehabilitation	\$0.72	\$0.11	\$0.00	\$0.40
Inpatient – Surgical	\$18.70	\$18.29	\$12.33	\$25.29
Inpatient – Maternity / Normal Delivery	\$4.10	\$8.47	\$1.08	\$5.08
Inpatient – Maternity / C-Section Delivery	\$2.53	\$3.53	\$1.49	\$3.64
Inpatient – Maternity / Non-Delivery	\$0.75	\$1.15	\$2.23	\$0.63
Inpatient – Newborn / Well	\$0.86	\$1.78	\$0.39	\$4.21
Inpatient – Newborn / With Complications	\$9.64	\$4.23	\$2.00	\$6.92
Inpatient – Mental Health / Psychiatric	\$1.20	\$2.82	\$0.00	\$4.12
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.14	\$0.30	\$1.64	\$0.38
Outpatient – Primary Care	\$28.26	\$18.03	\$20.09	\$22.61
Outpatient – Primary Care / Supplemental Wrap-Around Payments	Data Pending	Data Pending	Data Pending	Data Pending
Outpatient – Specialty Care	\$21.61	\$21.02	\$13.08	\$32.69
Outpatient – Mental Health	\$20.02	\$7.13	\$11.54	\$23.90
Outpatient – Emergency Department	\$5.75	\$8.47	\$1.81	\$8.72
Outpatient – Pharmacy Prescriptions	\$31.91	\$37.86	\$35.98	\$30.43
Outpatient – Labs and Radiology	\$18.89	\$21.77	\$11.29	\$19.86
Outpatient – Freestanding ASC Procedures	\$2.31	\$3.33	\$1.14	\$3.12
Outpatient – Health Related Services	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$21.09	\$24.54	\$13.86	\$23.74
Outpatient – All Other	\$18.97	\$19.82	\$10.80	\$24.47

COST AND UTILIZATION DATA

Quarterly Data

COST DATA BY CCO, OCT.-DEC. 2012, TABLE 4 OF 4

CATEGORY	UMPQUA HEALTH ALLIANCE	WESTERN OREGON ADVANCED HEALTH	WILLAMETTE VALLEY COMMUNITY HEALTH	YAMHILL COUNTY CARE ORGANIZATION
COST PER MEMBER PER MONTH (PMPM)				
Inpatient – Medical / General	\$29.94	\$43.34	\$22.61	\$7.55
Inpatient – Medical / Rehabilitation	\$0.00	\$0.28	\$0.24	\$0.00
Inpatient – Surgical	\$28.20	\$25.25	\$18.59	\$11.16
Inpatient – Maternity / Normal Delivery	\$5.89	\$7.55	\$5.96	\$4.93
Inpatient – Maternity / C-Section Delivery	\$3.56	\$5.42	\$2.66	\$3.92
Inpatient – Maternity / Non-Delivery	\$0.70	\$0.46	\$0.86	\$0.53
Inpatient – Newborn / Well	\$1.83	\$2.28	\$1.53	\$1.49
Inpatient – Newborn / With Complications	\$9.80	\$10.44	\$3.83	\$4.30
Inpatient – Mental Health / Psychiatric	\$4.25	\$3.07	\$1.63	\$1.41
Inpatient – Mental Health / Alcohol and Drug Abuse	\$0.10	\$1.27	\$0.27	\$0.32
Outpatient – Primary Care	\$23.67	\$18.75	\$27.98	\$21.23
Outpatient – Primary Care / Supplemental Wrap-Around Payments	Data Pending	Data Pending	Data Pending	Data Pending
Outpatient – Specialty Care	\$27.23	\$18.68	\$23.98	\$18.73
Outpatient – Mental Health	\$13.66	\$10.36	\$18.09	\$16.72
Outpatient – Emergency Department	\$13.78	\$13.63	\$7.20	\$9.31
Outpatient – Pharmacy Prescriptions	\$30.65	\$33.36	\$13.16	\$26.54
Outpatient – Labs and Radiology	\$18.45	\$24.29	\$18.34	\$15.10
Outpatient – Freestanding ASC Procedures	\$0.30	\$1.57	\$3.06	\$0.98
Outpatient – Health Related Services	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient – Other Hospital Services	\$21.38	\$48.55	\$19.91	\$17.50
Outpatient – All Other	\$24.54	\$17.66	\$22.79	\$10.06

FINANCIAL DATA

Footnotes

- * Includes claim data received and processed through 12/27/13. At this point, there is no data on services that have happened, but have yet to be recorded or invoiced. This dashboard may be incomplete due to lags in submitting data to OHA. Future dashboards will be updated when more complete data is submitted.
- ** Oregon baseline measures are state-wide values from CY 2011 and are based on data before health transformation began and CCOs were formed.
- **** Benchmark in development

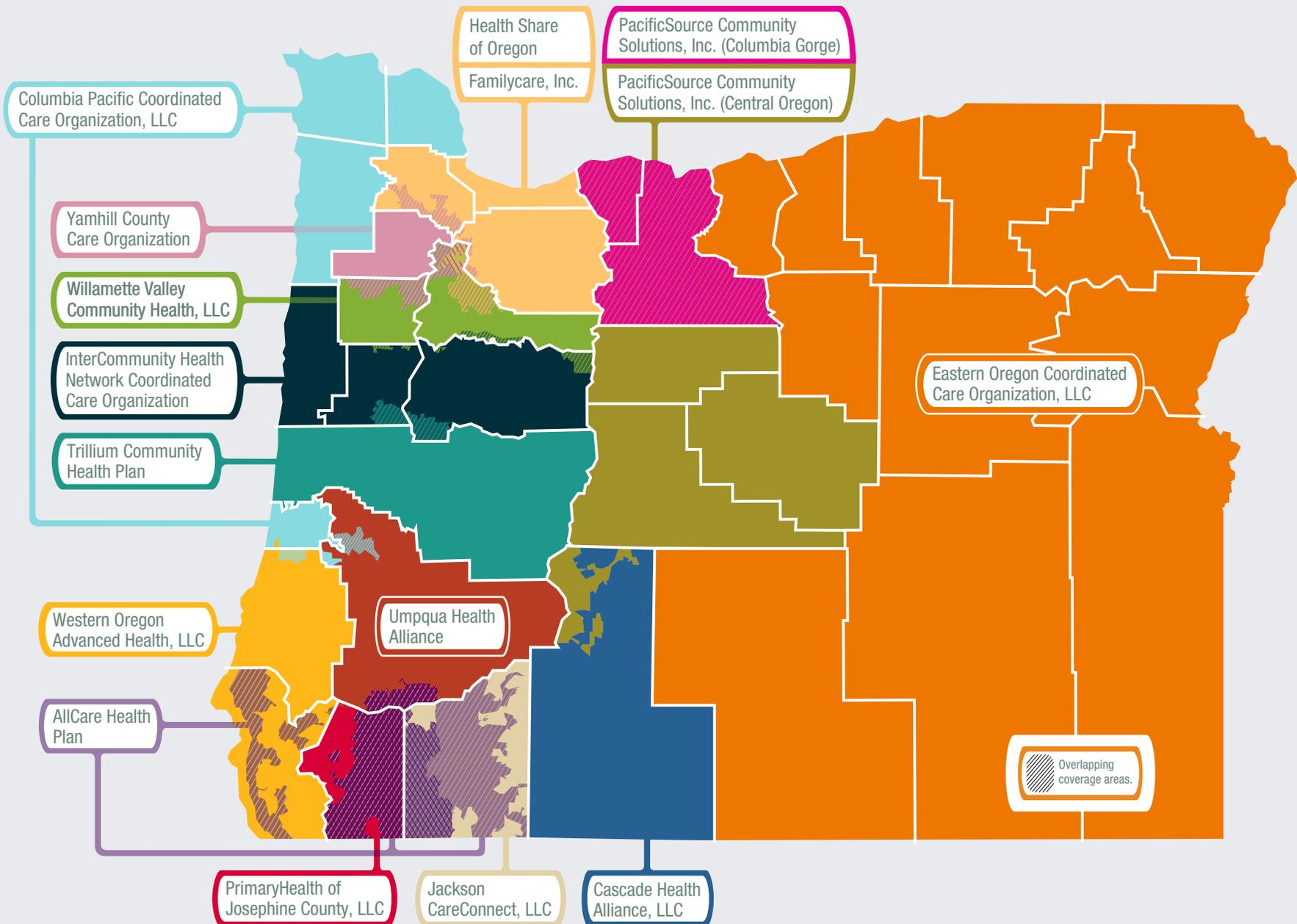
APPENDICES

Coordinated Care Organizations Service Areas

CCO Name	Service Area by County
AllCare Health Plan	Curry, Josephine, Jackson, Douglas (partial)
Cascade Health Alliance	Klamath County (partial)
Columbia Pacific Coordinated Care Organization	Clatsop, Columbia, Coos (partial), Douglas (partial), Tillamook
Eastern Oregon Coordinated Care Organization	Baker, Gilliam, Grant, Harney, Lake, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wheeler
FamilyCare	Clackamas, Marion (partial), Multnomah, Washington
Health Share of Oregon	Clackamas, Multnomah, Washington
Intercommunity Health Network CCO	Benton, Lincoln, Linn
Jackson Care Connect	Jackson
PacificSource Community Solutions (Central Oregon Region)	Crook, Deschutes, Jefferson, Klamath (partial)
PacificSource Community Solutions (Columbia Gorge Region)	Hood River, Wasco
PrimaryHealth of Josephine County	Douglas (partial), Jackson (partial), Josephine
Trillium Community Health Plan	Lane
Umpqua Health Alliance	Douglas (most)
Western Oregon Advanced Health	Coos, Curry
Willamette Valley Community Health	Marion, Polk (most)
Yamhill County CCO	Clackamas (partial), Marion (partial), Polk (partial), Yamhill

APPENDICES

Coordinated Care Organizations Service Areas

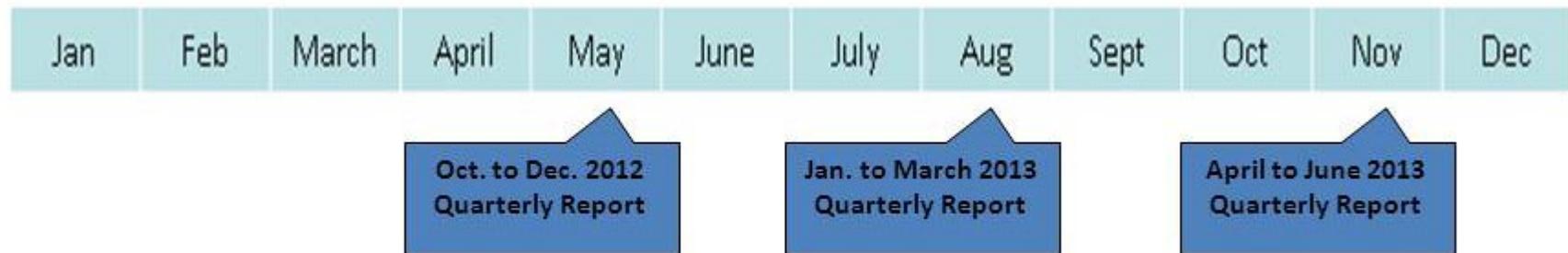


APPENDICES

Timeline: CCO Incentive Measures and Quality Pool Schedule, 2013-2014

January 2013 – December 2013: CCO Incentive Measurement Year 1

2013

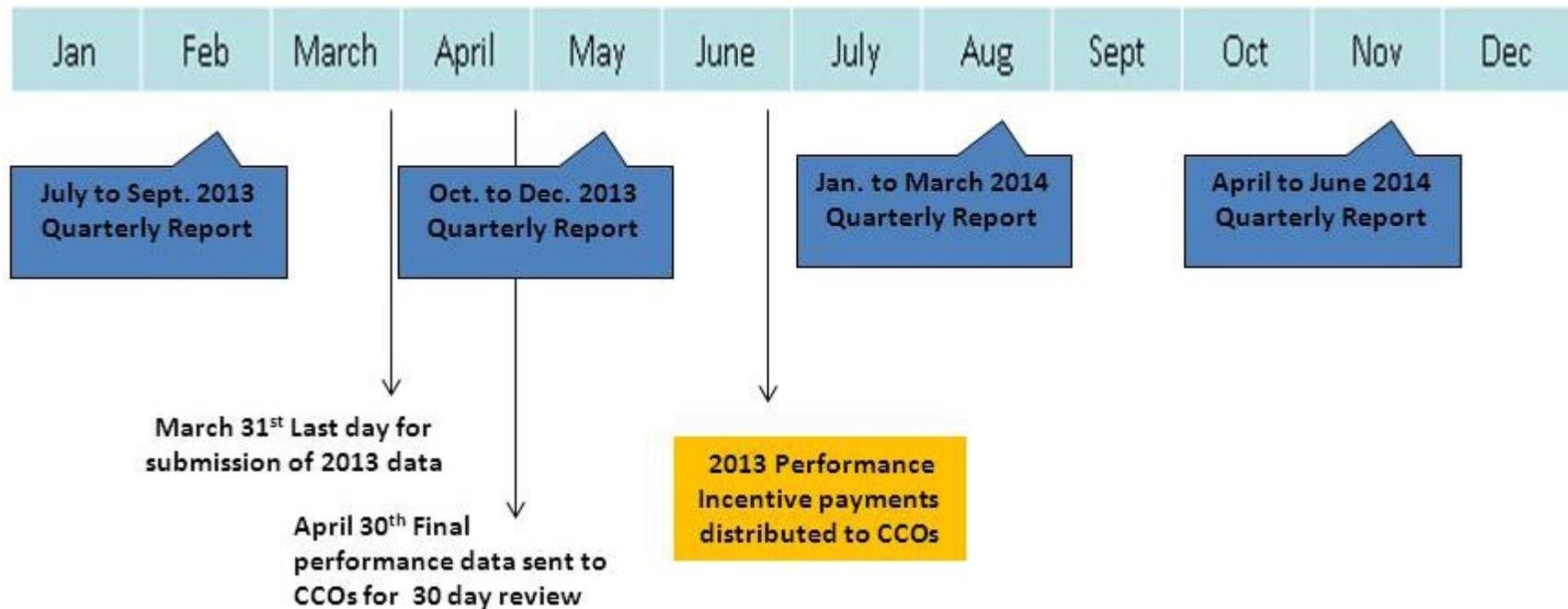


APPENDICES

Timeline: CCO Incentive Measures and Quality Pool Schedule, 2013-2014

January 2014 – December 2014: CCO Incentive Measurement Year 2

2014



APPENDICES

OHA Contacts and Online Information

For questions about performance metrics, contact:

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For more information about baseline data and technical specifications for measures, visit:

<http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx>

For more information about coordinated care organizations, visit:

www.health.oregon.gov



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