Oregon's Health System Transformation

2013 Performance Report

MEASUREMENT PERIOD
Baseline Year 2011 and
Calendar Year 2013

JUNE 24, 2014

Oregon Health Authority

TABLE OF CONTENTS

Executive Summary iii

2013 CCO Performance and Quality Pool Distribution 1

Performance Metrics

How to read these graphs..... 6
Access to care (CAHPS)..... 7
Adolescent well child visits..... 10
Alcohol or other substance misuse (SBIRT)..... 12
All-cause readmissions..... 14
Ambulatory care: emergency department utilization..... 16
Ambulatory care: outpatient utilization..... 18
Appropriate testing for children with pharyngitis..... 20
Cervical cancer screening..... 22
Child and adolescent access to primary care providers..... 24
Childhood immunization status..... 29
Chlamydia screening..... 31
Colorectal cancer screening..... 33
Comprehensive diabetes care: HbA1c testing..... 35
Comprehensive diabetes care: LDL-C poor control..... 37
Developmental screening..... 39
Early elective delivery..... 41
Electronic health record (EHR) adoption..... 43
Follow up after hospitalization for mental illness..... 45

TABLE OF CONTENTS

Performance Metrics continued

Follow up care for children prescribed ADHD medication (initation phase)..... 47
Follow up care for children prescribed ADHD medication (continuation & maintenance phase)..... 49
Immunizations for adolescents..... 50
Medical assistance with smoking and tobacco use cessation..... 52
Mental and physical health assessments for children in DHS custody..... 58
Patient centered primary care home (PCPCH) enrollment..... 60
PQI 01: diabetes short term complication admission rate..... 62
PQI 05: chronic obstructive pulmonary disease or asthma admission rate..... 64
PQI 08: congestive heart failure admission rate..... 66
PQI 15: adult asthma admission rate..... 68
Prenatal and postpartum care: timeliness of prenatal care..... 70
Prenatal and postpartum care: postpartum care..... 72
Provider access questions from the Physician Workforce Survey..... 73
Satisfaction with care (CAHPS)..... 74
Well-child visits in the first 15 months of life..... 77

Technology Plans and Clinical Quality Measures..... 79

Cost and Utilization Data..... 81

Appendices

Coordinated Care Organization services areas..... 88
OHA contacts and online information..... 90

EXECUTIVE SUMMARY

Incentives for better services

The report lays out how Oregon's coordinated care organizations (CCO) performed on quality measures in 2013. This is the fourth such report since coordinated care organizations were launched in 2012 and the first to show a full year of data. This report also shows the quality measures broken out by race and ethnicity.

In addition, based on a full year's performance measurement, the coordinated care model is entering a new phase - for the first time part of the reimbursement for the services CCOs performed for Oregon Health Plan members will be based on how well they performed on 17 of these key health care measurements.

Under the coordinated care model, the Oregon Health Authority held back 2 percent of the monthly payments to the CCOs which were put into a common "quality pool." To earn their full payment, CCOs had to meet improvement targets on at least 12 of the 17 measures and have at least 60 percent of their members enrolled in a patient-centered primary care home. All CCOs showed improvements in some number of the measures and 10 out of 15 CCOs met 100 percent of their improvement targets.

In addition, coordinated care organizations are continuing to hold down costs. Oregon is staying within the budget that meets its commitment to the Centers for Medicare and Medicaid Services to reduce the growth in spending by 2 percentage points per member, per year.

Overall, the coordinated care model showed large improvements in the following areas for the state's Oregon Health Plan members:

- √ **Decreased emergency department visits.** Emergency department visits by people served by CCOs have decreased 17% since 2011 baseline data. The corresponding cost of providing services in emergency departments decreased by 19% over the same time period.

EXECUTIVE SUMMARY

- √ **Decreased hospitalization for chronic conditions.** Hospital admissions for congestive heart failure have been reduced by 27%, chronic obstructive pulmonary disease by 32%, and adult asthma by 18%.

- √ **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% to 33% in 2013, an increase of 58%.

- √ **Increased primary care.** Outpatient primary care visits for CCO members' increased by 11% and spending for primary care and preventive services are up over 20%. Enrollment in patient-centered primary care homes has also increased by 52% since 2012, the baseline year for that program.

The report also shows areas where there has been progress but more gains need to be made, such as screening for risky drug or alcohol behavior and whether people have adequate access to health care providers. While there were gains in both areas, officials say that the state will put greater focus on them in the year to come. Access to care is particularly important with more than 340,000 new Oregon Health Plan members joining the system since January of 2014.

Oregon is at the beginning of its efforts to transform the health delivery system. By measuring our performance, sharing it publically and learning from our successes and challenges, we can see clearly where we started, where we are, and where we need to go next.

2013 CCO PERFORMANCE AND QUALITY POOL DISTRIBUTION

2013 Quality Pool

The Oregon Health Authority has established the quality pool -- Oregon's first incentive payments to coordinated care organizations. Each CCO is being paid for reaching benchmarks or making improvements on incentive measures. This is the first time Oregon has paid CCOs for better care, rather than just the volume of services delivered.

The first annual quality pool is $47 million. This represents two percent of the total amount all CCOs were paid in 2013. The quality pool is divided amongst all CCOs, based on their size (number of members) and their performance on the 17 incentive metrics.

Quality Pool: Phase One Distribution

CCOs could earn 100 percent of their quality pool in the first phase of distribution by:

* meeting the benchmark or improvement target on 12 of 16 measures; and

* meeting the benchmark or improvement target for the Electronic Health Record adoption measure (as one of the 12 measures above); and

* scoring at least 0.6 (60%) on the PCPCH enrollment measure.

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

Challenge Pool: Phase Two Distribution

The challenge pool includes funds remaining after quality pool funds are distributed in phase one. The first challenge pool is $2.4 million. Challenge pool funds were distributed to CCOs that met the benchmark or improvement target on four measures:

* Alcohol and drug misuse (SBIRT)
* Diabetes: HbA1c poor control
* Depression screening and follow up plan
* PCPCH enrollment

Through the challenge pool, some CCOs earned more than 100 percent of their maximum quality pool funds. The next pages show the percentage and dollar amounts earned by each CCO.

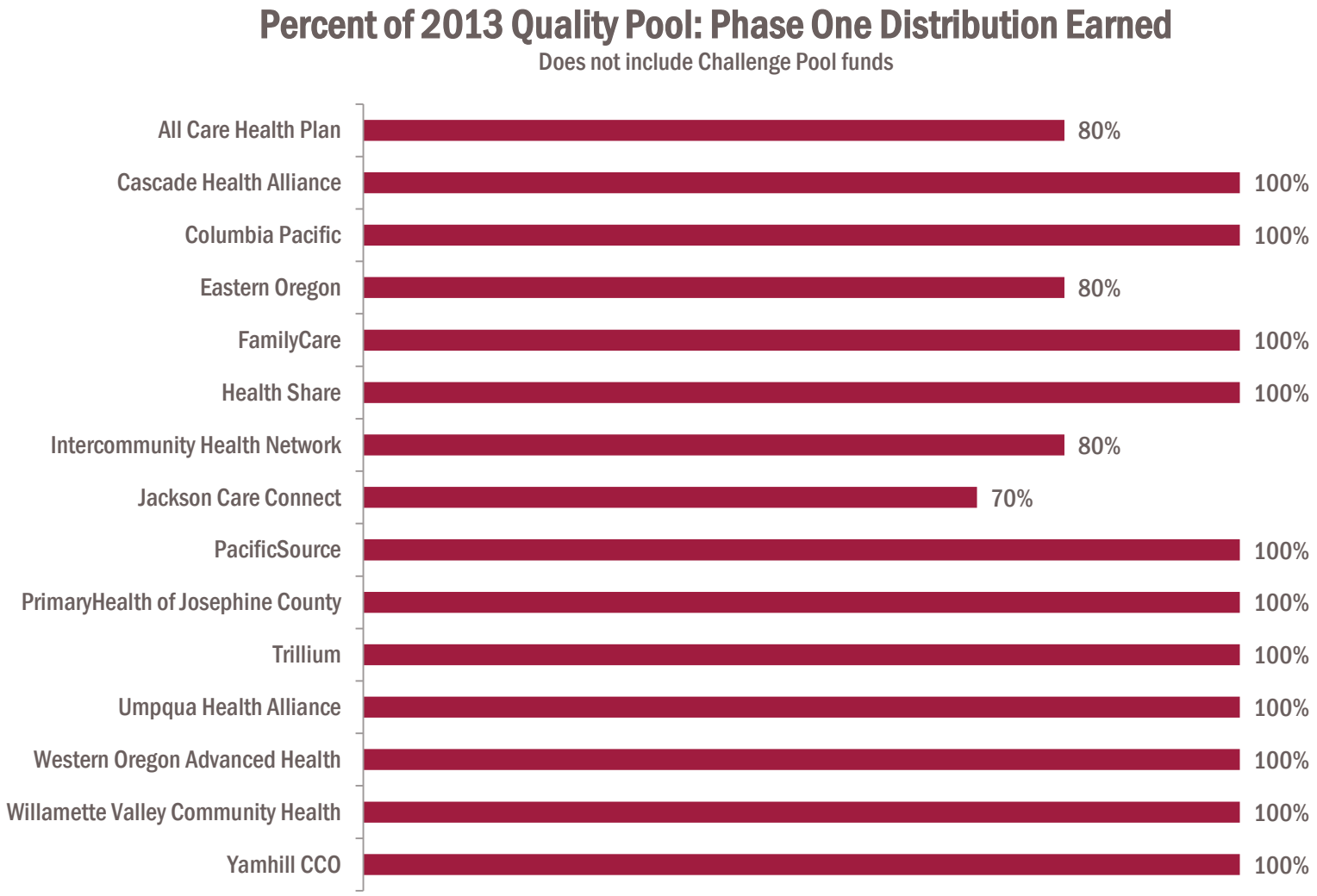
2013 CCO PERFORMANCE AND QUALITY POOL DISTRIBUTION

Coordinated Care Organization	Number of measures met*	Percent of total quality pool funds earned†	Total dollar amount earned	CCO Enrollment•	Which challenge pool measures were met
All Care Health Plan	11.6	84%	$2,239,160	27,878	Diabetes, Depression
Cascade Health Alliance^	13.7	100%	$748,517	10,153	Diabetes, Depression, PCPCH
Columbia Pacific	13.8	104%	$1,461,310	14,413	Diabetes, Depression, PCPCH
Eastern Oregon	11.6	83%	$1,961,432	29,234	Diabetes, PCPCH
FamilyCare	13.7	105%	$4,354,150	50,064	Diabetes, Depression, PCPCH
Health Share	12.8	104%	$13,720,133	148,201	Diabetes, Depression, PCPCH
Intercommunity Health Network	11.9	84%	$2,669,122	32,728	Diabetes, Depression, PCPCH
Jackson Care Connect	11.4	74%	$1,286,078	18,539	Diabetes, Depression
PacificSource	12.9	106%	$3,452,010	36,667	Diabetes, Depression, PCPCH, SBIRT
PrimaryHealth of Josephine County	13.0	102%	$1,024,938	5,957	Diabetes, Depression, PCPCH
Trillium	12.9	104%	$4,949,647	49,677	Diabetes, Depression, PCPCH
Umpqua Health Alliance	13.7	105%	$1,716,647	16,102	Diabetes, Depression, PCPCH, SBIRT
Western Oregon Advanced Health	14.7	104%	$1,282,648	11,664	Diabetes, Depression, PCPCH
Willamette Valley Community Health	14.9	107%	$4,987,244	64,044	Diabetes, Depression, PCPCH, SBIRT
Yamhill CCO	14.8	105%	$1,137,005	13,368	Diabetes, Depression, PCPCH

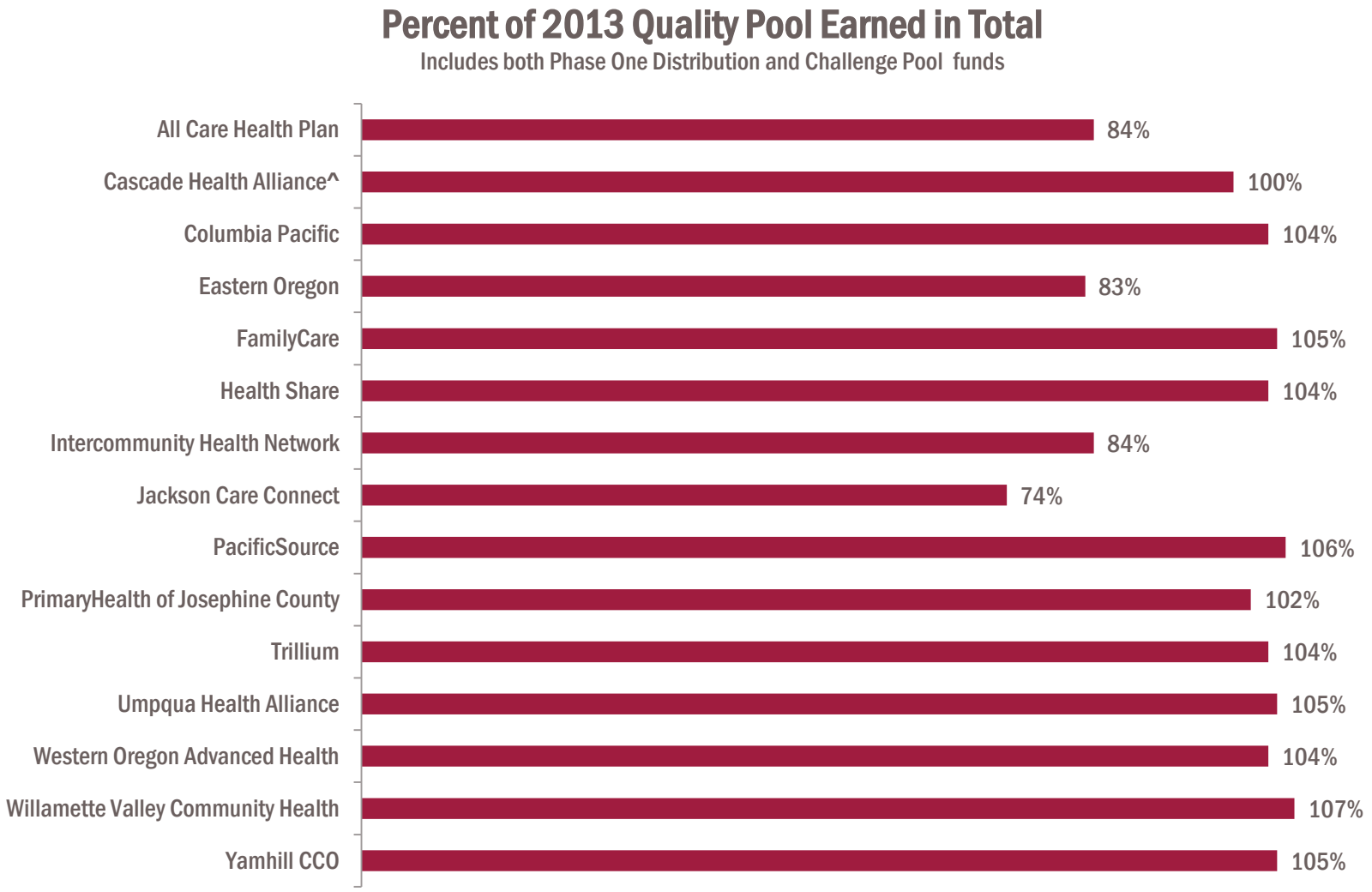
*Out of 17 total CCO incentive measures.
† Includes both phase one distribution and challenge pool.
^ Reflects prorated quality pool for partial year as CCO.
• CCO enrollment as of December 2013.

The 2013 quality pool distribution methodology is published online at:
http://www.oregon.gov/oha/CCOData/ReferenceInstructions.pdf

2013 CCO PERFORMANCE AND QUALITY POOL DISTRIBUTION



2013 CCO PERFORMANCE AND QUALITY POOL DISTRIBUTION



^ Reflects prorated quality pool for partial year as CCO.

2013 CCO INCENTIVE MEASURES

The 17 CCO incentive measures were chosen in an open and public process by the Metrics & Scoring Committee and approved by the Centers for Medicare and Medicaid Services (CMS). Challenge pool measures are marked with an asterisk below.

Access to care (CAHPS)
Adolescent well child visits
Alcohol or other substance misuse (SBIRT)*
Ambulatory care: emergency department utilization
Colorectal cancer screening
Controlling hypertension (clinical measure)
Depression screening and follow up plan* (clinical measure)
Developmental screening
Diabetes: HbA1c poor control* (clinical measure)
Early elective delivery
Electronic health record (EHR) adoption
Follow up after hospitalization for mental illness
Follow up care for children prescribed ADHD medication
Mental and physical health assessments for children in DHS custody
Patient centered primary care home (PCPCH) enrollment*
Prenatal and postpartum care: timeliness of prenatal care
Satisfaction with care (CAHPS)

Additional information about the Metrics & Scoring Committee available online at http://www.oregon.gov/oha/Pages/metrix.aspx

HOW TO READ THESE GRAPHS

The subtitle indicates which measure set(s) the measure is part of

Measure title

Measure description:
Brief description of the measure.

Purpose:
Brief summary of the importance of the measure.

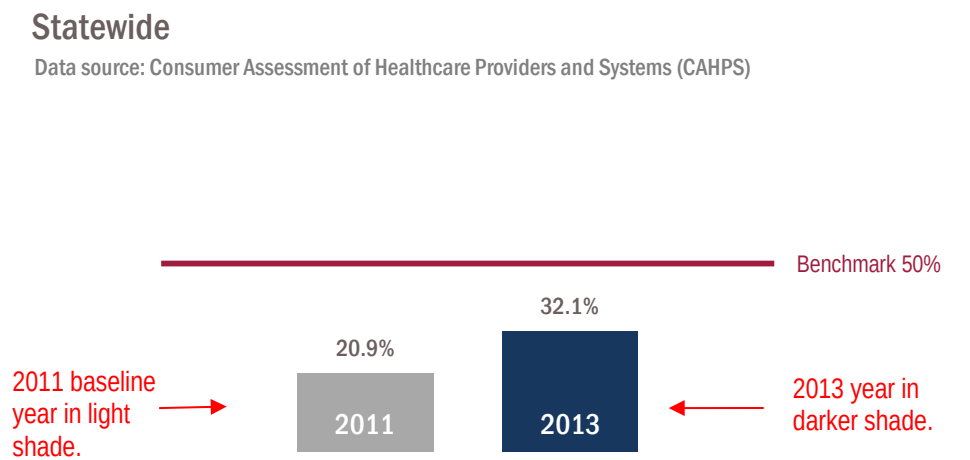
2013 data (n=XX,XXX)

Summary of 2013 data compared to 2011 baseline and the benchmark;

Overall comments on statewide and CCO performance.

Data source, benchmark source, and additional information.

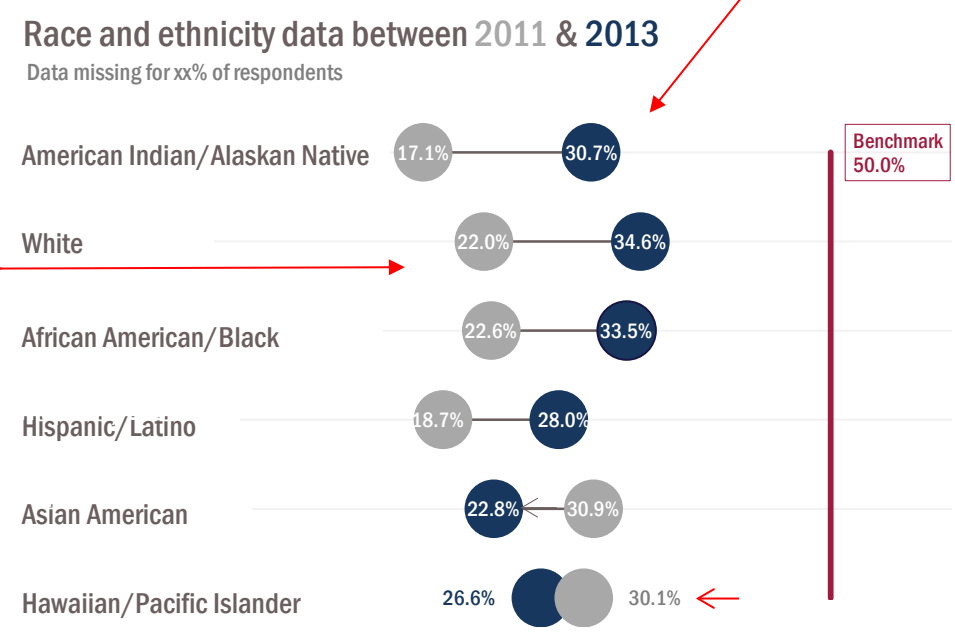
Statewide benchmark bar in red.



2011 baseline year in light shade.

2013 year in darker shade.

Percent of respondents with missing race/ ethnicity data; additional information.



2011 baseline year in light shade.

Categories are sorted by amount of change between 2011 - 2013. That is, the racial or ethnic groups with the most improvement in 2013 are listed first.

Arrows highlight negative change (away from the benchmark).

ACCESS TO CARE (CAHPS)

CCO Incentive and State Performance Measure

Access to care (CAHPS)

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

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.

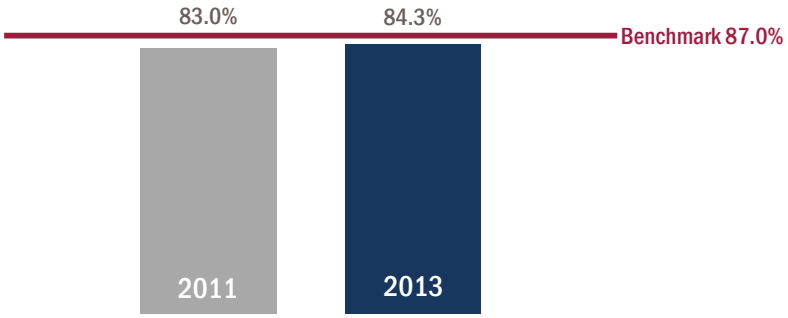
2013 data

The percentage of individuals reporting they were able to access care quickly increased from 83% in 2011 to 84% in 2013.

However, only five CCOs met the benchmark or improvement target showing that improving access to care may be a challenge for CCOs moving forward. Adult access to care decreased from 2011 to 2013 while access for children improved.

Statewide

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



ACCESS TO CARE (CAHPS)

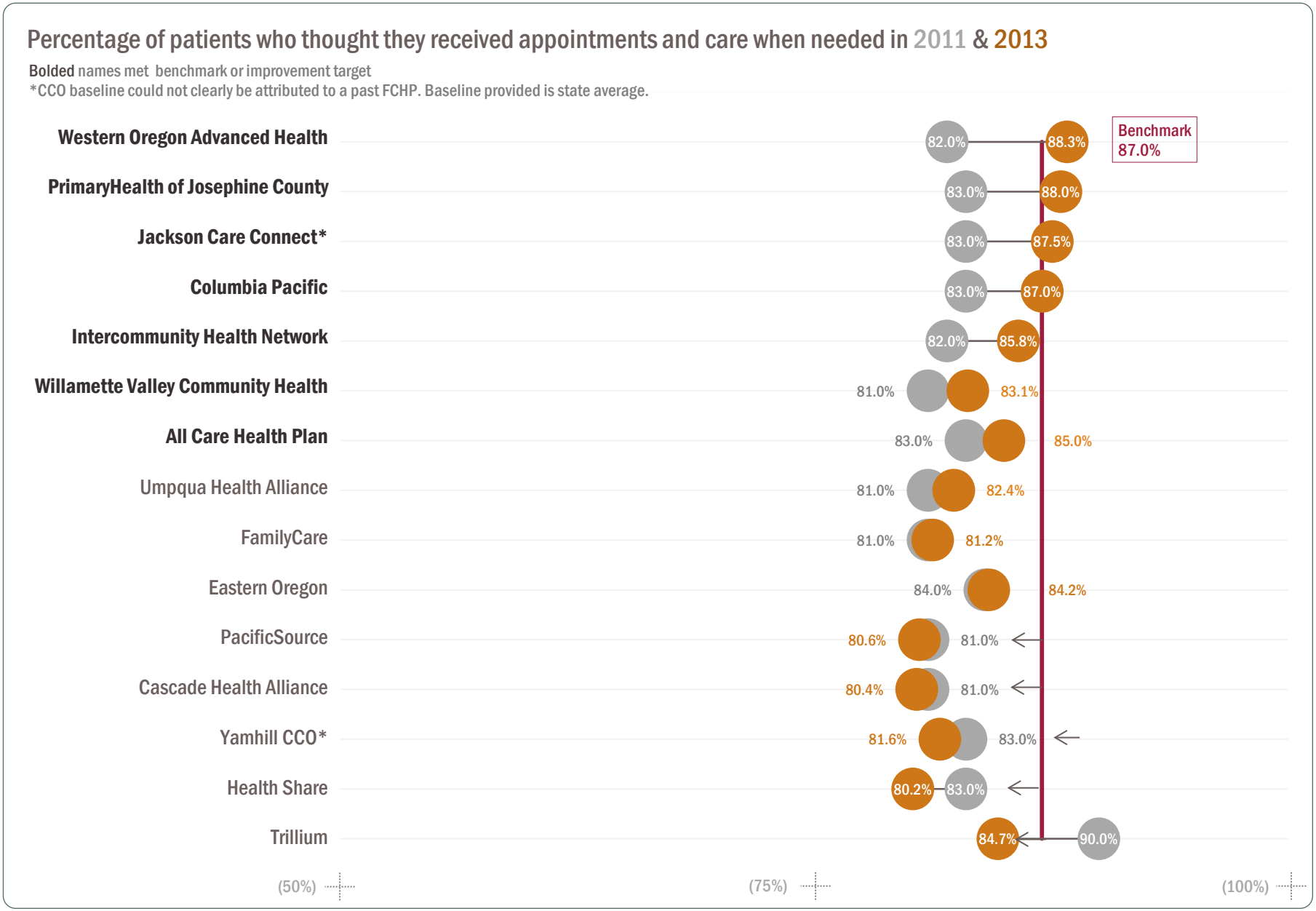
CCO Incentive and State Performance Measure

Race and ethnicity data between 2011 & 2013

CAHPS data by race and ethnicity will be available in future reports

ACCESS TO CARE (CAHPS)

CCO Incentive and State Performance Measure



ADOLESCENT WELL-CARE VISITS

CCO Incentive and State Performance Measure

Adolescent well-care visits

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

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.

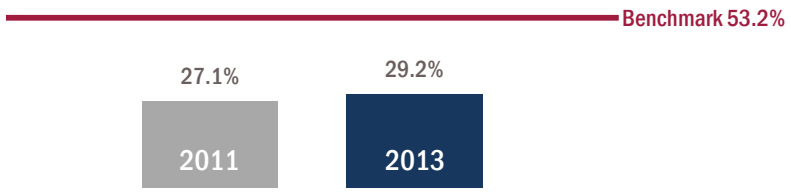
2013 data (n=97,125)

In 2013, 29.2% of adolescents ages 12-21 received a qualifying well-care visit compared to 27.1% in 2011. Some CCOs made progress with seven surpassing their improvement target.

While there has been progress in this measure, there are still improvements to be made to reach the benchmark of 53.2%.

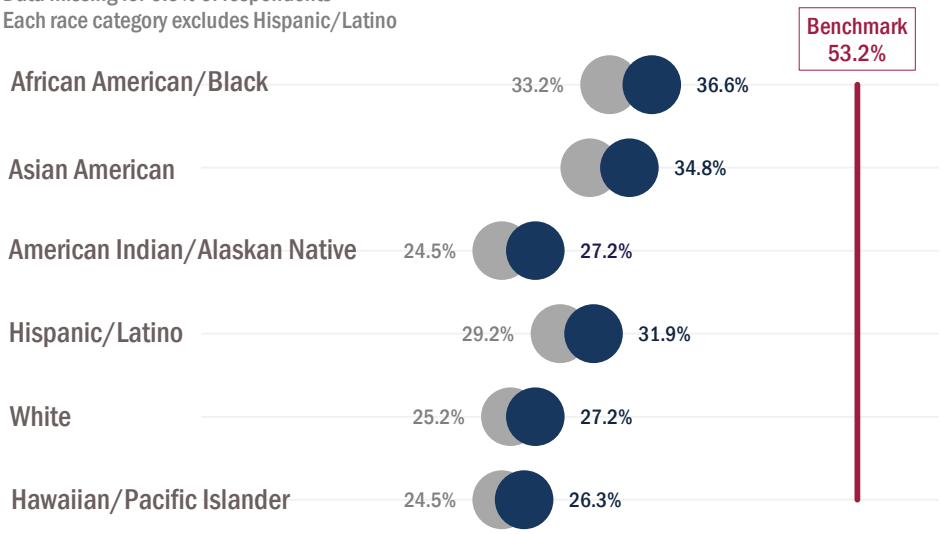
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75thh percentile (administrative data only)



Race and ethnicity data between 2011 & 2013

Data missing for 6.9% of respondents
Each race category excludes Hispanic/Latino

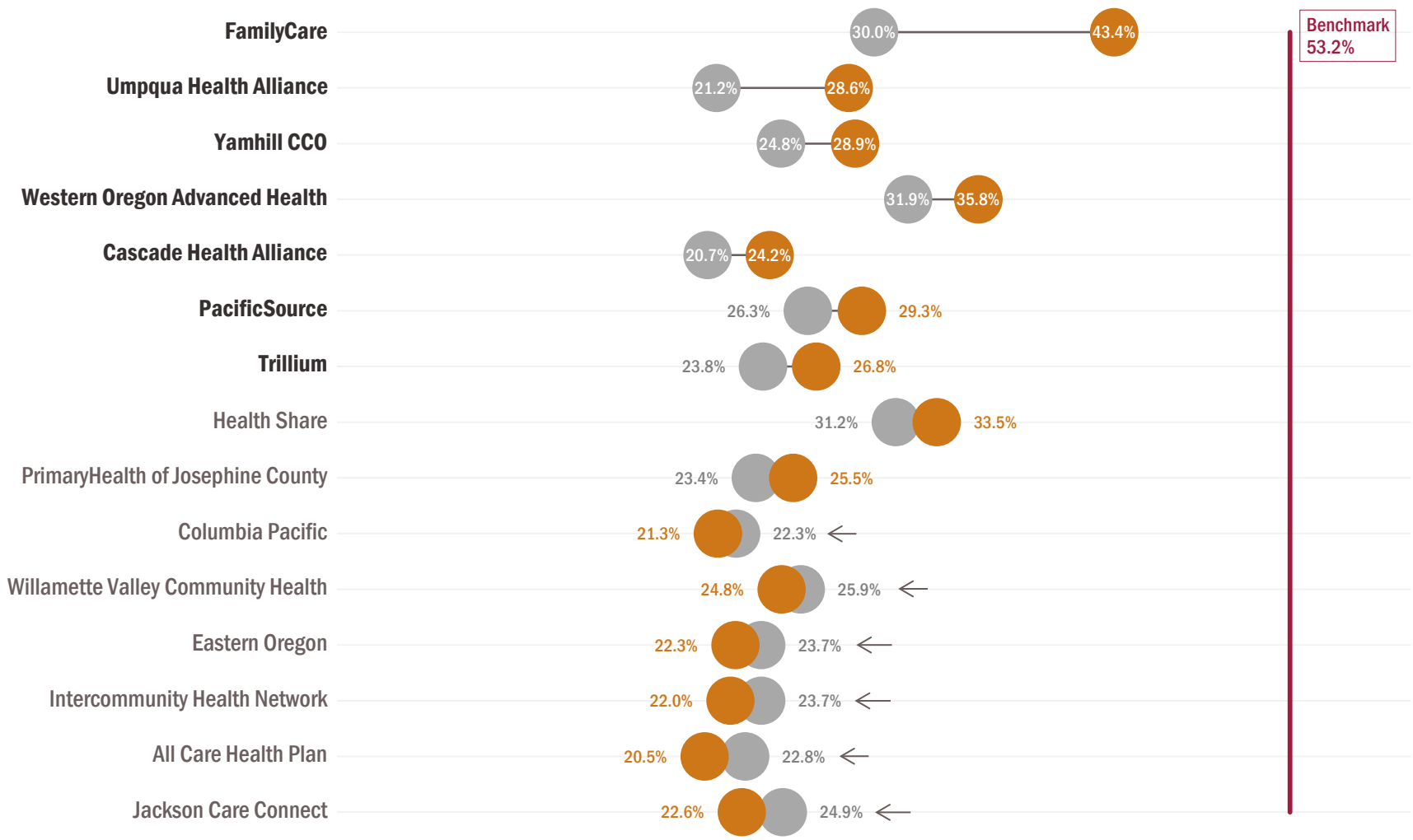


ADOLESCENT WELL-CARE VISITS

CCO Incentive and State Performance Measure

Percentage of adolescents and young adults (ages 12-21) who had at least one well-care during the last year in 2011 & 2013

Bolded names met benchmark or improvement target



ALCOHOL OR OTHER SUBSTANCE MISUSE (SBIRT)

CCO Incentive and State Performance Measure

Alcohol or other substance misuse (SBIRT)

Measure description: 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.

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.

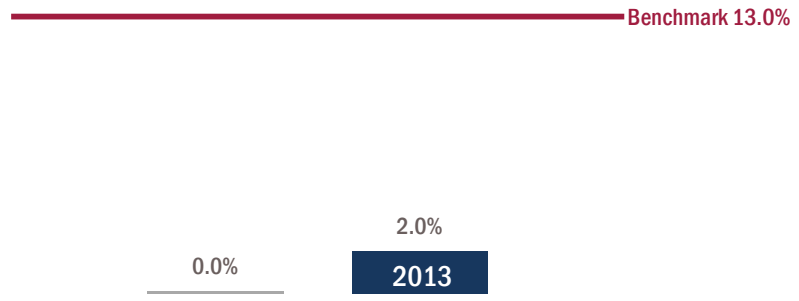
2013 data (n=200,135)

The percentage of adult patients (ages 18 and older) who had screening, brief intervention and referral for treatment (when appropriate) for alcohol or other substance abuse is a measurement where improvement is still needed across all CCOs. Providers are continuing to learn more about this measure and how to include screening in their daily practice and billing processes.

In 2011, the baseline was 0.0% for this new measure. In 2013, the statewide rate rose to 2.0%, a marked increase. Three CCOs met their improvement target, but much improvement is still possible.

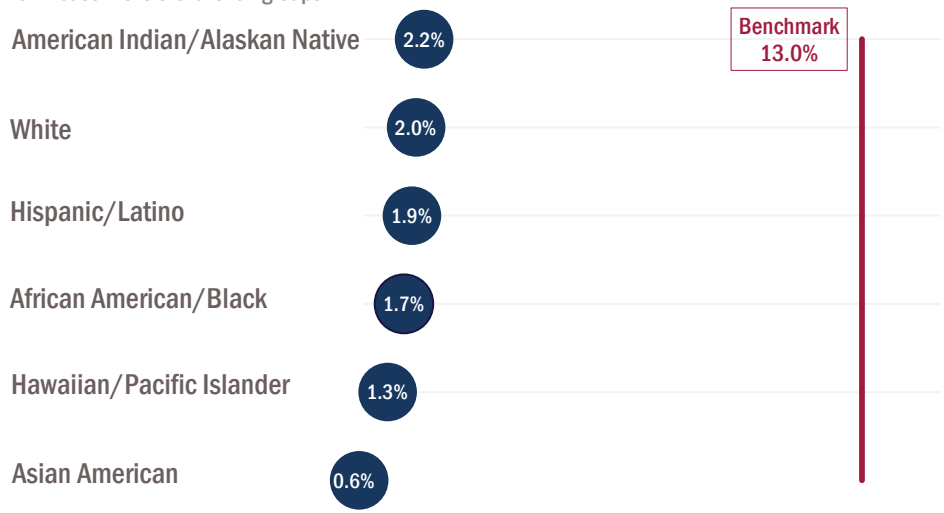
Statewide

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



Race and ethnicity data between 2011 & 2013

Data missing for 5.7% of respondents
Each race category excludes Hispanic/Latino
2011 baseline is 0.0% for all groups

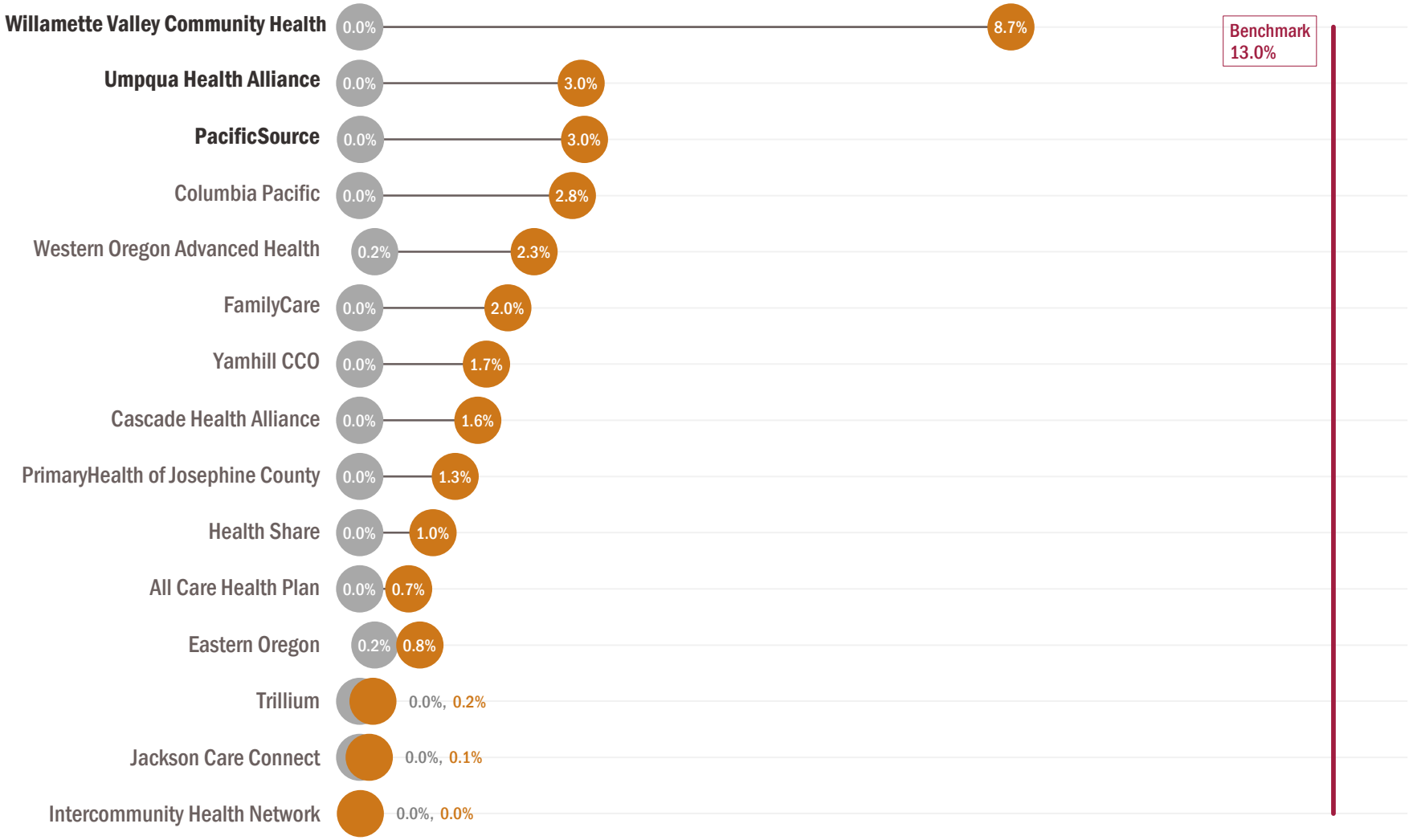


ALCOHOL OR OTHER SUBSTANCE MISUSE (SBIRT)

CCO Incentive and State Performance Measure

Percentage of adult patients who had appropriate screening and intervention for alcohol or substance abuse (SBIRT) in 2011 & 2013

Bolded names met benchmark or improvement target



ALL-CAUSE READMISSION

State Performance Measure

All-cause readmission

Measure description: 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.

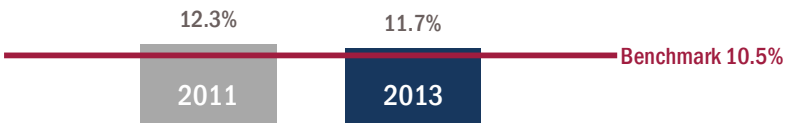
Purpose: Some patients who leave the hospital end up being admitted again shortly thereafter. Often times, these costly and burdensome "readmissions" are avoidable. Reducing the preventable problems that send patients back to the hospital is the best way to keep patients at home and healthy.

2013 data (n=19,878)

The 2013 data shows lowered (better) readmission rates. 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% to 11.7% in 2013, a reduction of 5%.

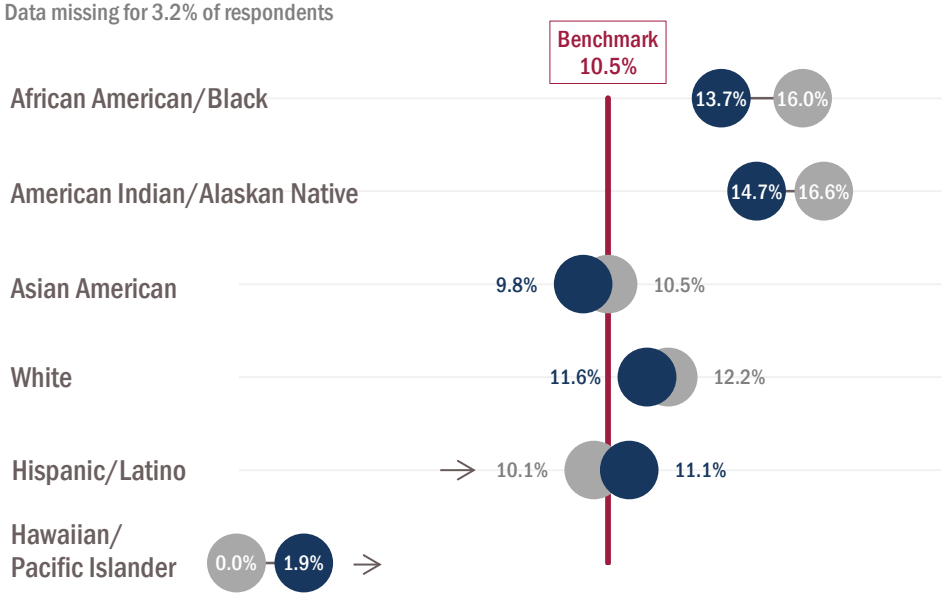
Statewide

(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: Average of 2012 Commercial and Medicare 75th percentiles



Race and ethnicity data between 2011 & 2013

(Lower scores are better)
Data missing for 3.2% of respondents

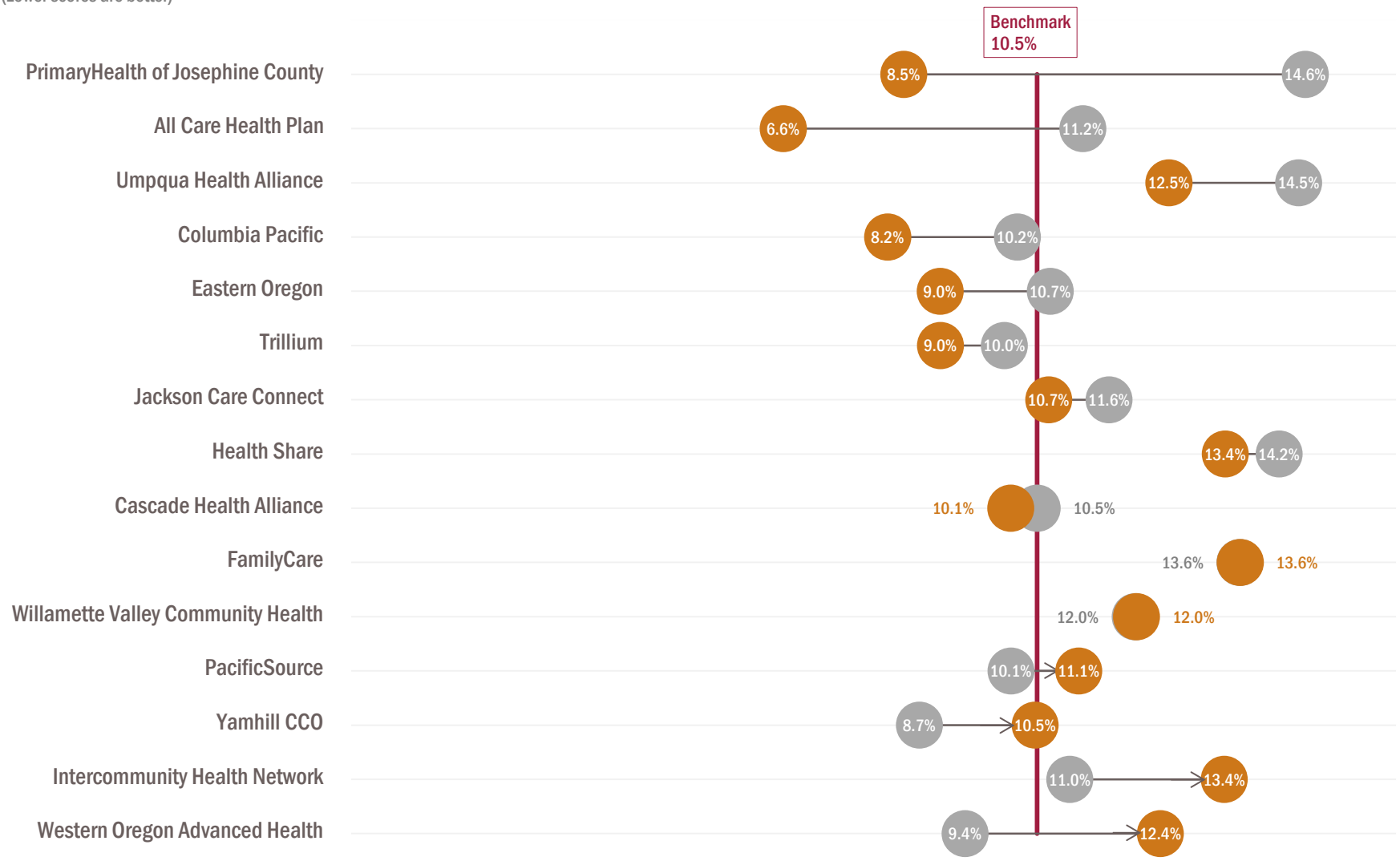


ALL-CAUSE READMISSION

State Performance Measure

Percentage of adult patients who had a hospital stay and were readmitted for any reason with 30 days of discharge in 2011 & 2013

(Lower scores are better)



AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

CCO Incentive and State Performance Measure

Ambulatory care: emergency department utilization

Measure description: 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.

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.

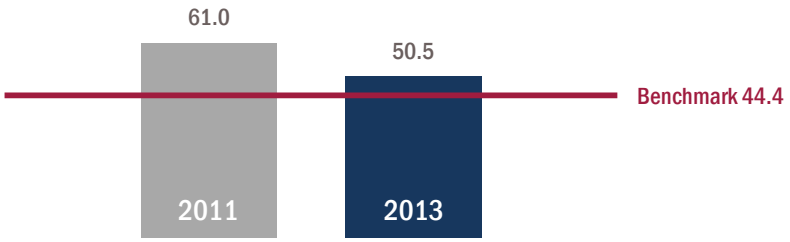
2013 data (n=6,476,701 member months)

This metric represents emergency department visits that occurred in 2013. Emergency department visits by people served by CCOs have decreased 17% since 2011 baseline data. Financial data (starting on page 81) is consistent in showing reduced emergency department visits.

All 15 CCOs met their improvement target on this measure showing a strong trend toward fewer emergency department visits and more coordinated care.

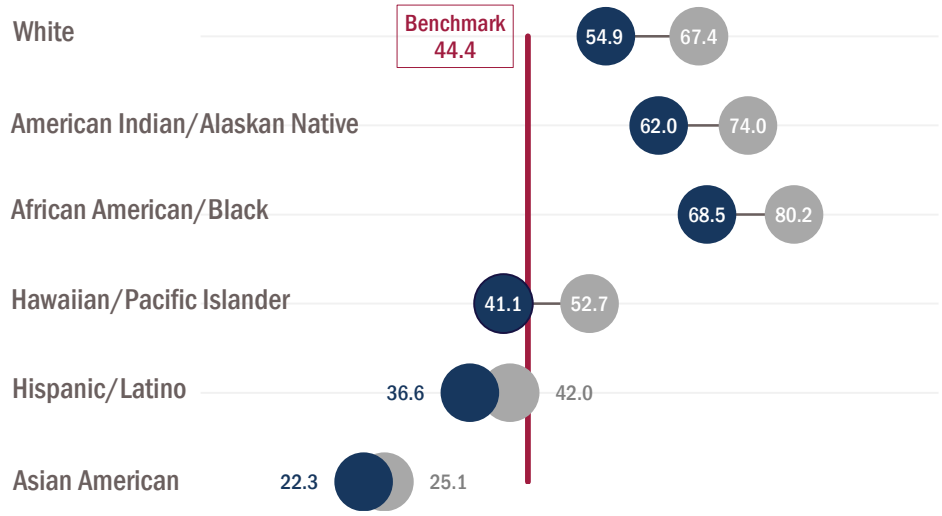
Statewide

(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



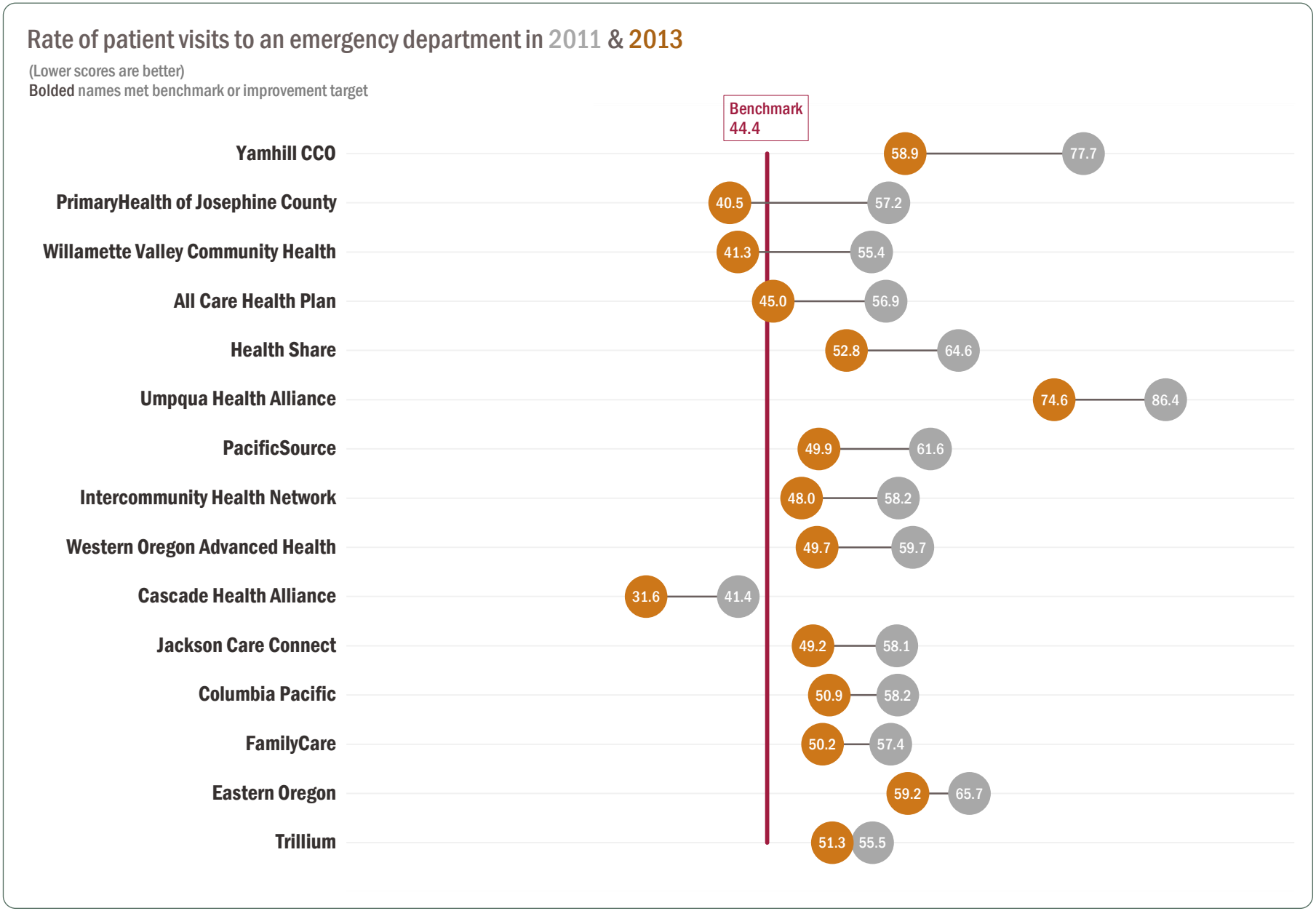
Race and ethnicity data between 2011 & 2013

(Lower scores are better)
Data missing for 7.4% of respondents
Each race category excludes Hispanic/Latino



AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

CCO Incentive and State Performance Measures



AMBULATORY CARE: OUTPATIENT UTILIZATION

State Performance Measure

Ambulatory care: outpatient utilization

Measure description: 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.

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

2013 data (n=6,476,701 member months)

This metric represents outpatient visits that include office visits or routine visits to hospital outpatient departments, visits to primary care and specialists, as well as home and nursing home visits by people served by CCOs in 2013.

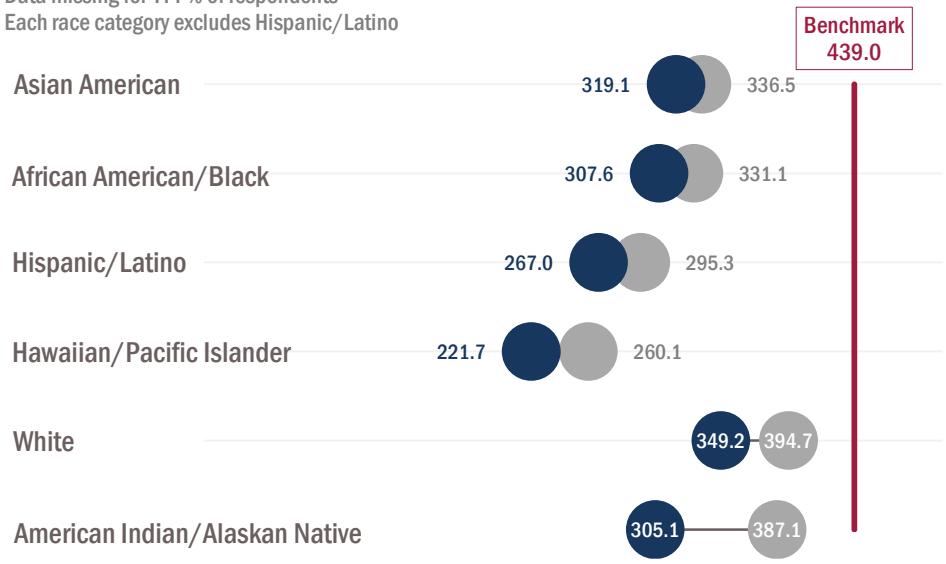
This metric shows a trend toward fewer outpatient visits; however, the financial data shown in this report point toward an increase in primary care visits.

Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile

Race and ethnicity data between 2011 & 2013

Data missing for 7.4 % of respondents
Each race category excludes Hispanic/Latino



AMBULATORY CARE: OUTPATIENT UTILIZATION

State Performance Measure

APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

State Performance Measure

Appropriate testing for children with pharyngitis

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

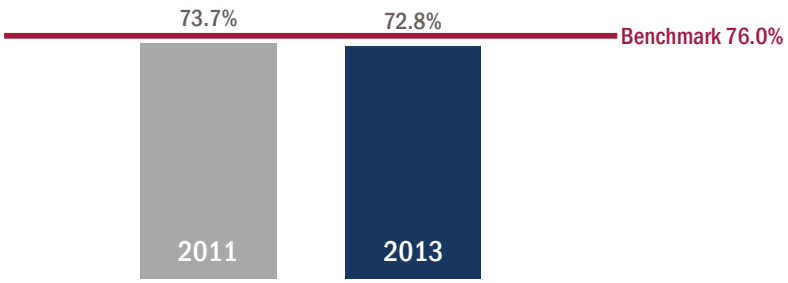
Purpose: A strep test helps determine whether or not a child will benefit from antibiotics for a sore throat (pharyngitis).This test can help reduce the overuse of antibiotics, which can improve care quality and ensure that antibiotics continue to work when they are needed.

2013 data (n=6,602)

This metric tracks the percentage of children with a sore throat (pharyngitis) who had a strep test before being prescribed antibiotics. The 2013 data is comparable to the 2011 baseline.

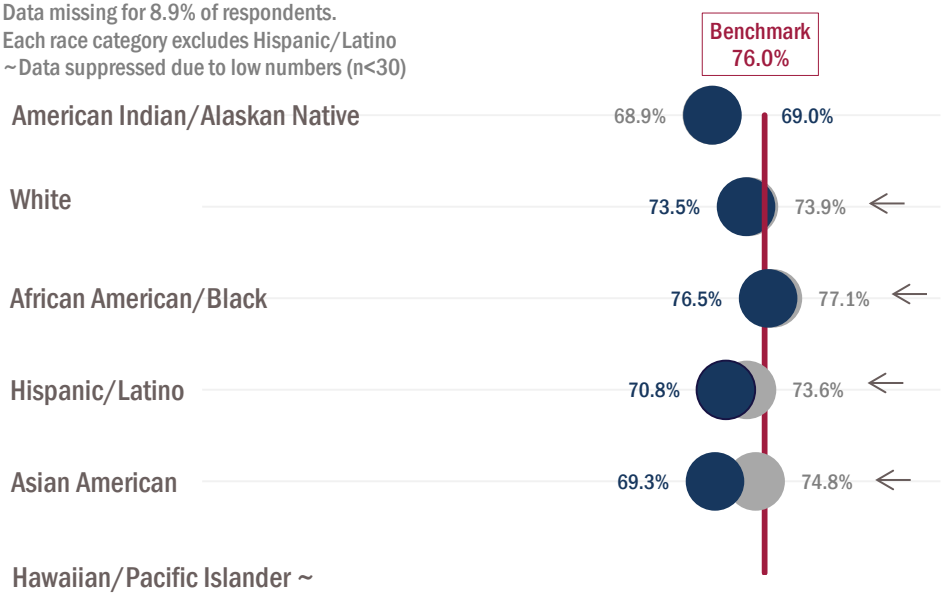
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

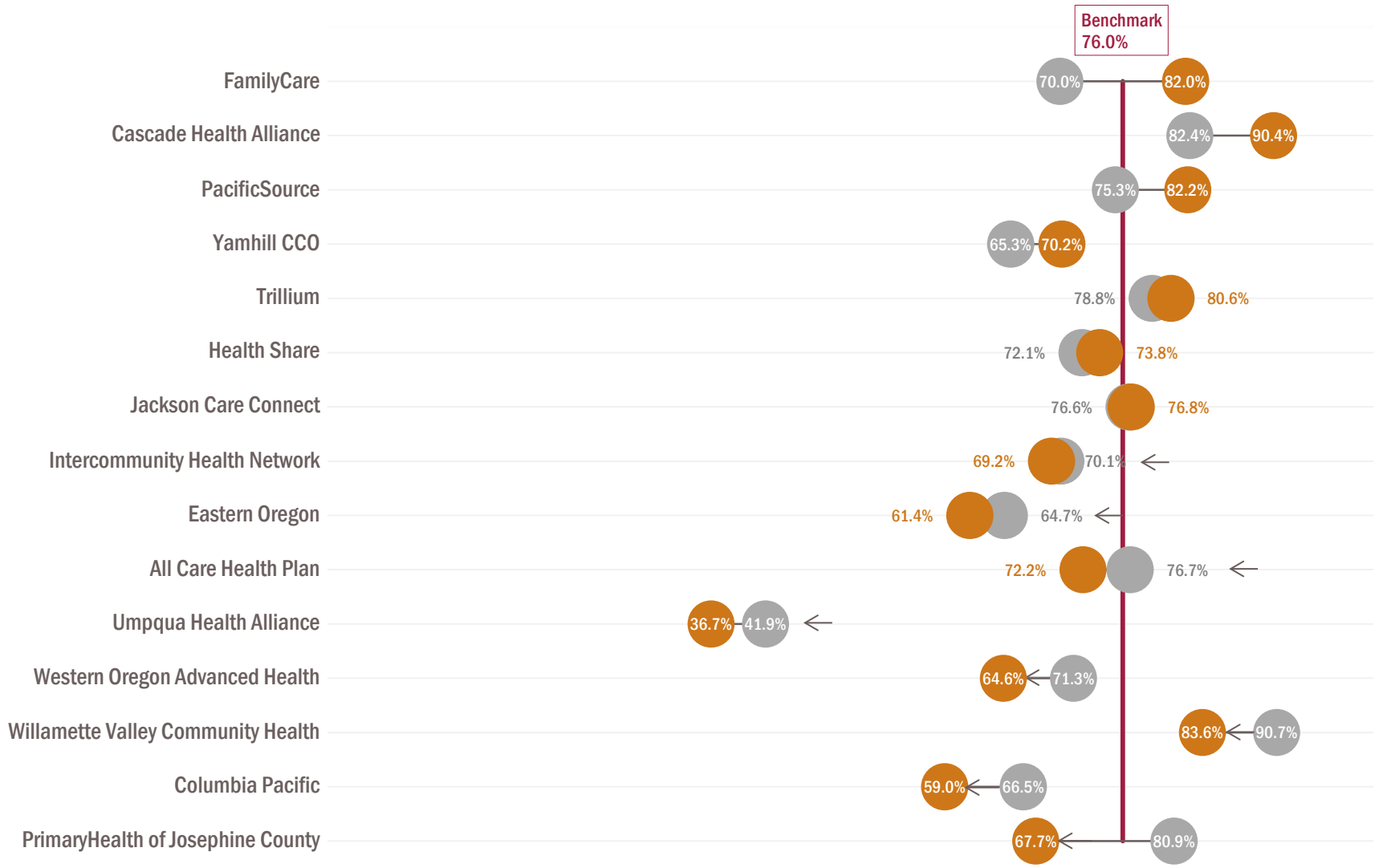
Data missing for 8.9% of respondents.
Each race category excludes Hispanic/Latino
~Data suppressed due to low numbers (n<30)



APPROPRIATE TESTING FOR CHILDREN WITH PHARYNGITIS

State Performance Measure

Percentage of children with a sore throat who were given a strep test before getting an antibiotic in 2011 & 2013



CERVICAL CANCER SCREENING

State Performance Measure

Cervical cancer screening

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

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.

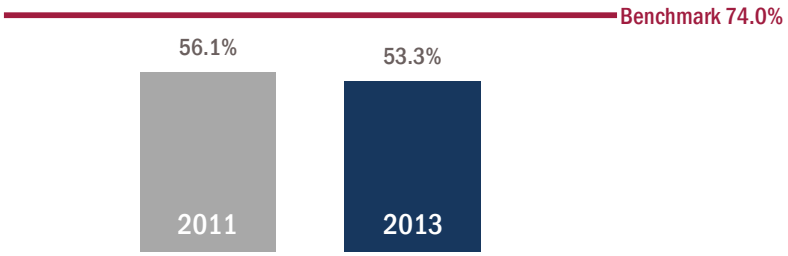
2013 data (n=71,364)

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 data shows there is room for further development and attention for cervical cancer screening. The 2013 percentage is lower than the percentage of women screened in 2011. The lowered screening rates may be due to a number of factors including national guideline changes reported in 2012 for cervical cancer screening.

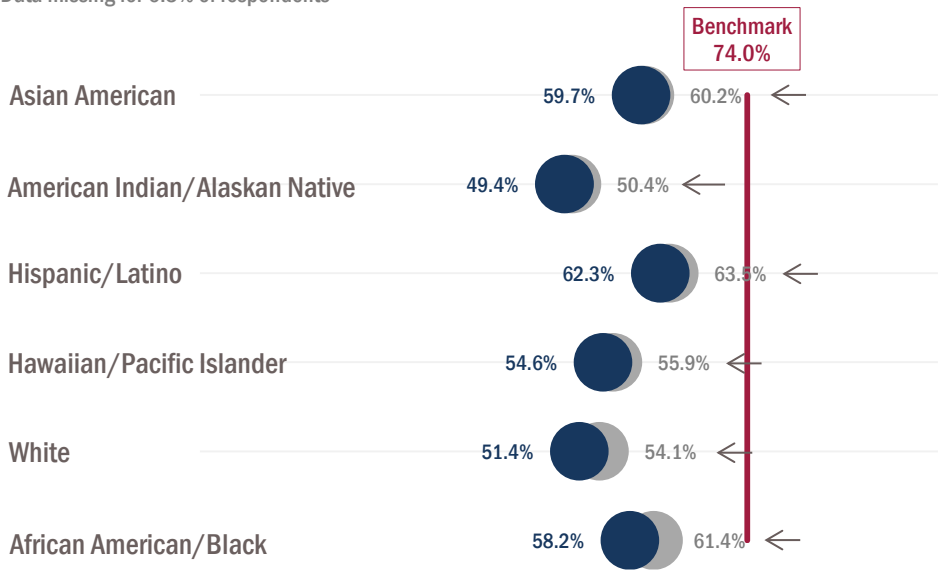
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

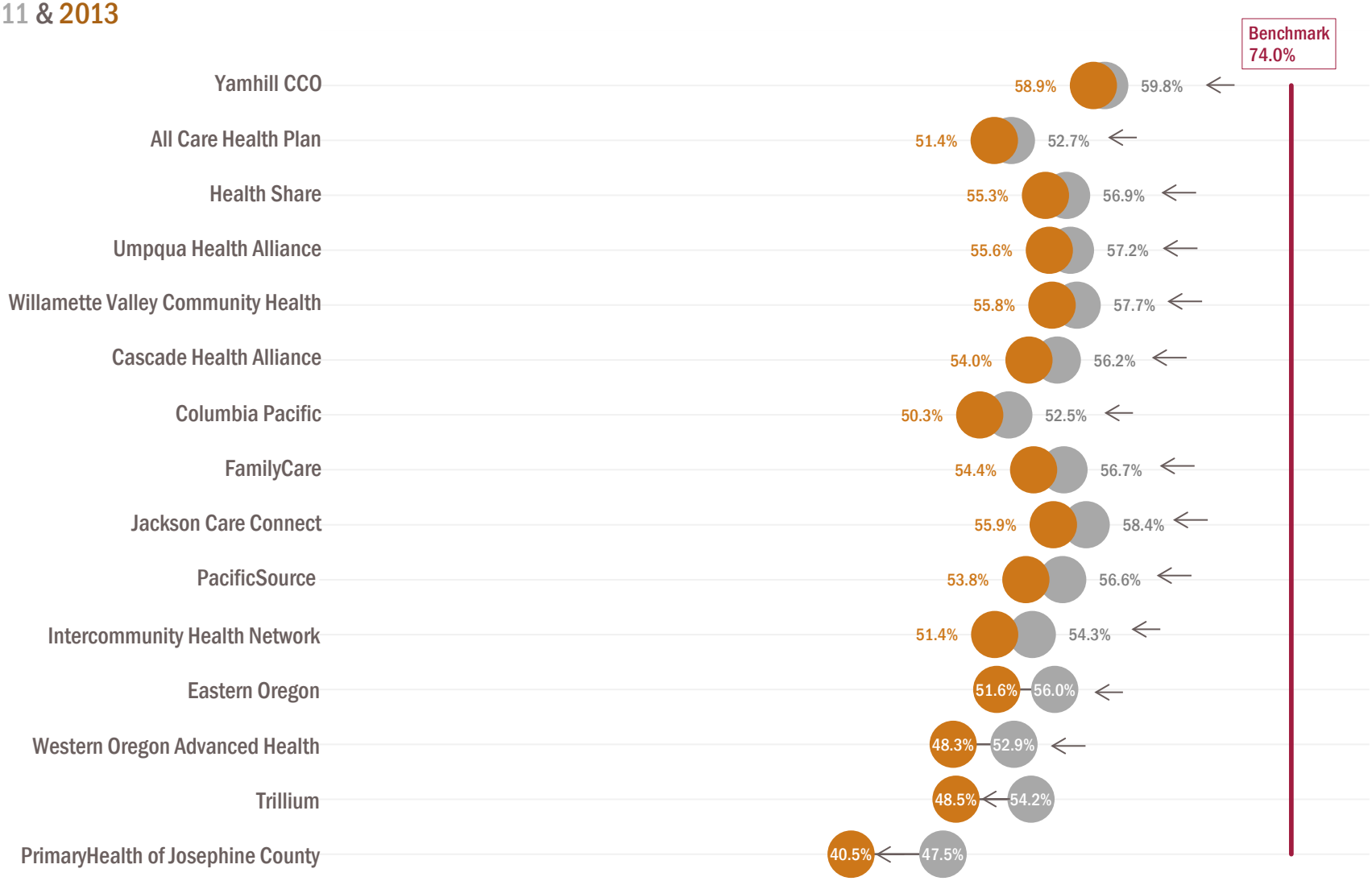
Data missing for 6.3% of respondents



CERVICAL CANCER SCREENING

State Performance Measure

Percentage of women patients (age 21 to 64) who got one or more Pap tests for cervical cancer in the past three years in 2011 & 2013



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS (ALL AGES)

State Performance Measure

Childhood and adolescent access to primary care providers (all ages)

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

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.

2013 data (n=283,928)

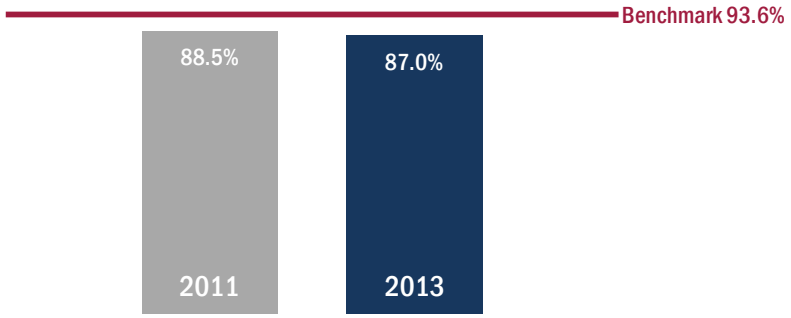
This measure tracks child and adolescent access to primary care providers by measuring the percentage of children who had a visit with a primary care provider during the last year. The measure is split into five categories: all ages, 12-24 months, 26 months - 6 years, 7-11 years, and 12-19 years.

This set of measures shows an area with an opportunity for improvement. In 2013 statewide, there was not improvement on these measures when compared to 2011.

This measure cannot be reported at the CCO level for 2013.

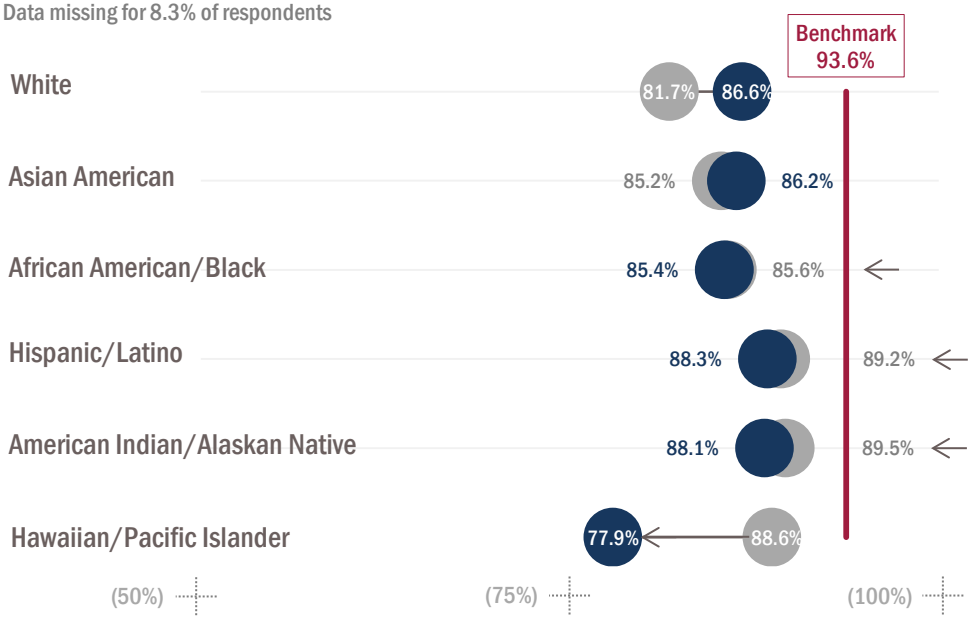
Statewide

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 between 2011 & 2013

Data missing for 8.3% of respondents



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS (12-24 MONTHS)

State Performance Measure

Childhood and adolescent access to primary care providers (12 - 24 months)

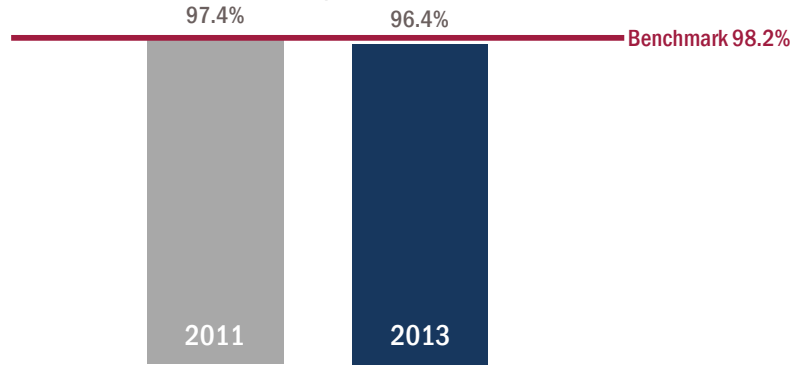
Measure description: Percentage of children and adolescents (ages 12- 24 months) who had a visit with a primary care provider.

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.

2013 data (n=21,184)

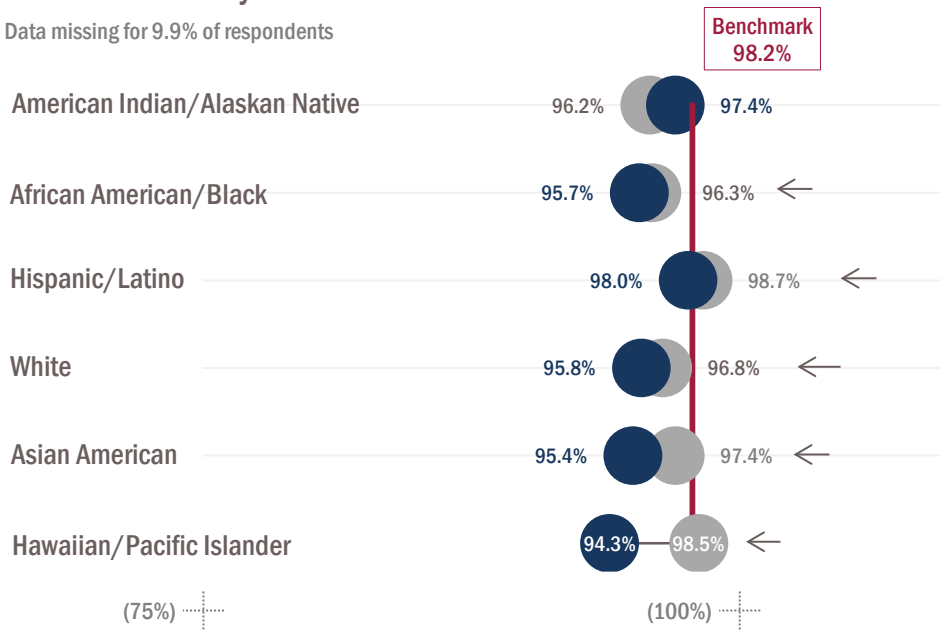
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 9.9% of respondents



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS (25 MONTHS- 6 YEARS)

State Performance Measure

Childhood and adolescent access to primary care providers (25 months - 6 years)

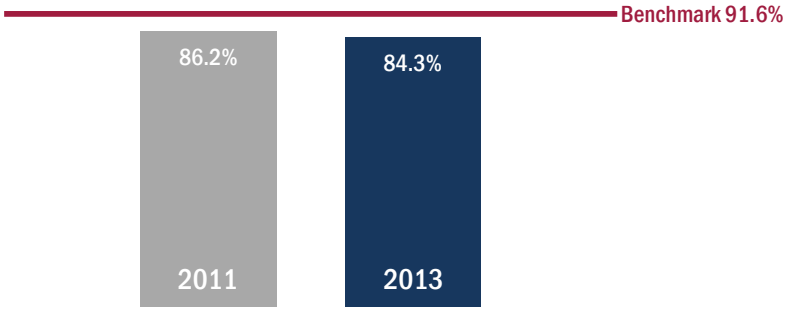
Measure description: Percentage of children and adolescents (ages 25 months – 6 years) who had a visit with a primary care provider.

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.

2013 data (n=96,722)

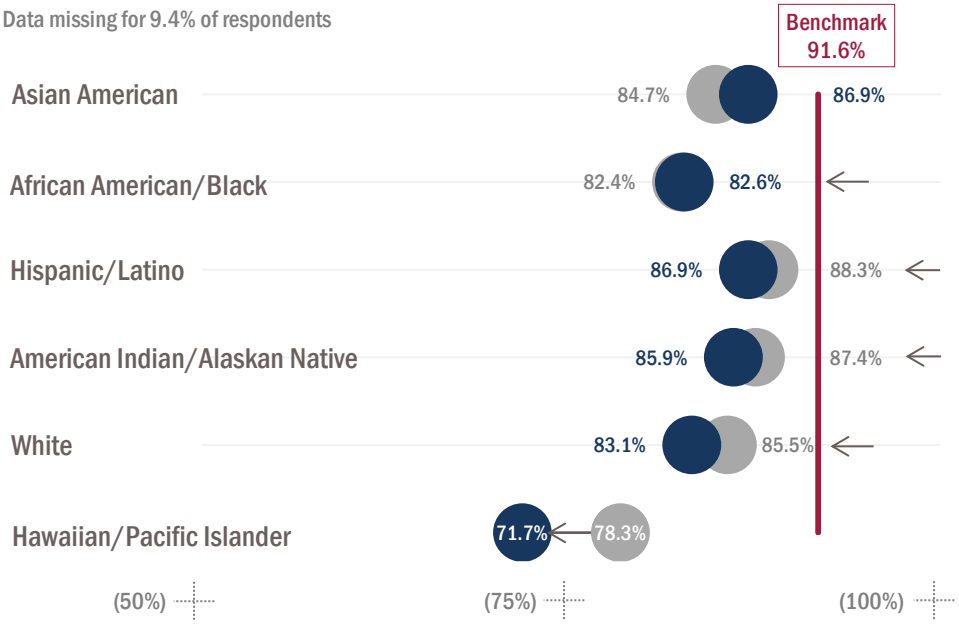
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 9.4% of respondents



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS (7-11 YEARS)

State Performance Measure

Childhood and adolecsent access to primary care providers (7 - 11 years)

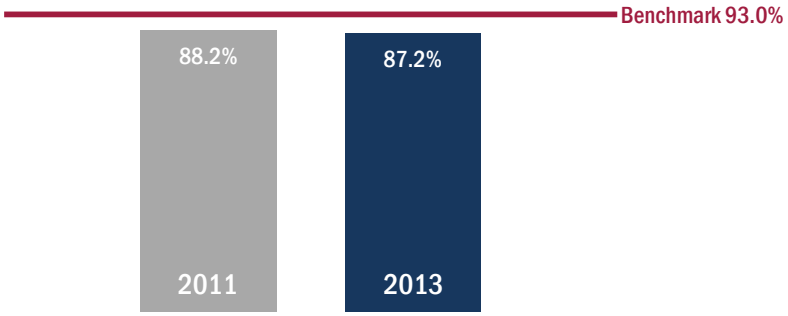
Measure description: Percentage of children and adolescents (ages 7 - 11 years) who had a visit with a primary care provider.

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.

2013 data (n=75,393)

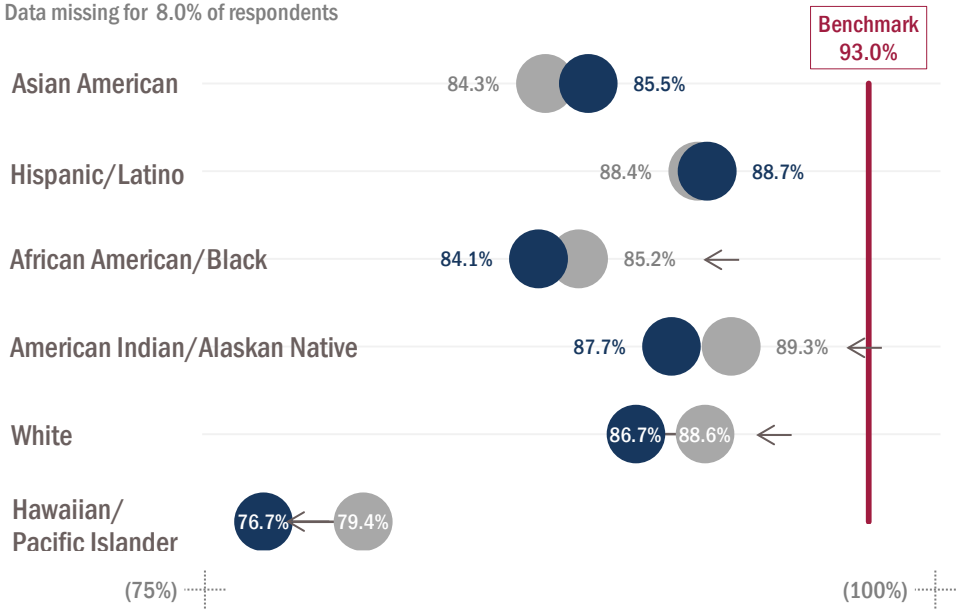
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 8.0% of respondents



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS (12-19 YEARS)

State Performance Measure

Childhood and adolescent access to primary care providers (12 - 19 years)

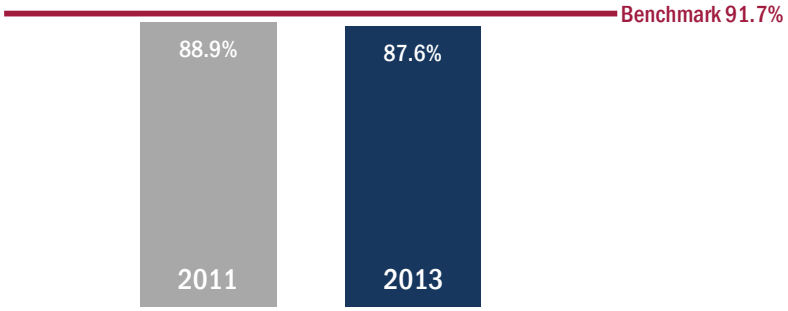
Measure description: Percentage of children and adolescents (ages 12 - 19 years) who had a visit with a primary care provider.

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.

2013 data (n=90,629)

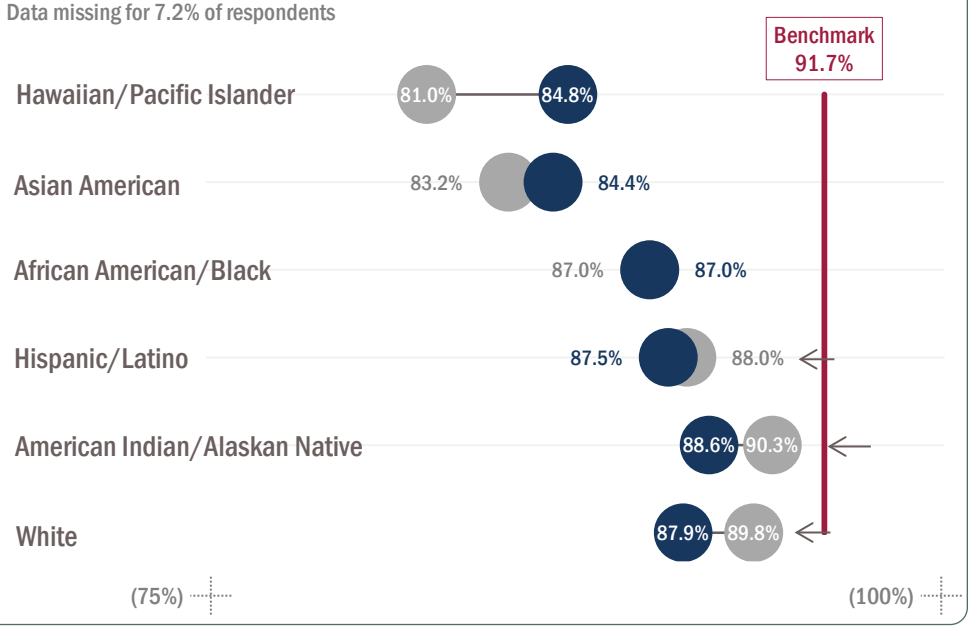
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2011 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 7.2% of respondents



CHILDHOOD IMMUNIZATION STATUS

State Performance Measure

Childhood immunization status

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

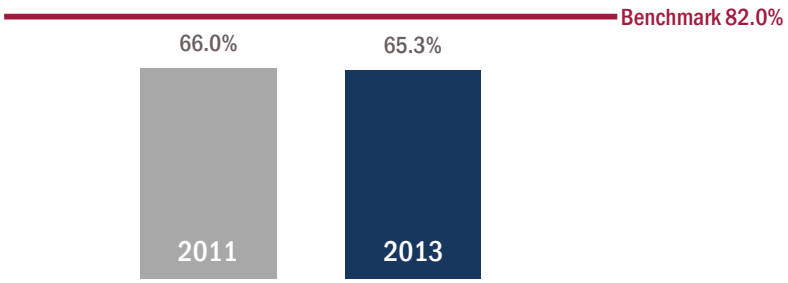
Purpose: Vaccines are one of the safest, easiest and most effective ways to protect children from potentially serious diseases. Vaccines are also cost-effective tools that help to prevent the spread of serious diseases which can sometimes lead to widespread public health threats.

2013 data (n=7,581)

This metric tracks the percentage of children who received their recommended vaccines before their 2nd birthday. The 2013 data shows mixed results. While some CCOs improved the percentage of children up to date on immunizations, the statewide rate is slightly lower than 2011.

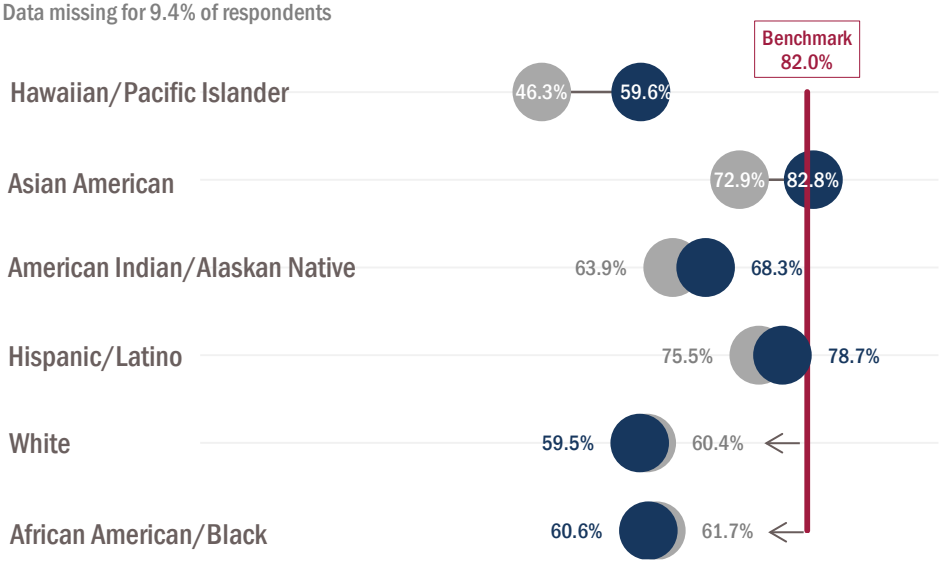
Statewide

Data source: Administrative (billing) claims and ALERT Immunization Information System
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

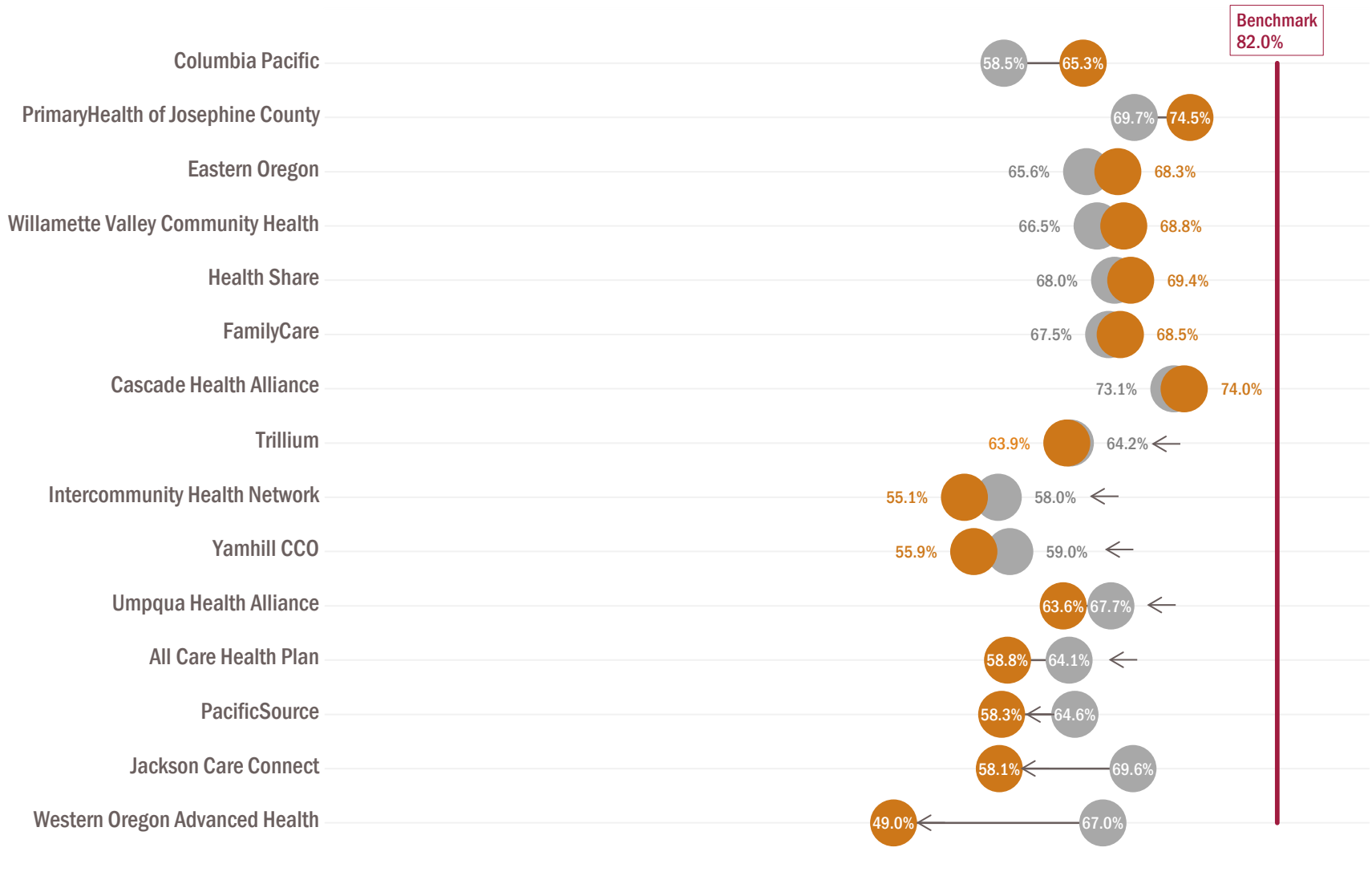
Data missing for 9.4% of respondents



CHILDHOOD IMMUNIZATION STATUS

State Performance Measure

Percentage of children who received recommended vaccines before their 2nd birthday in 2011 & 2013



CHLAMYDIA SCREENING IN WOMEN AGES 16-24

State Performance Measure

Chlamydia screening in women ages 16-24

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

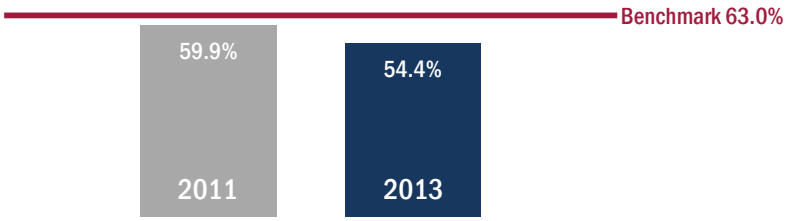
Purpose: Chlamydia is the most common reportable illness in Oregon. Since there are usually no symptoms, routine screening is important to find the disease early so that it can be treated and cured with antibiotics. If chlamydia is not found and treated, it can lead to pelvic inflammatory disease, which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

2013 data (n=18,636)

This metric tracks the percentage of sexually active women ages 16-24 who were tested for chlamydia infection. The 2013 data show a decrease in chlamydia screening across the state when compared to 2011.

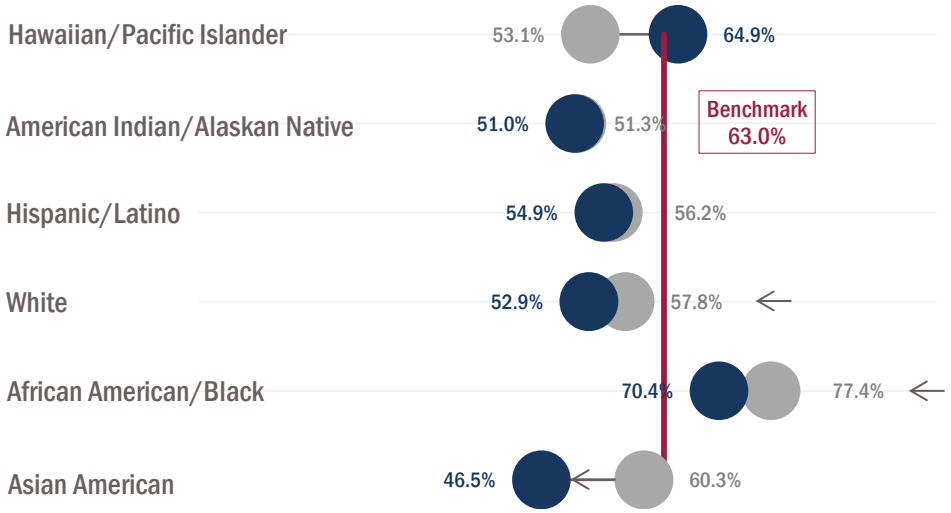
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

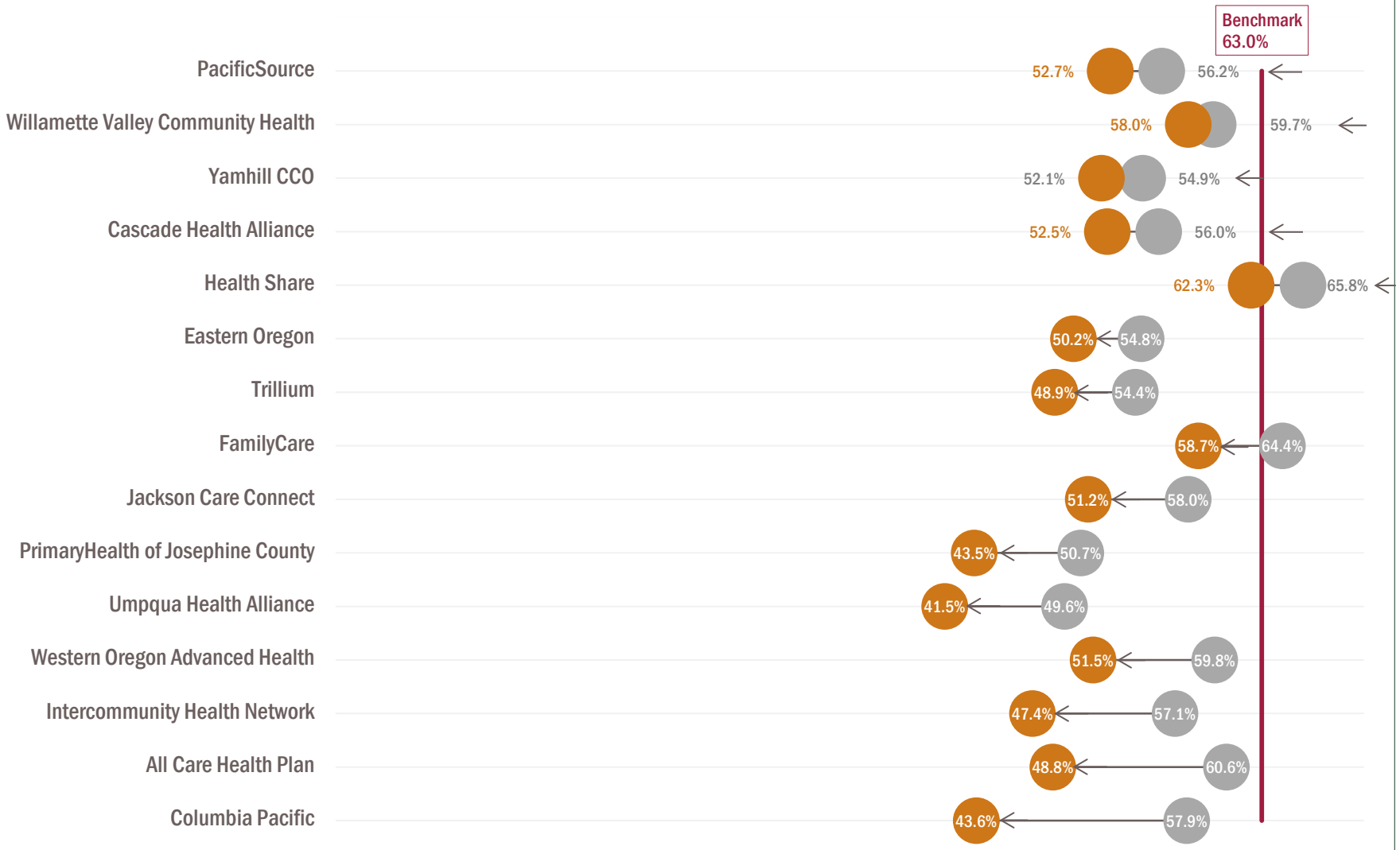
Data missing for 7.8% of respondents



CHLAMYDIA SCREENING IN WOMEN AGES 16-24

State Performance Measure

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection in 2011 & 2013



COLORECTAL CANCER SCREENING

CCO Incentive and State Performance Measure

Colorectal cancer screening

Measure description: 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.

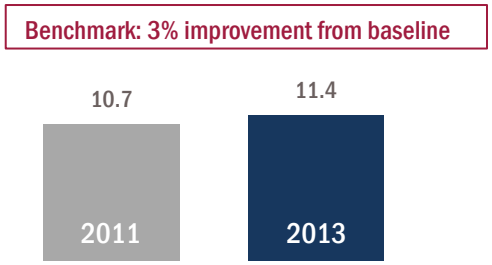
Purpose: Colorectal cancer is Oregon's second leading cause of cancer deaths. With appropriate screening, abnormal growths in the colon can be found and removed before they turn into cancer. Colorectal cancer screening saves lives, while also keeping overall health care costs down.

2013 data (n=648,070 member months)

The colorectal cancer screening metric represents screenings that have occurred in 2013 for eligible members (those between 50 and 75 years of age). In 2013, the colorectal cancer screening rate was 11.4 screenings per 1,000 member months, an increase from 10.7 in 2011. Overall, six CCOs exceeded their improvement target.

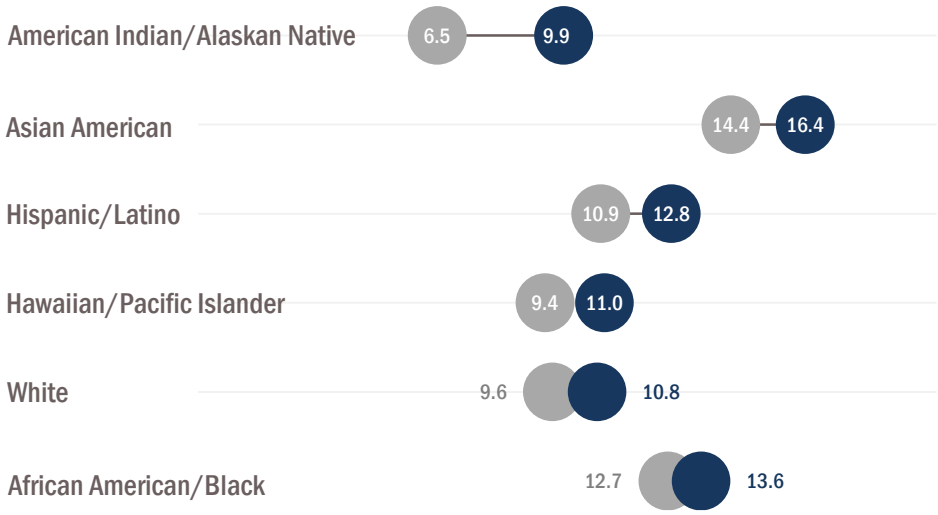
Statewide

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



Race and ethnicity data between 2011 & 2013

Data missing for 2.1% of respondents



COLORECTAL CANCER SCREENING

CCO Incentive and State Performance Measure

Rate of adult patients who had appropriate screenings for colorectal cancer during the measurement year in 2011 & 2013

Bolded names met invidvidual benchmark (3% above baseline)
Rates are per 1,000 member months

COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1c TESTING

State Performance Measure

Comprehensive diabetes care: HbA1c testing

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

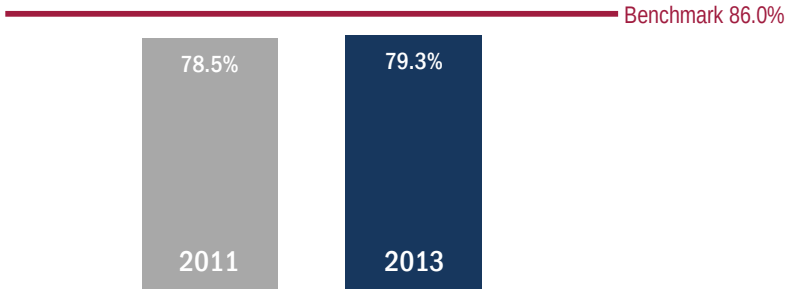
Purpose: Controlling blood sugar levels is important to help people with diabetes manage their disease. It is also a key way to assess the overall effectiveness of diabetes care in Oregon. By improving the quality of care for diabetes, Oregon can help patients avoid complications and hospitalizations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

2013 data (n=20,105)

This metric tracks the percentage of adult patients with diabetes who received at least one A1c blood sugar test during 2013. The 2013 data is comparable to baseline.

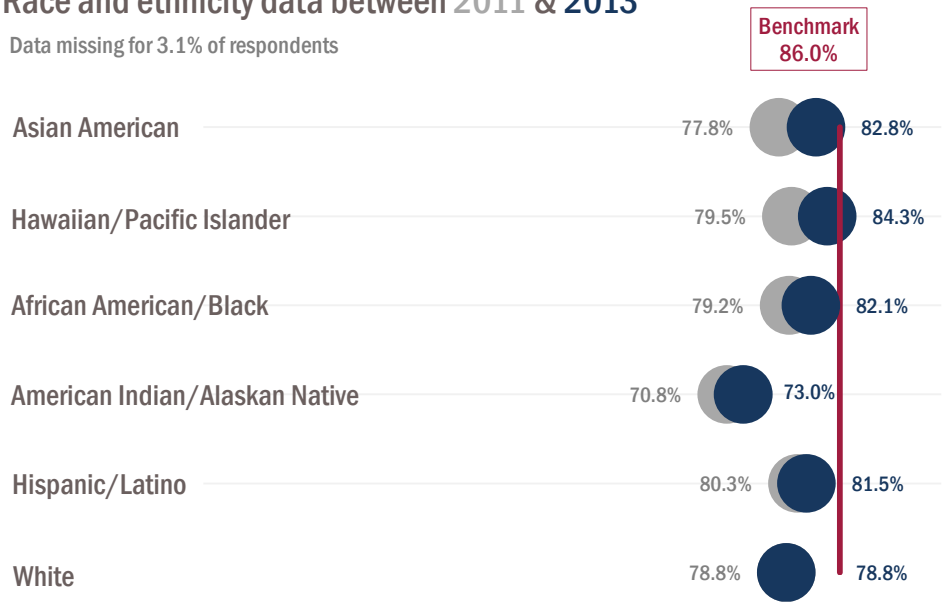
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

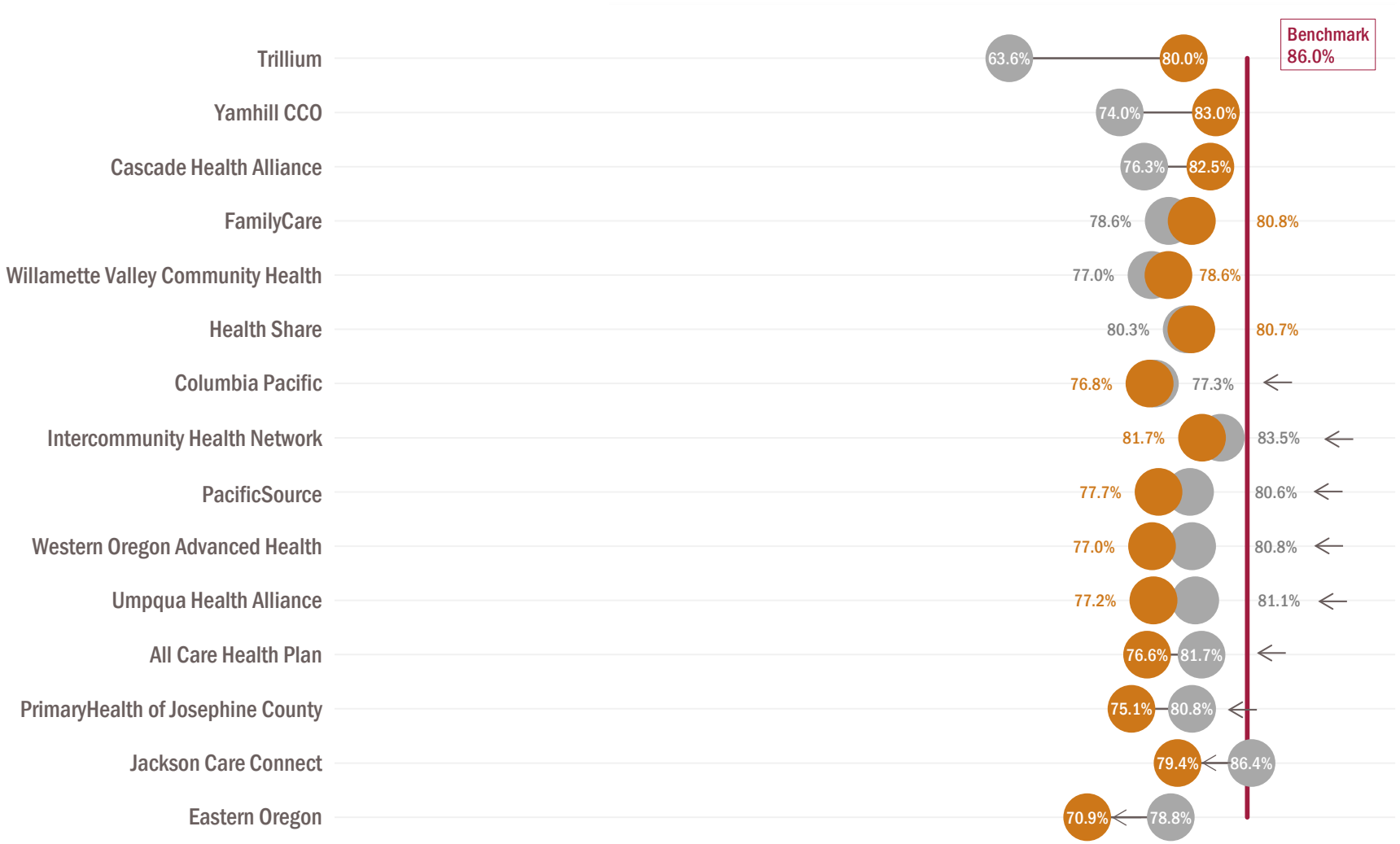
Data missing for 3.1% of respondents



COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1c TESTING

State Performance Measure

Percentage of adult patients with diabetes who received at least one A1c blood sugar test in 2011 & 2013



COMPREHENSIVE DIABETES CARE: LDL-C SCREENING

State Performance Measure

Comprehensive diabetes care: LDL-C screening

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

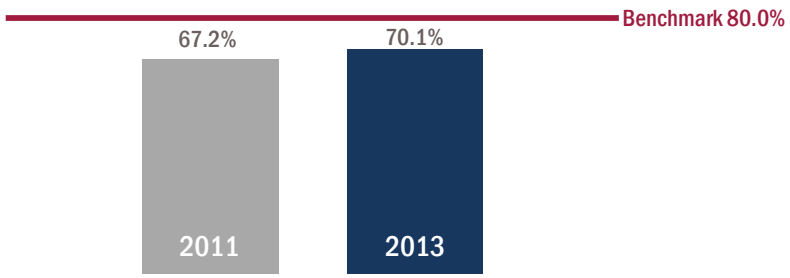
Purpose: This test helps people with diabetes manage their condition by measuring the level of 'bad cholesterol' (LDL-C) in the blood. Managing cholesterol levels can help people with diabetes avoid problems such as heart disease and stroke.

2013 data (n=20,105)

This metric tracks the percentage of adult patients with diabetes who received an LDL-C (cholesterol) test during 2013. The 2013 statewide data shows a 5% improvement from baseline.

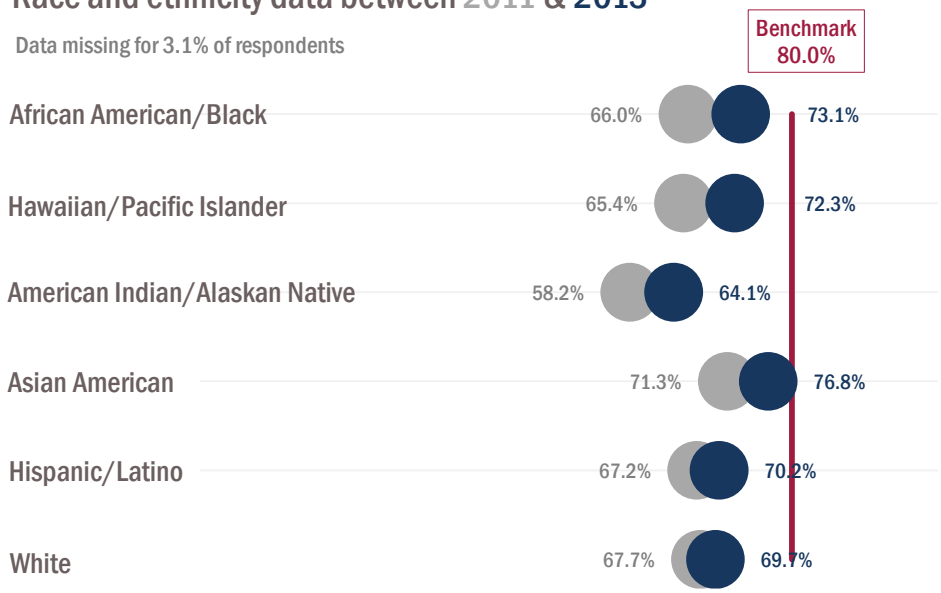
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

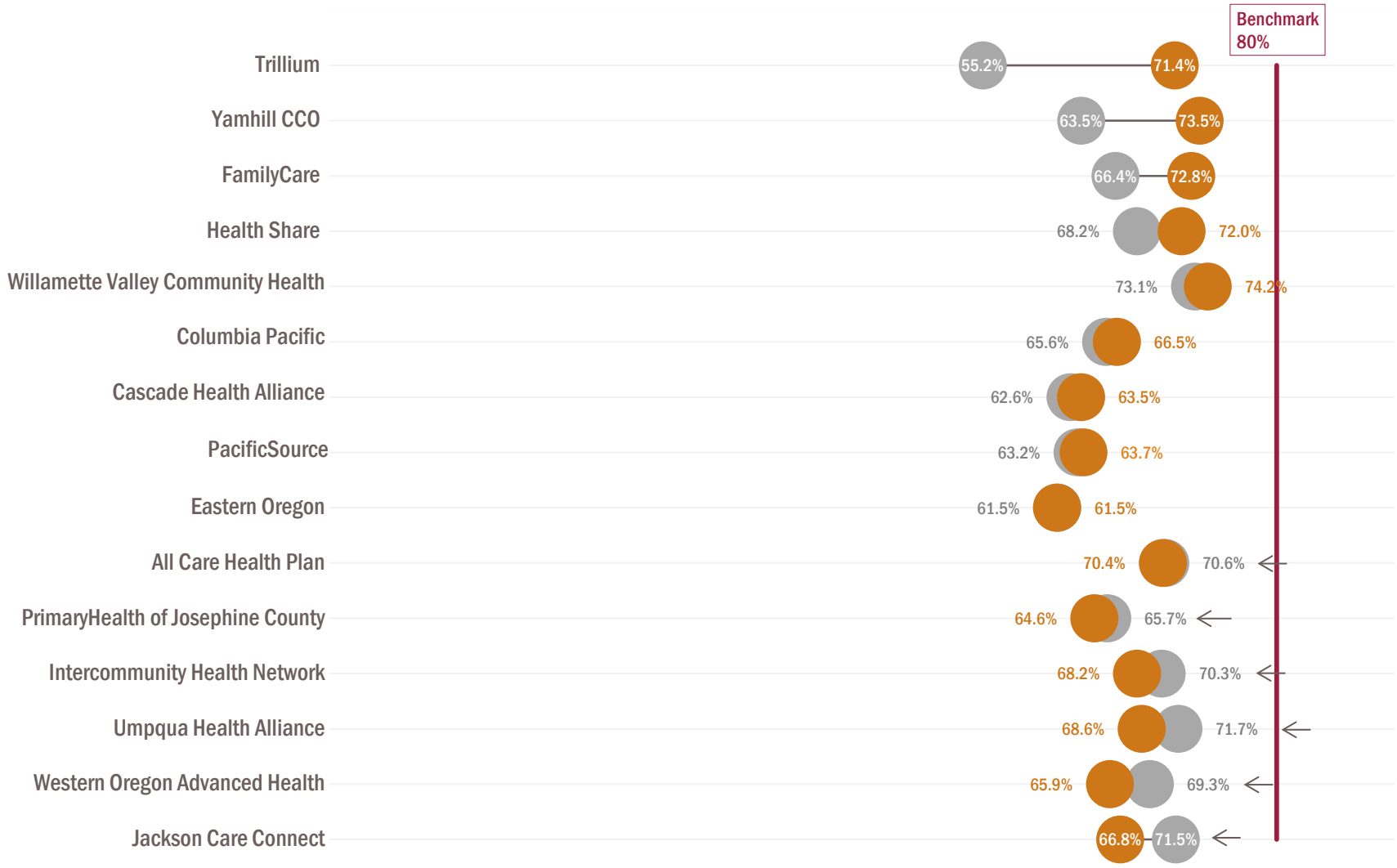
Data missing for 3.1% of respondents



COMPREHENSIVE DIABETES CARE: LDL-C SCREENING

State Performance Measure

Percentage of adult patients (ages 18-85) with diabetes who received an LDL-C (cholesterol) test in 2011 & 2013



DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

CCO Incentive and State Performance Measure

Developmental screening in the first 36 months of life

Measure description: 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.

Purpose: Early childhood screening helps 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.

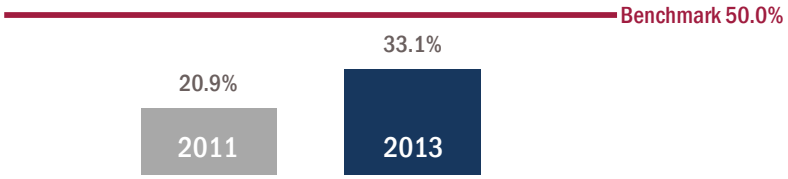
2013 data (n=20,043)

The percentage of children who were screened for the risk of developmental, behavioral, and social delays increased from a 2011 baseline of 20.9% to 33.1% in 2013, an increase of 58%.

In 2013, all CCOs exceeded their improvement target and four surpassed the benchmark of 50%. There have been marked gains in this measure across Oregon.

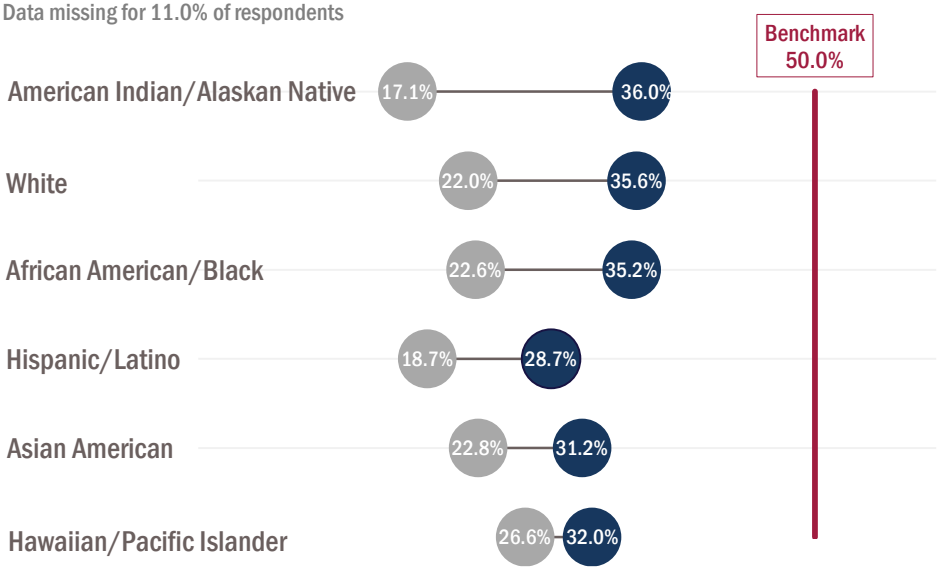
Statewide

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



Race and ethnicity data between 2011 & 2013

Data missing for 11.0% of respondents



DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

CCO Incentive and State Performance Measure

Percentage of children up to three-years-old screened for developmental delays in 2011 & 2013

Bolded names met benchmark or improvement target

EARLY ELECTIVE DELIVERY

CCO Incentive and State Performance Measure

Early Elective Delivery

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

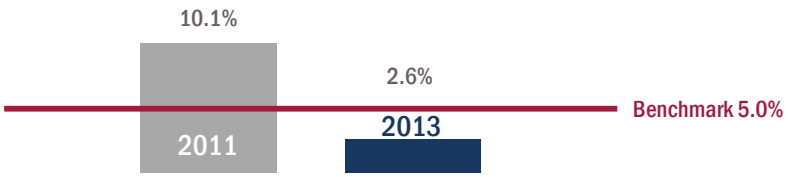
Purpose: There is a substantial body of evidence showing that an infant born at 37 weeks has worse health outcomes than one born at 40 weeks. Specifically, stays at the neonatal intensive care unit are higher in children at 37-38 weeks than children who completed at least 39 weeks. Because of this, it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

2013 data

Elective deliveries before 39 weeks have decreased 74% across the state, from a 2011 baseline of 10.1% to 2.6% in 2013. All CCOs were below the benchmark of 5% for this measure, showing a success across Oregon for better and safer care for mothers and babies.

Statewide

(Lower scores are better)
Data source: Administrative (billing) claims, Vital Records, and hospitals
Benchmark source: Metrics and Scoring Committee consensus



Race and ethnicity data between 2011 & 2013

Race and ethnicity data for this measure are not available

EARLY ELECTIVE DELIVERY

CCO Incentive and State Performance Measures

Percentage of women who had an elective delivery between 37 and 39 weeks of gestation in 2011 & 2013

(Lower scores are better)
Bolded names met benchmark or improvement target

ELECTRONIC HEALTH RECORD ADOPTION

CCO Incentive and State Performance Measure

Electronic Health Record (EHR) adoption

Measure description: 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.

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 use information available to make the most appropriate clinical decisions.

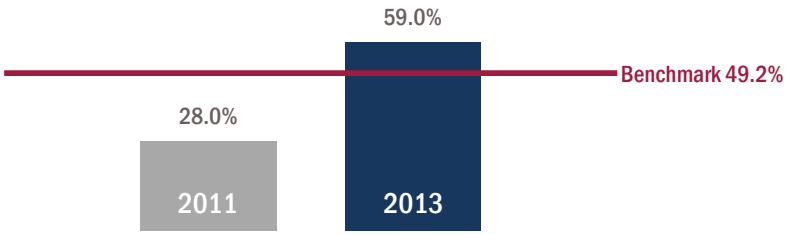
2013 data (n=8,236 eligible providers)

Electronic Health Record Adoption measures the percentage of eligible providers who received a "meaningful use" payment for EHR adoption. Electronic health record adoption among measured providers has doubled. In 2011, 28% of eligible providers had adopted certified EHRs. By the end of 2013, 59% of eligible providers had adopted certified EHRs, an increase of 110%.

All CCOs met their improvement target or surpassed the benchmark of 49.2%.

Statewide

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 between 2011 & 2013

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

ELECTRONIC HEALTH RECORD ADOPTION

CCO Incentive and State Performance Measure

Percentage of providers who qualified for an EHR incentive payment during the measurement year in 2011 & 2013

Bolded names met benchmark or improvement target

FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

CCO Incentive and State Performance Measure

Follow-up after hospitalization for mental illness

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

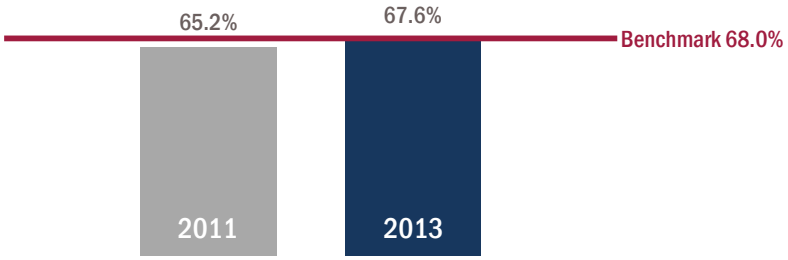
Purpose: Follow-up care is important to help patients make progress and feel better after being in the hospital for mental illness. This measure addresses an emerging issue for children and adults by suggesting follow up for patients ages 6 and up. Additionally, research shows that follow-up care helps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

2013 data (n=1,825)

This metric represents follow-up visits within seven days after patients were discharged from a hospital with a mental health diagnosis. In 2013, the percentage of patients with a follow-up visit was 67.6%, approaching the benchmark of 68.0%. Eight CCOs exceeded the benchmark for this measure, showing progress.

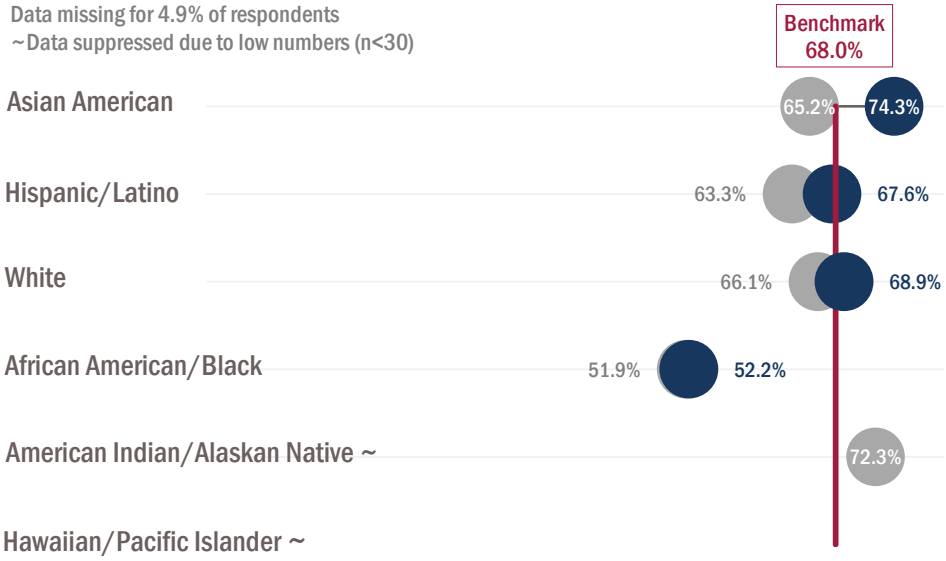
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 4.9% of respondents
~Data suppressed due to low numbers (n<30)

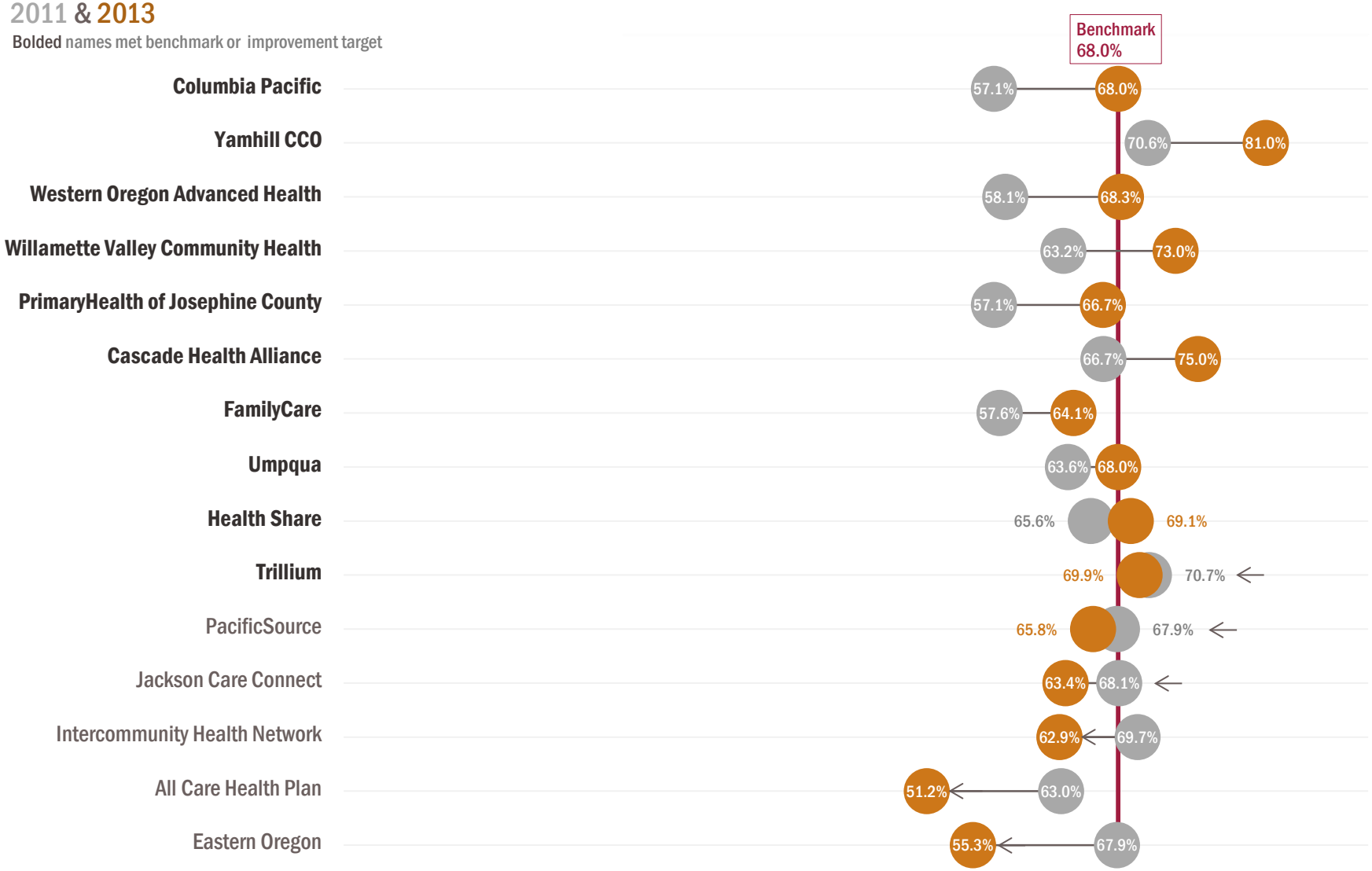


FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

CCO Incentive and State Performance Measure

Percentage of patients who received follow-up care within 7 days of being dishcarged from the hosptital for mental illness in 2011 & 2013

Bolded names met benchmark or improvement target



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (INITIATION PHASE)

CCO Incentive and State Performance Measure

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

Measure description: 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.

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.

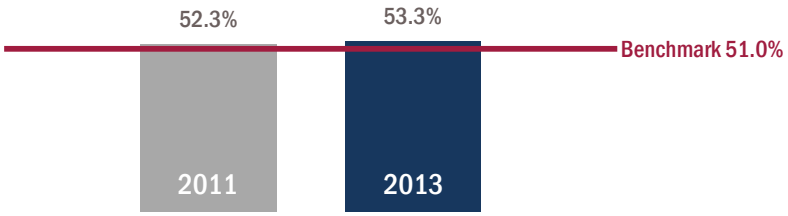
2013 data (n=2,403)

This metric represents the percentage of children prescribed ADHD medication who had a follow-up visit within 30 days after receiving a new prescription.

In 2013, the benchmark was exceeded statewide (53.3% versus 51.0%). Additionally, over two-thirds of the CCOs exceed the benchmark for this measure.

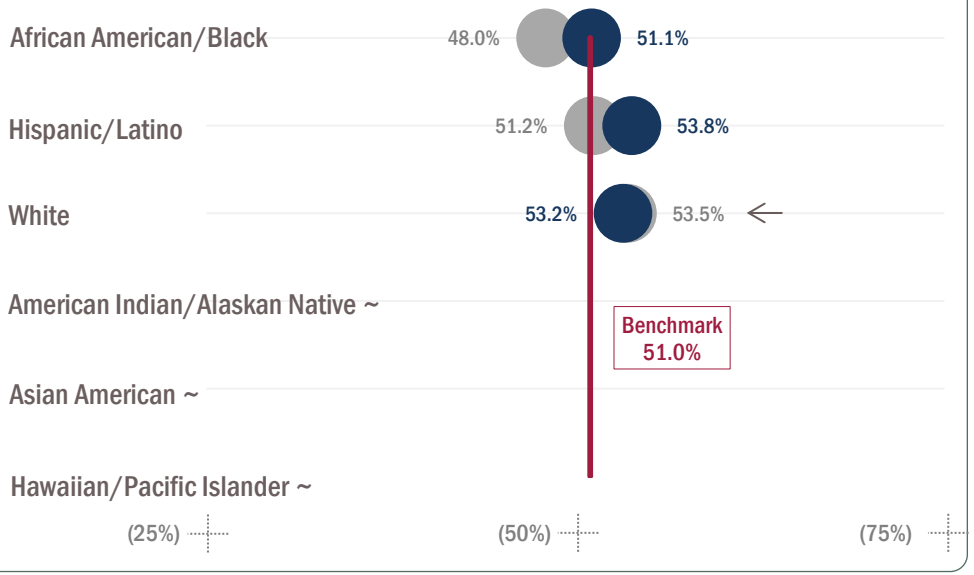
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 8.4% of respondents.
~Data suppressed due to low numbers (n<30)

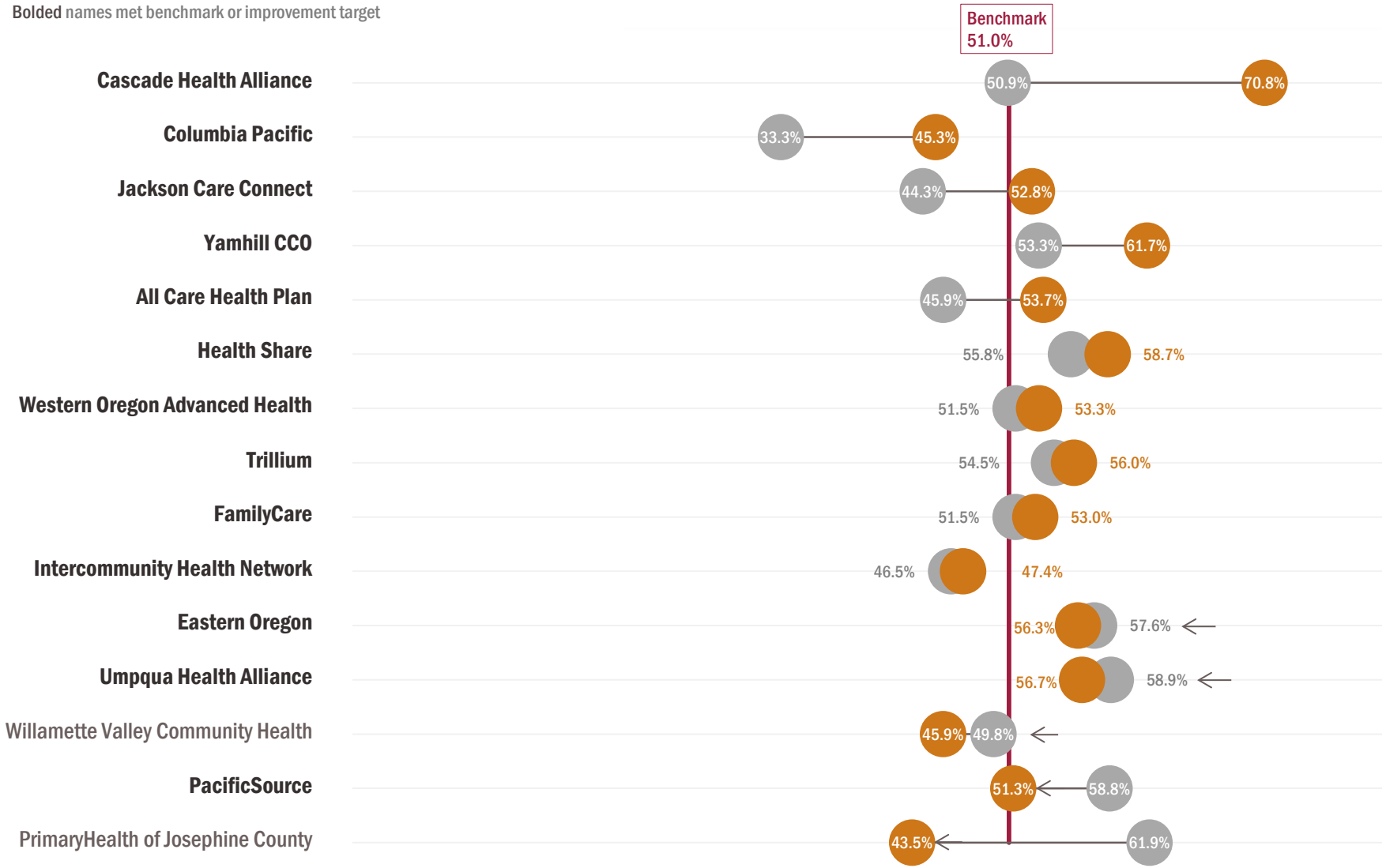


FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (INITIATION PHASE)

CCO Incentive and State Performance Measure

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 in 2011 & 2013

Bolded names met benchmark or improvement target



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (CONTINUATION AND MAINTENANCE PHASE)

CCO Incentive and State Performance Measure

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

Measure description: 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 47).

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.

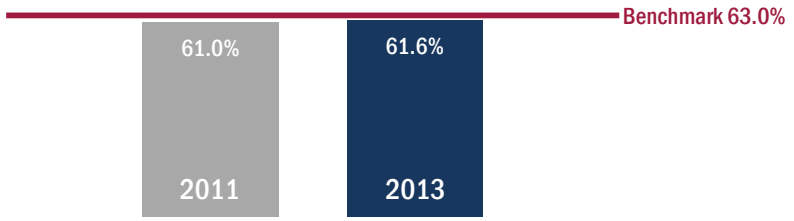
2013 data (n=1,080)

This metric represents the percentage of children prescribed ADHD medication who remained on the medication for 210 days and had at least two follow-up visits with a provider within 270 days of the prescription. To date, 2013 data are similar to baseline rates.

This measure cannot be reported at the CCO level for 2013.

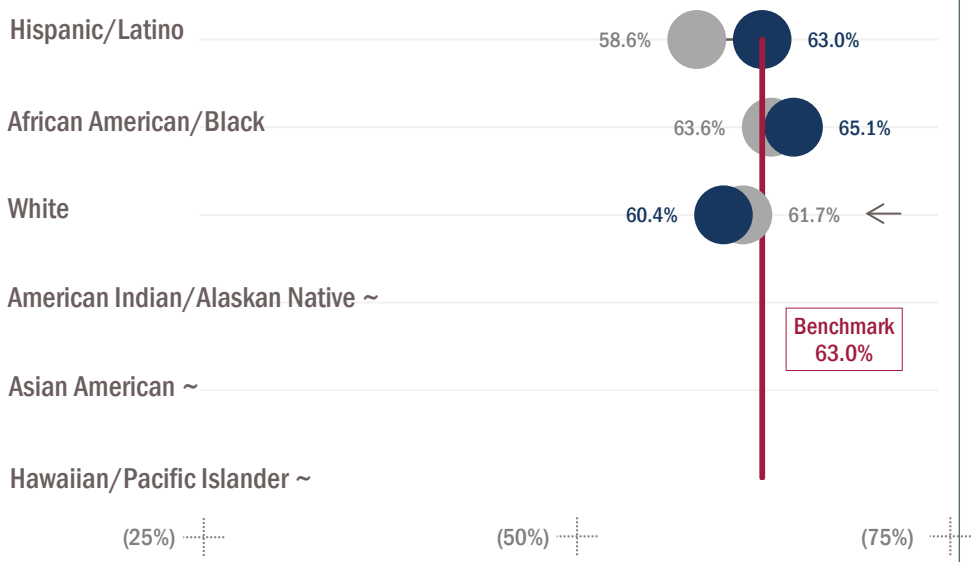
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 8.4% of respondents
~Data suppressed due to low numbers (n<30)



IMMUNIZATION FOR ADOLESCENTS

State Performance Measure

Immunization for adolescents

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

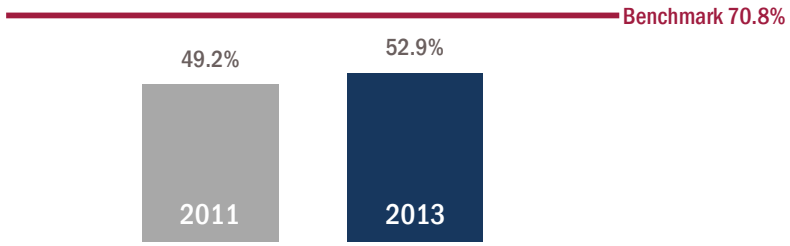
Purpose: Like young children, adolescents also benefit from immunizations. Vaccines are a safe, easy and cost-effective way to prevent serious disease. Vaccines are also cost-effective tools that help to prevent the spread of serious and sometimes fatal diseases.

2013 data (n=6,381)

The 2013 data shows CCOs are doing better at making sure recommended vaccines are up to date, compared to 2011 baseline. This trend is consistent with the CCOs improvement in providing more adolescent well care visits.

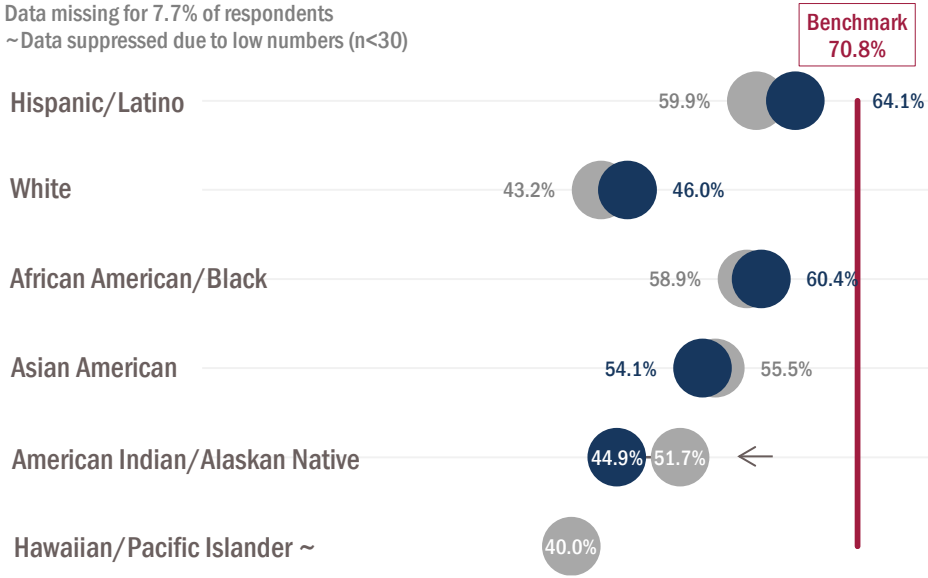
Statewide

Data source: Administrative (billing) claims and ALERT Immunization Information System Benchmark source: 2012 National Medicaid 75th percentile



Race and ethnicity data between 2011 & 2013

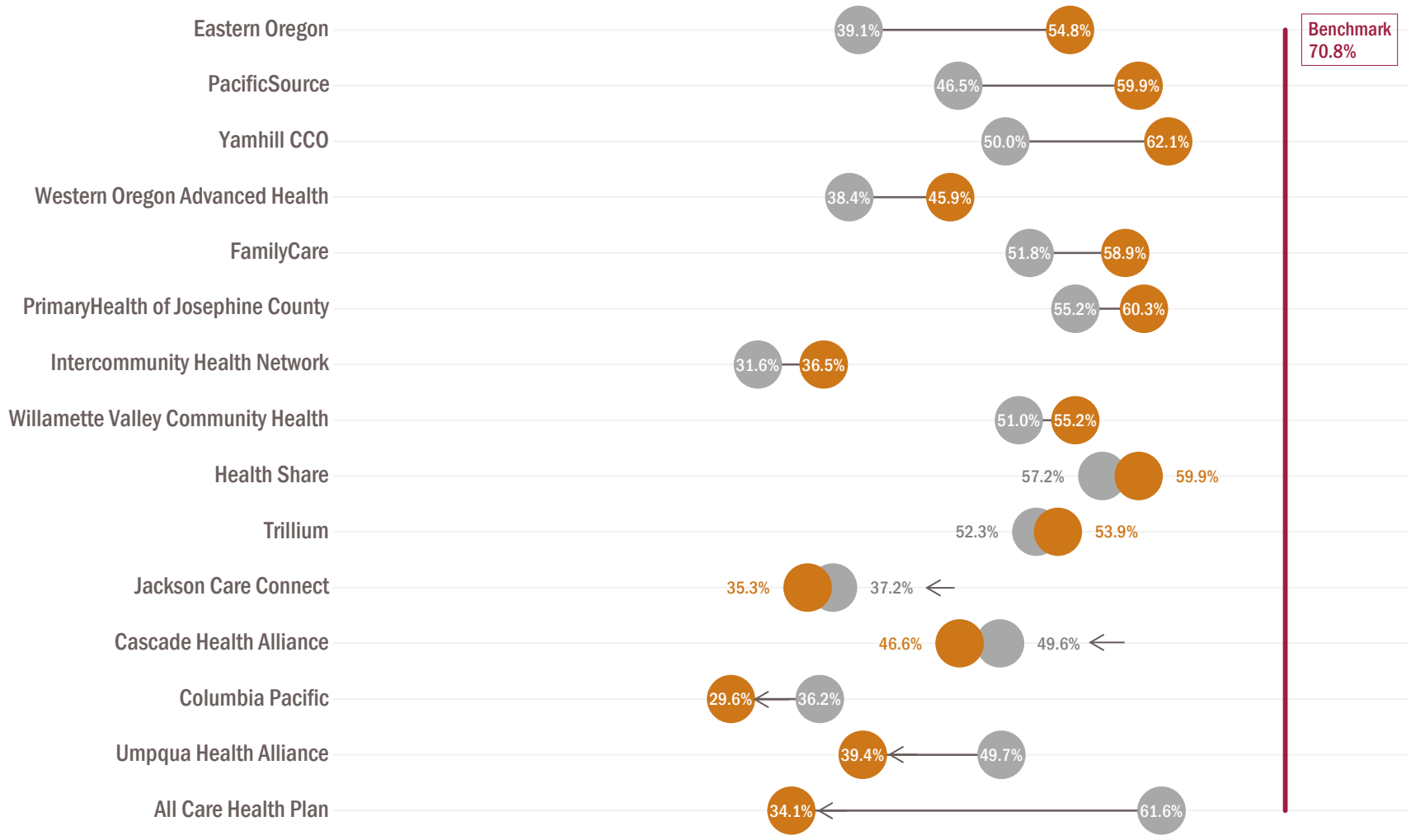
Data missing for 7.7% of respondents
~Data suppressed due to low numbers (n<30)



IMMUNIZATION FOR ADOLESCENTS

State Performance Measure

Percentage of adolescents who received recommended vaccines before their 13th birthday in 2011 & 2013



MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (1)

State Performance Measure

Medical assistance with smoking and tobacco use cessation

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

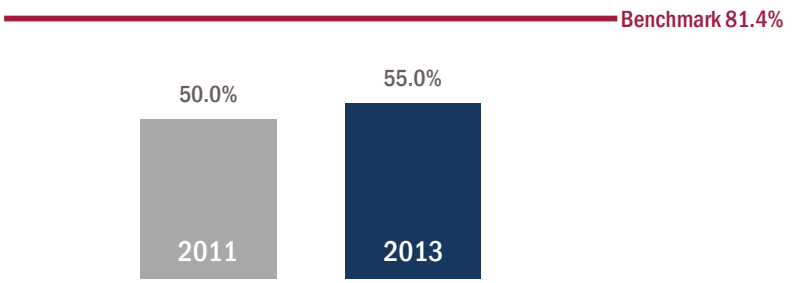
Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

2013 data

This set of metrics measures the proportion of adult tobacco users who were advised by their doctor to quit, provided strategies to quit, and recommended medication to quit. All three metrics in this set show improvement in 2013 over baseline.

Statewide

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

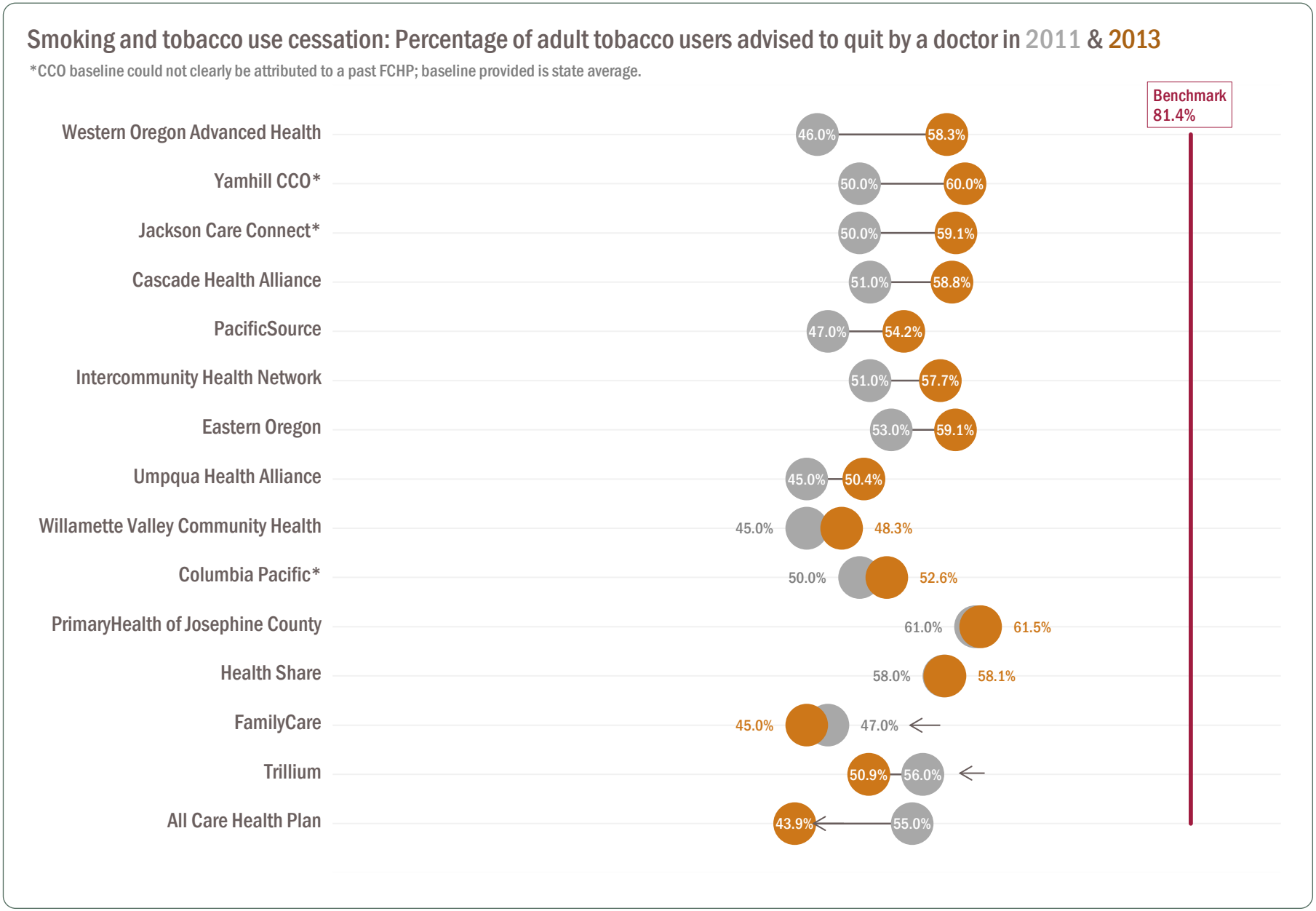


Race and ethnicity data between 2011 & 2013

CAHPS data by race and ethnicity will be available in future reports

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (1)

State Performance Measure



MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (2)

State Performance Measure

Medical assistance with smoking and tobacco use cessation

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

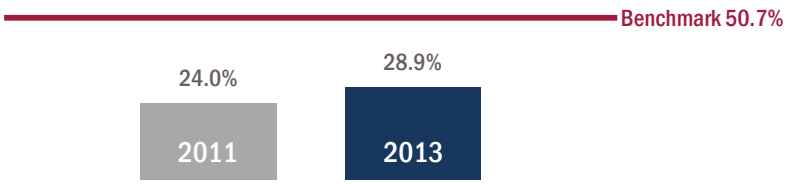
Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

2013 data

This set of metrics measures the proportion of adult tobacco users who were advised by their doctor to quit, provided strategies to quit, and recommended medication to quit. All three metrics in this set show improvement in 2013 over baseline.

Statewide

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



Race and ethnicity data between 2011 & 2013

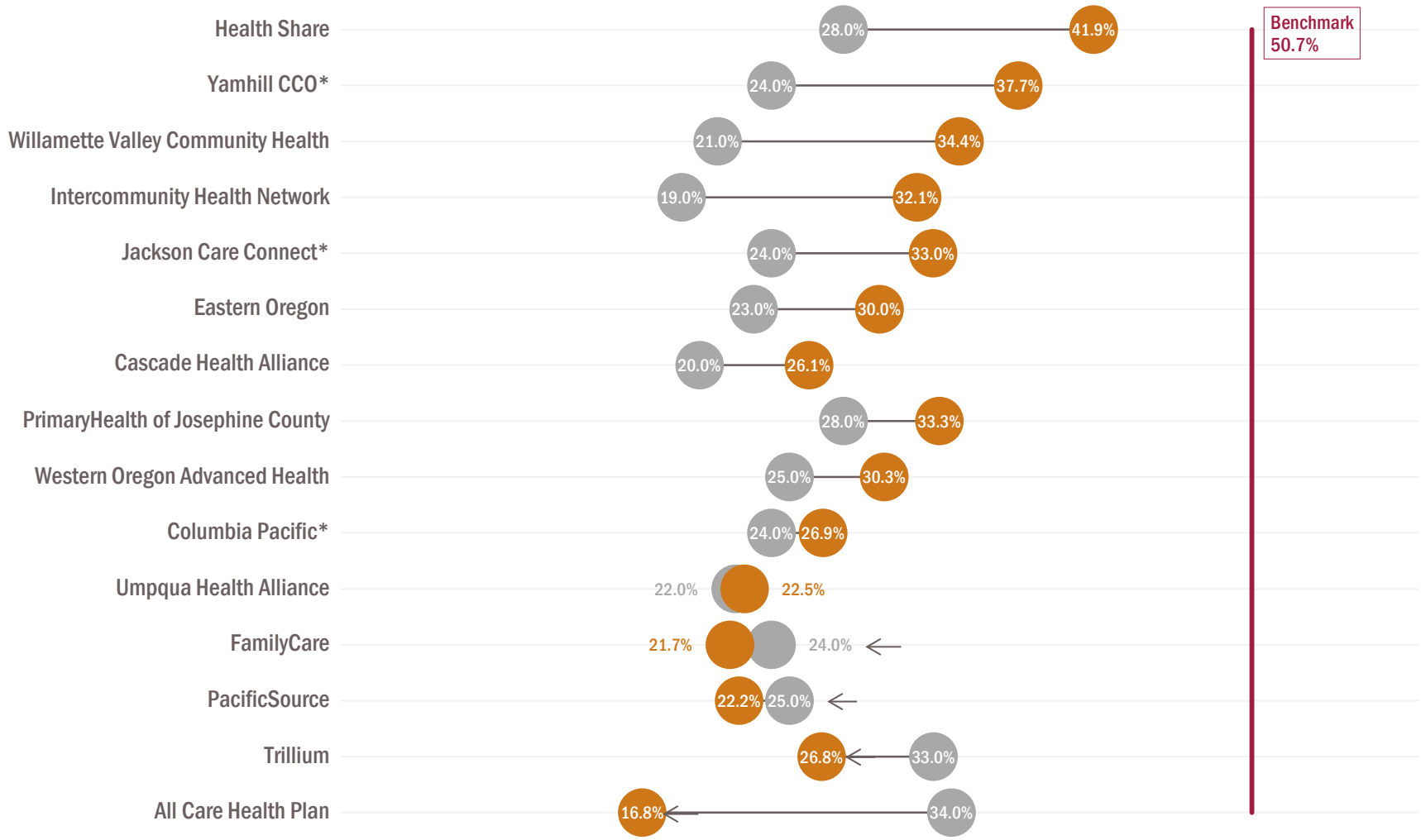
CAHPS data by race and ethnicity will be available in future reports

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (2)

State Performance Measure

Smoking and tobacco use cessation: Percentage of adult tobacco users whose doctor discussed or recommended medication to quit smoking in 2011 & 2013

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



MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (3)

State Performance Measure

Medical assistance with smoking and tobacco use cessation

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

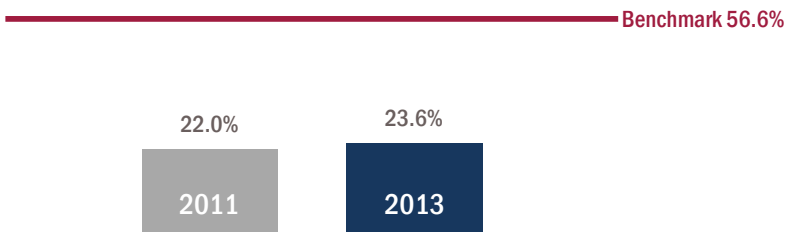
Purpose: Tobacco use causes many diseases and quitting can have immediate and long-term health benefits. In addition to improving health outcomes, helping people quit smoking also reduces the costs of treating health problems caused by using tobacco, such as lung cancer and heart disease.

2013 data

This set of metrics measures the proportion of adult tobacco users who were advised by their doctor to quit, provided strategies to quit, and recommended medication to quit. All three metrics in this set show improvement in 2013 over baseline.

Statewide

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



Race and ethnicity data between 2011 & 2013

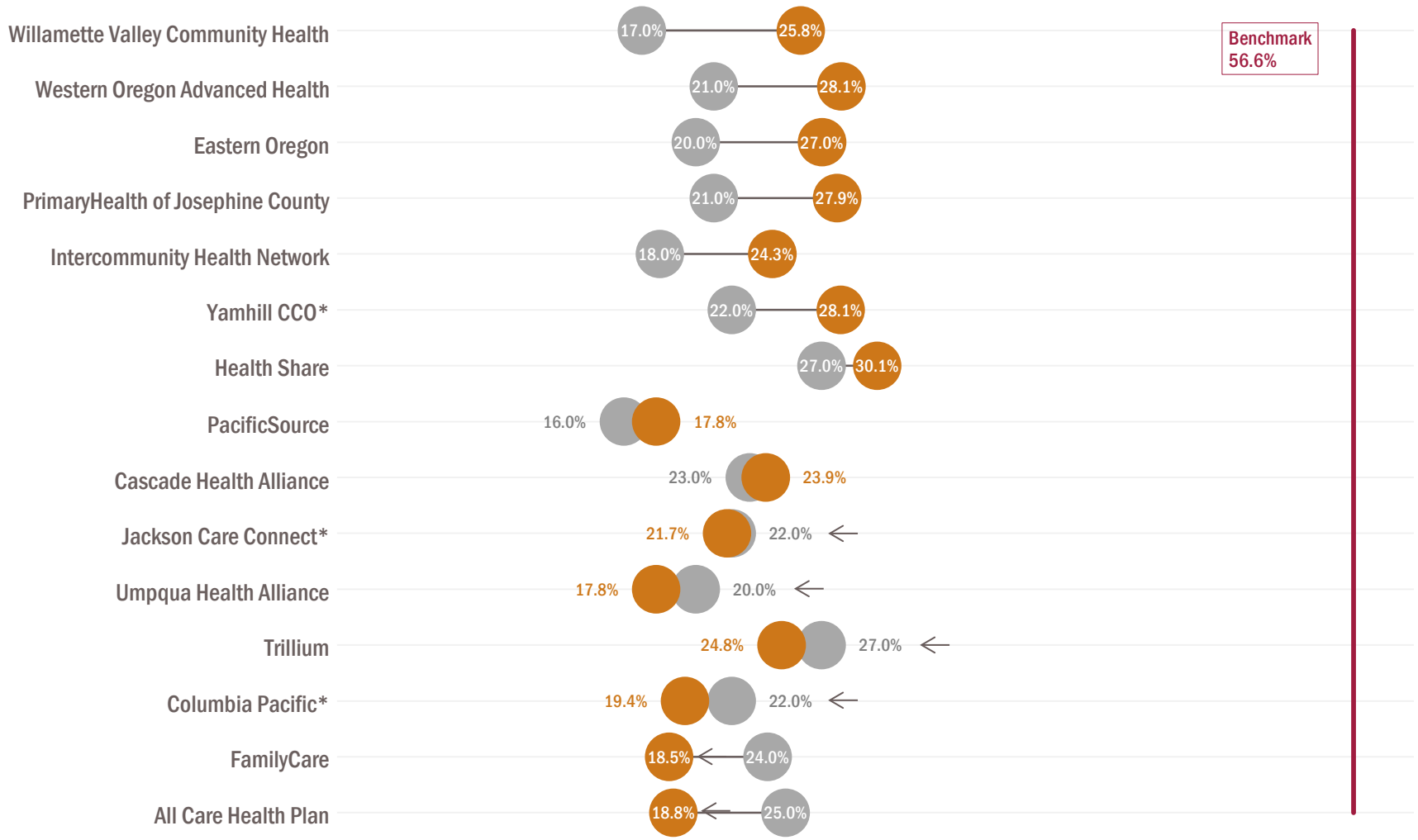
CAHPS data by race and ethnicity will be available in future reports

MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION (3)

State Performance Measure

Smoking and tobacco use cesastion: Percentage of adult tobacco users whose doctor discussed or recommended strategies to quit smoking in 2011 & 2013

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



MENTAL AND PHYSICAL HEALTH ASSESSMENT WITHIN 60 DAYS FOR CHILDREN IN DHS CUSTODY

CCO Incentive Measure

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

Measure description: 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). Physical health assessments are required for children under age 4, but not mental health assessments.

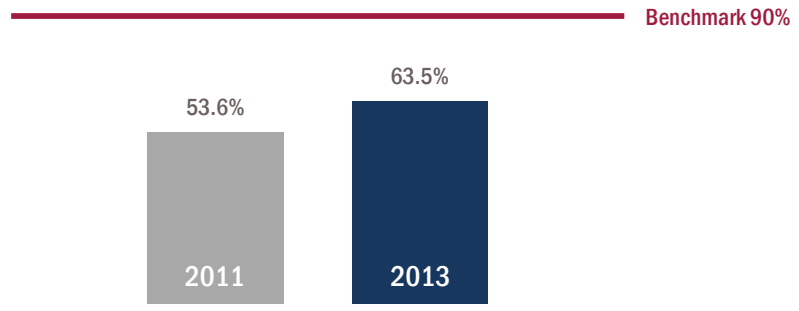
Purpose: Children who have been placed in foster care should have their mental and physical health checked so that an appropriate care plan can be developed. Mental and physical health assessments are a requirement for the foster program because of their importance to improving the health and well-being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

2013 data (n=137)

This metric has systematic challenges that can make it difficult to measure. For example, CCOs are still building relationships with local field offices to quickly identify children that enter the foster care system. OHA and the CCOs are continuing to work together on the methodology to improve data collection and reporting for this measure. Nonetheless, 12 CCOs exceeded the benchmark or their improvement target for this measure, showing progress.

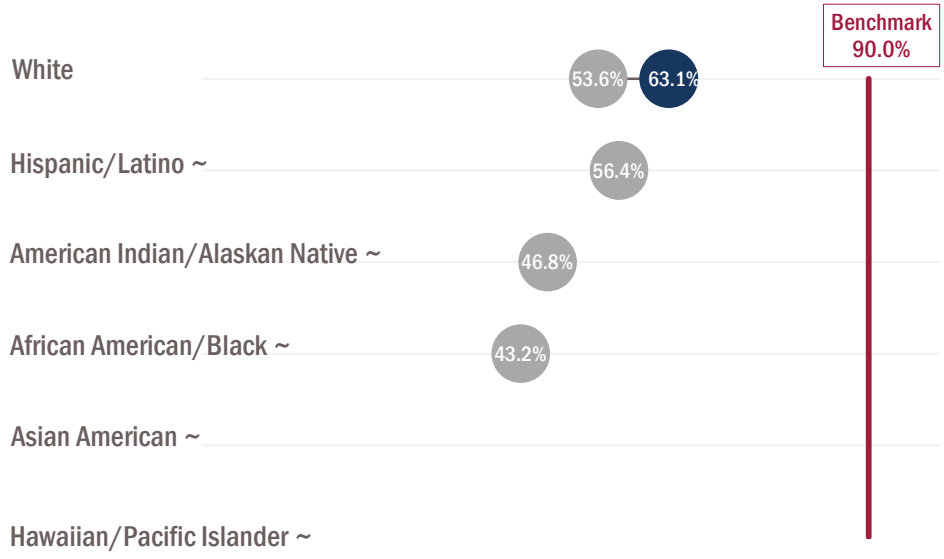
Statewide

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



Race and ethnicity data between 2011 & 2013

Data missing for 60.0% of respondents

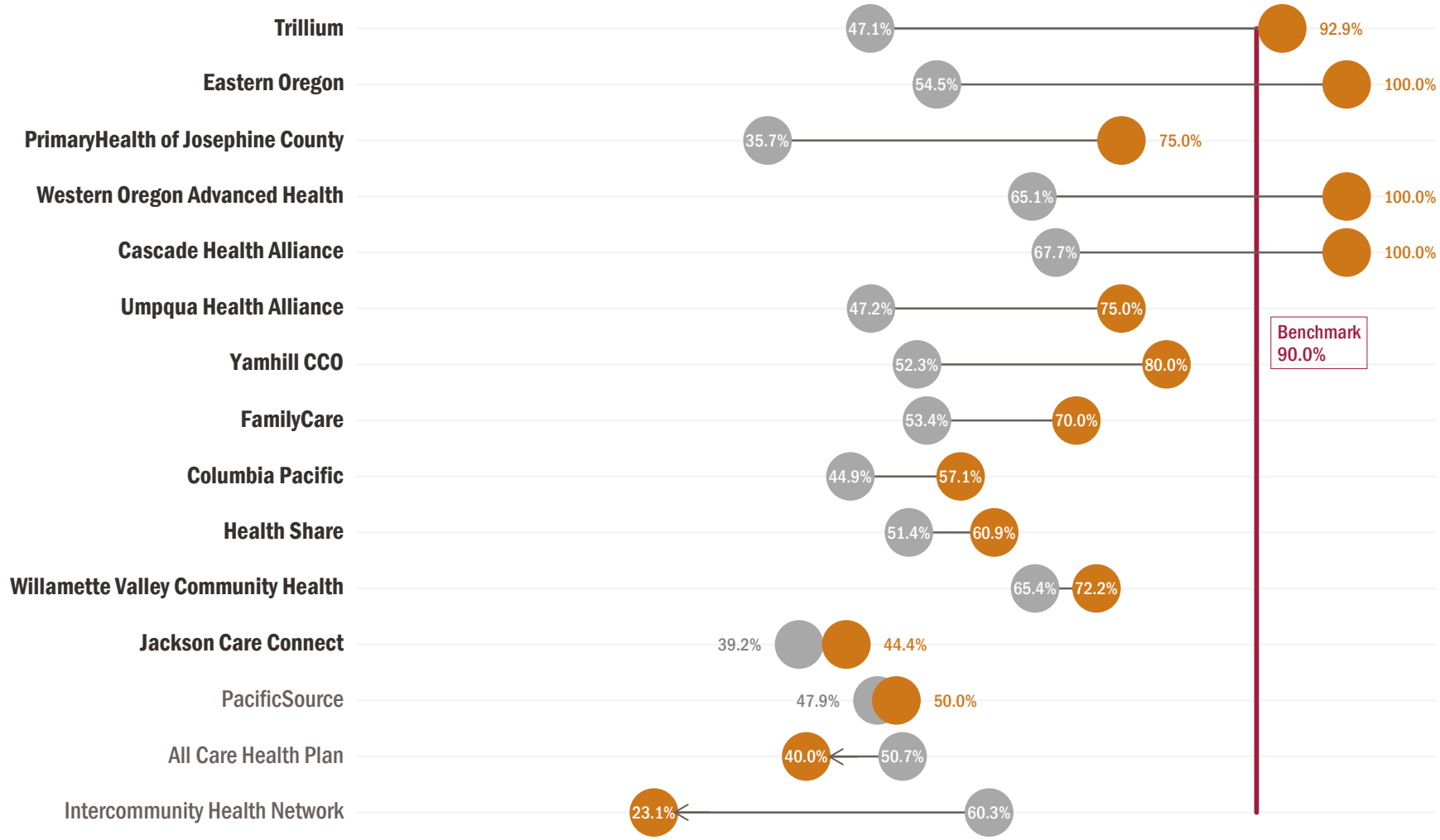


MENTAL AND PHYSICAL HEALTH ASSESSMENT WITHIN 60 DAYS FOR CHILDREN IN DHS CUSTODY

CCO Incentive Measure

Percentage of children in DHS custody who received a mental and physical health assessment within 60 days in 2011 & 2013

Bolded names met benchmark or improvement target



PATIENT-CENTERED PRIMARY CARE HOME ENROLLMENT (PCPCH)

CCO Incentive and State Performance Measure

Patient-centered primary care home enrollment

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

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.

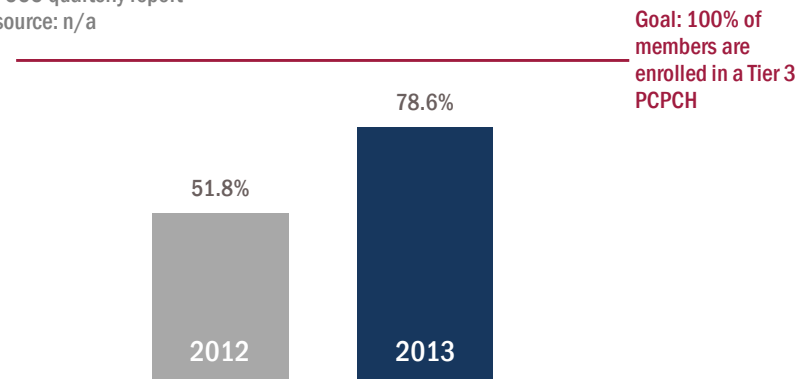
2013 data (n=528,689)

This metric tracks the percentage of CCO members who are enrolled in a recognized patient-centered primary care home. Enrollment in patient-centered primary care homes has increased by 52% since 2012, the baseline year for this program.

Fourteen CCOs show an increase in members enrolled in a patient-centered primary care home.

Statewide

Data source: CCO quarterly report
Benchmark source: n/a



Race and ethnicity data between 2012 & 2013

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

PATIENT-CENTERED PRIMARY CARE HOME ENROLLMENT (PCPCH)

CCO Incentive and State Performance Measure

Percentage of patients who were enrolled in a recognized patient-centered primary care home in 2012 & 2013

DIABETES SHORT-TERM COMPLICATION ADMISSION RATE (PQI 01)

State Performance Measure

Diabetes short term complications admission rate

Measure description: 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.

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.

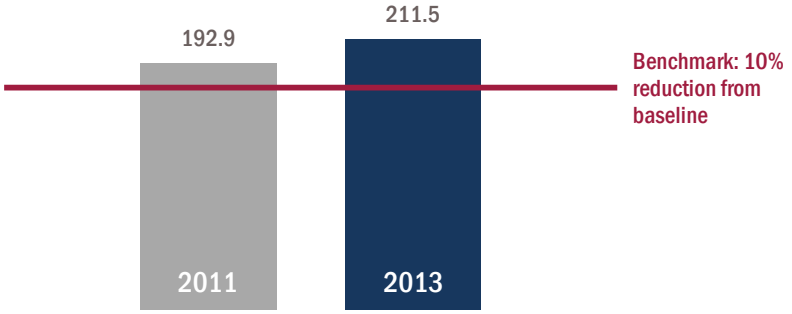
2013 data (n=2,672,059 member months)

This metric tracks hospital use for adult patients with diabetes who could be better treated with good disease management. The rates for this measure are reported per 100,000 member years and a lower rate is better.

The 2013 rate shows an increase compared to 2011, suggesting an area of care that could benefit from better management.

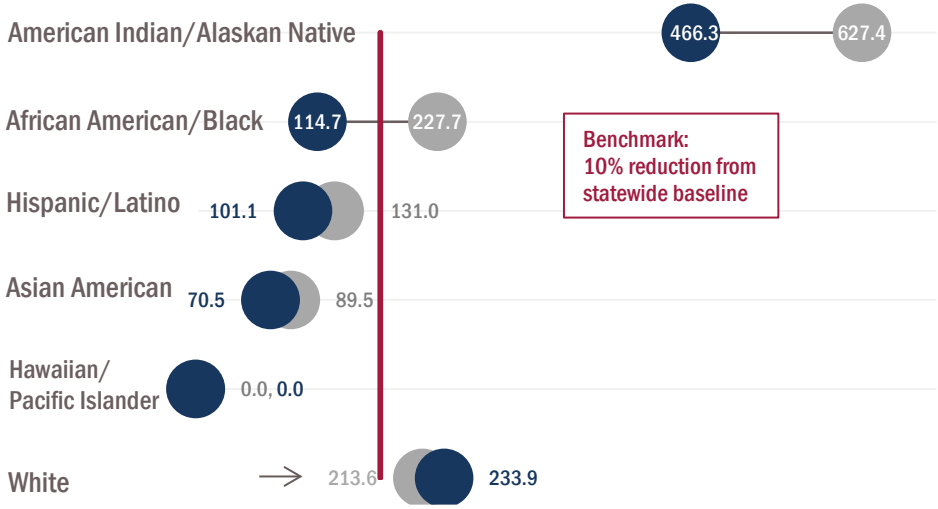
Statewide

Lower scores are better
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend



Race and ethnicity data between 2011 & 2013

Lower scores are better
Data missing for 5.6% of respondents

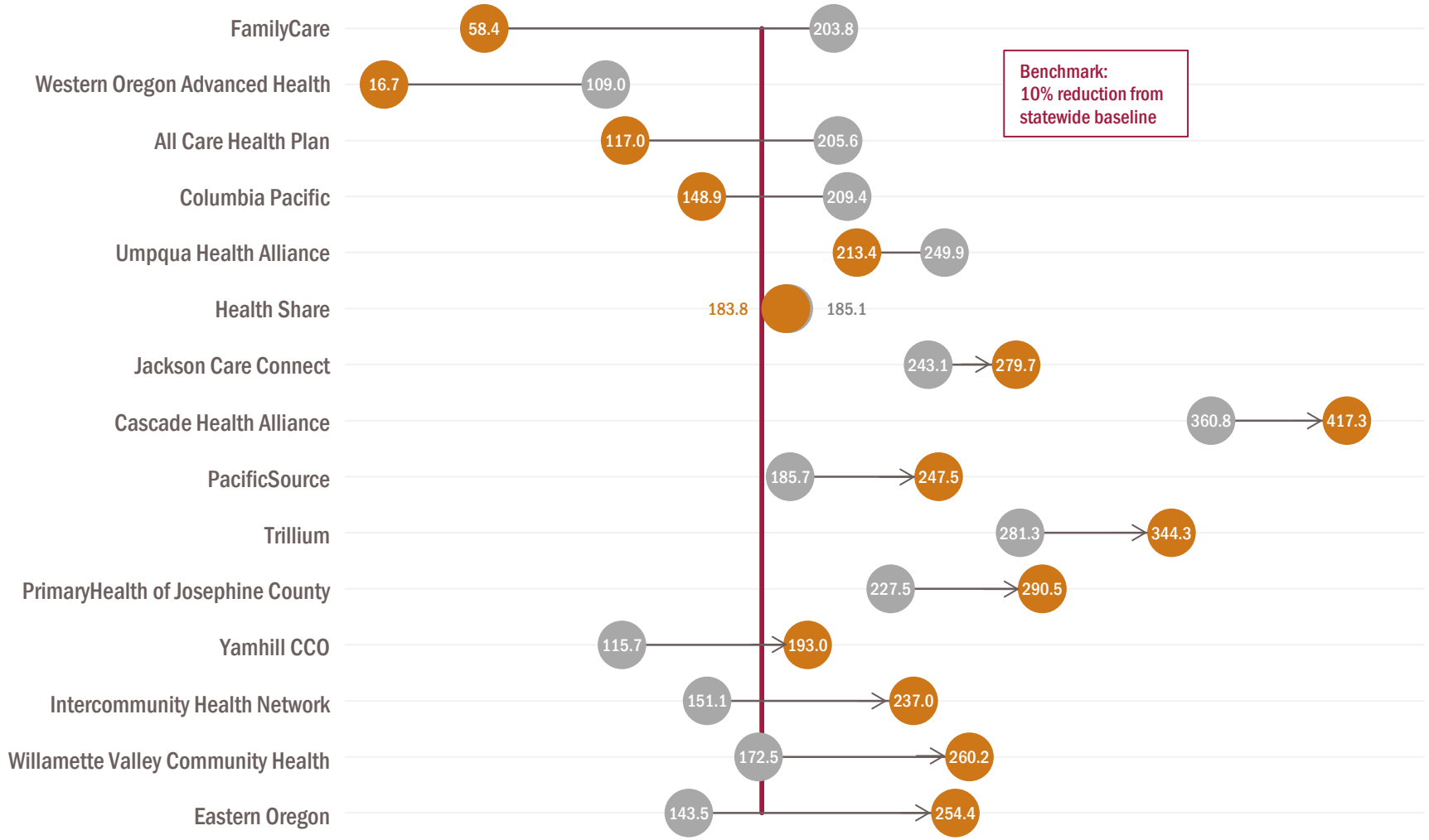


DIABETES SHORT-TERM COMPLICATION ADMISSION RATE (PQI 01)

State Performance Measure

PQI 01: Rate of adult patients with diabetes who had a hospital stay because of a short-term problem with their disease in 2011 & 2013

(Lower scores are better)
Rates are per 100,000 member years
PQIs come from the Agency for Healthcare Research and Quality, Prevention Quality Indicators



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) OR ASTHMA IN OLDER ADULTS ADMISSION RATE (PQI 05)

State Performance Measure

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

Measure description: 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.

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 health care costs.

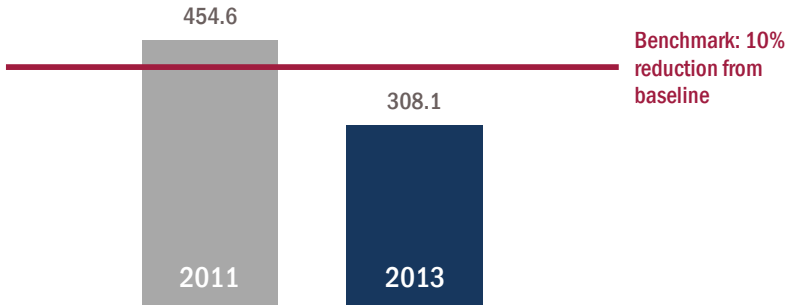
2013 data (n=2,672,059 member months)

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 and a lower rate is better.

Statewide, CCOs performed below the benchmark for 2013, showing improvement in disease management care.

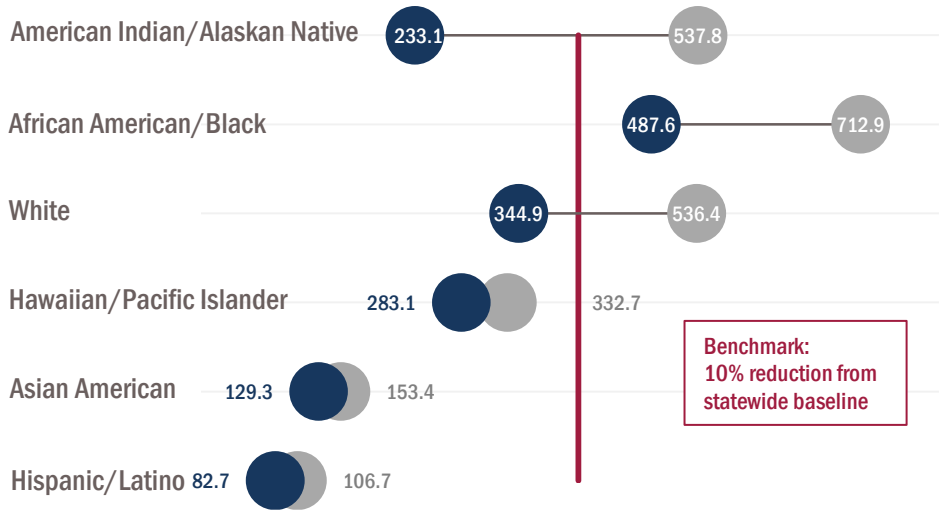
Statewide

(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend



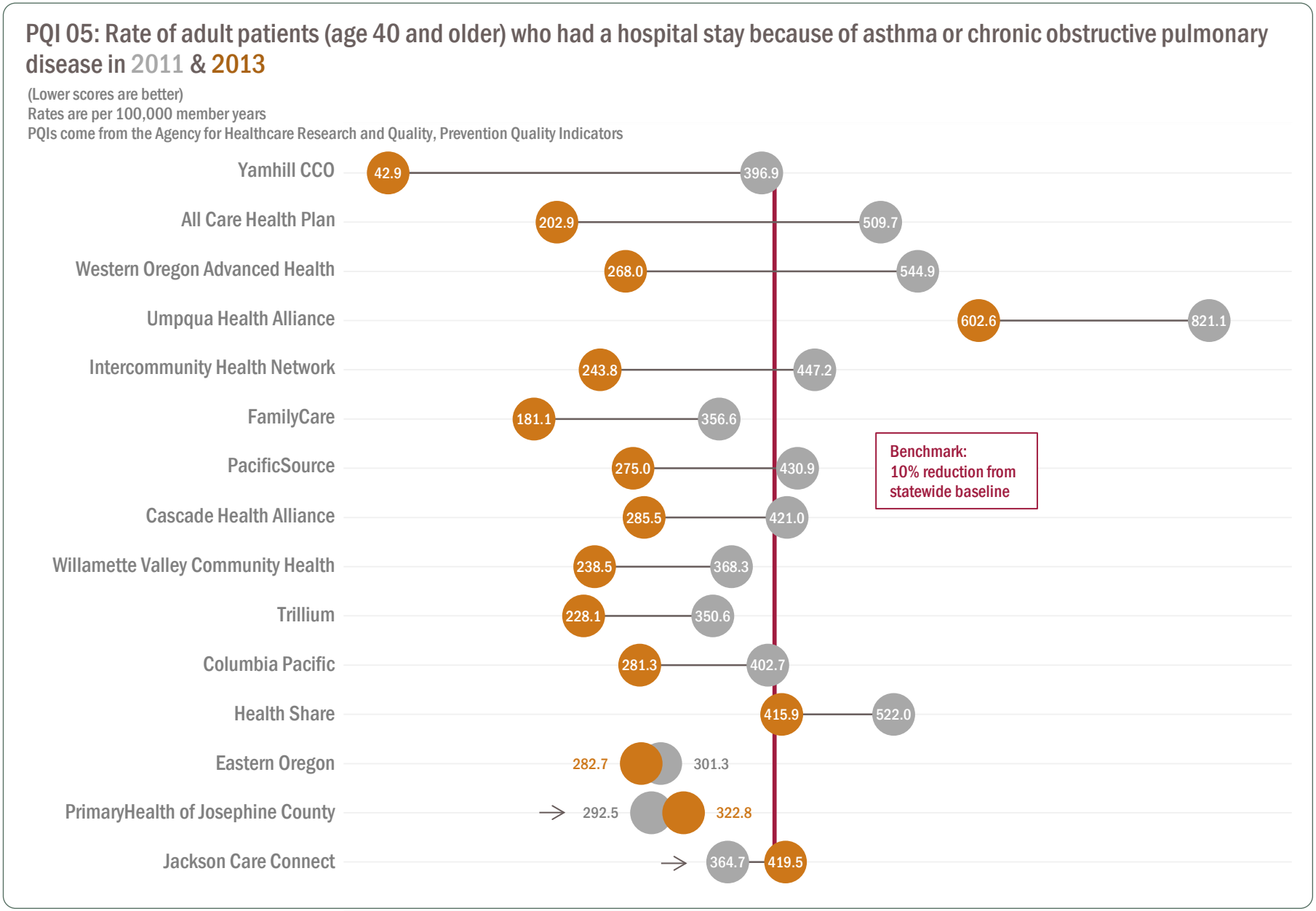
Race and ethnicity data between 2011 & 2013

(Lower scores are better)



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) OR ASTHMA IN OLDER ADULTS ADMISSION RATE (PQI 05)

State Performance Measure



CONGESTIVE HEART FAILURE ADMISSION RATE (PQI 08)

State Performance Measure

Congestive heart failure admission rate

Measure description: 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.

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 health care costs.

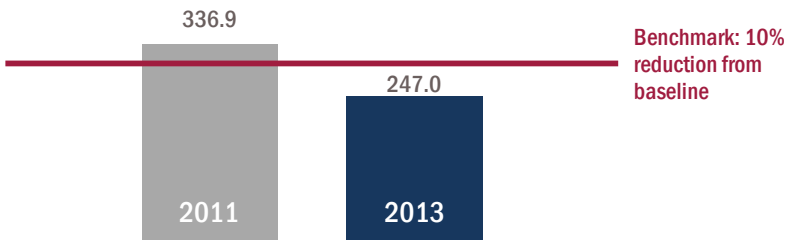
2013 data (n=2,672,059 member months)

This metric tracks hospital use for adults with congestive heart failure that could be better treated with good disease management. The rates for this measure are reported per 100,000 member years and a lower rate is better.

Statewide, CCOs performed below the benchmark for 2013, showing improvement in disease management care.

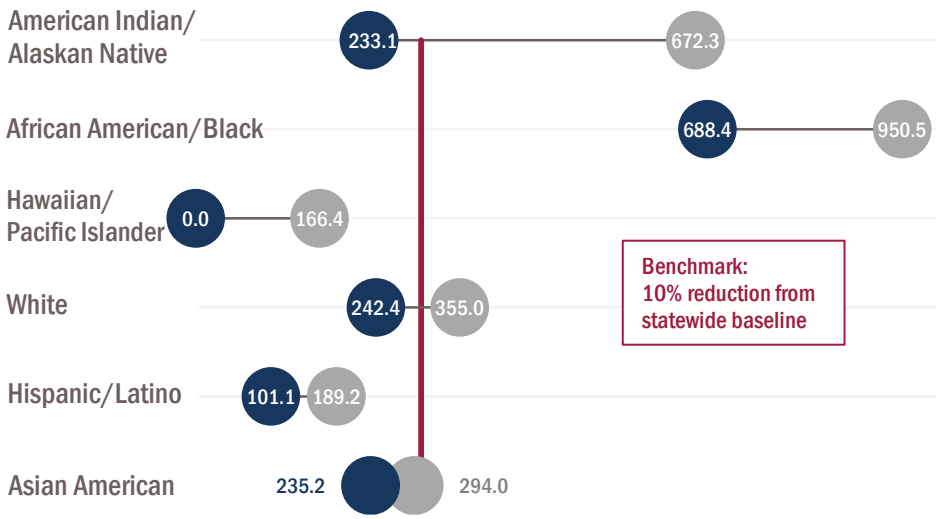
Statewide

(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend



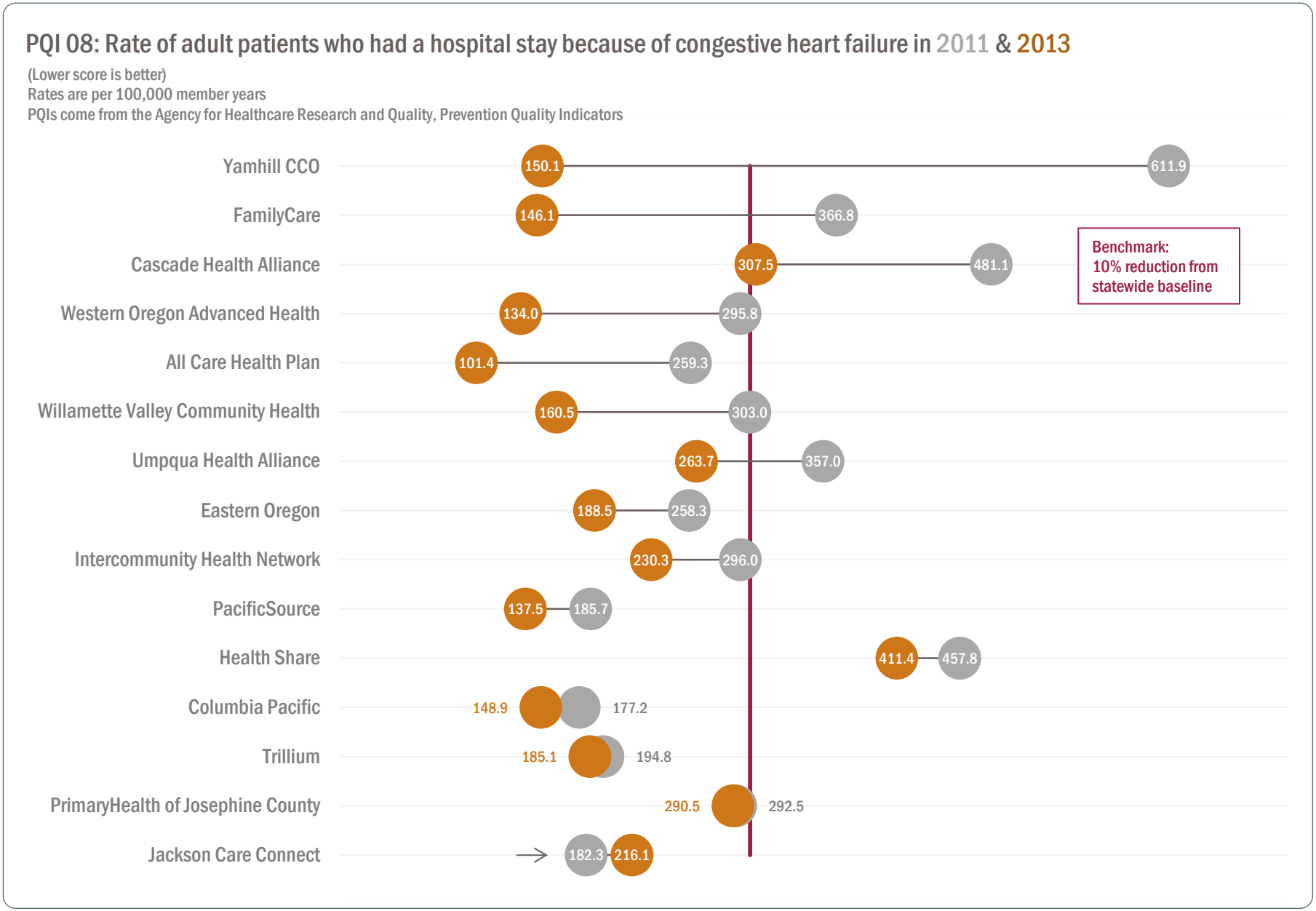
Race and ethnicity data between 2011 & 2013

(Lower scores are better)



CONGESTIVE HEART FAILURE ADMISSION RATE (PQI 08)

State Performance Measure



ADULT ASTHMA ADMISSION RATE (PQI 15)

State Performance Measure

Adult (ages 18-39) asthma admission rate

Measure description: 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 andQuality, Prevention Quality Indicators.

Purpose: Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospitalization. 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 health care costs

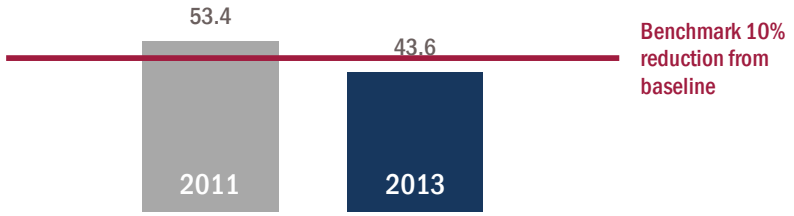
2013 data (n=2,672,059 member months)

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 and a lower rate is better.

Statewide, CCOs performed below the benchmark for 2013 showing improvement in asthma care.

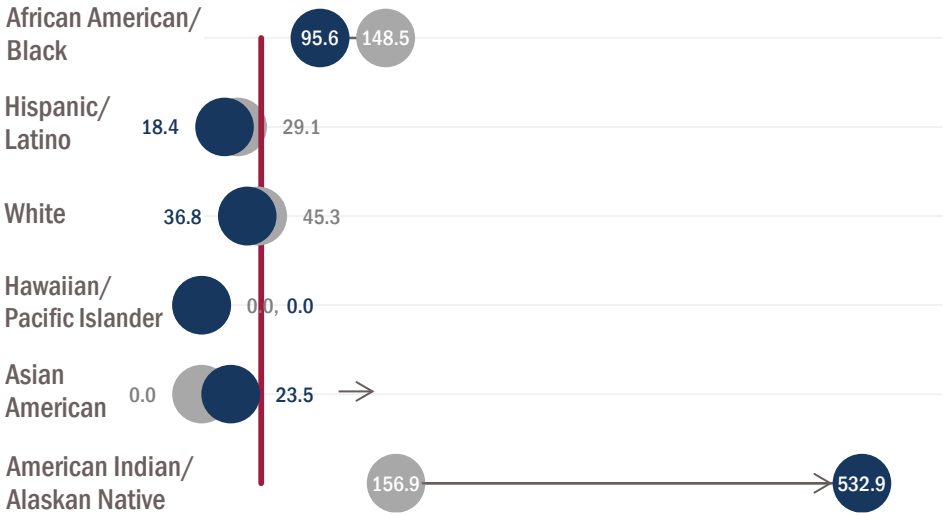
Statewide

(Lower scores are better)
Data source: Administrative (billing) claims
Benchmark source: OHA consensus, based on prior performance trend



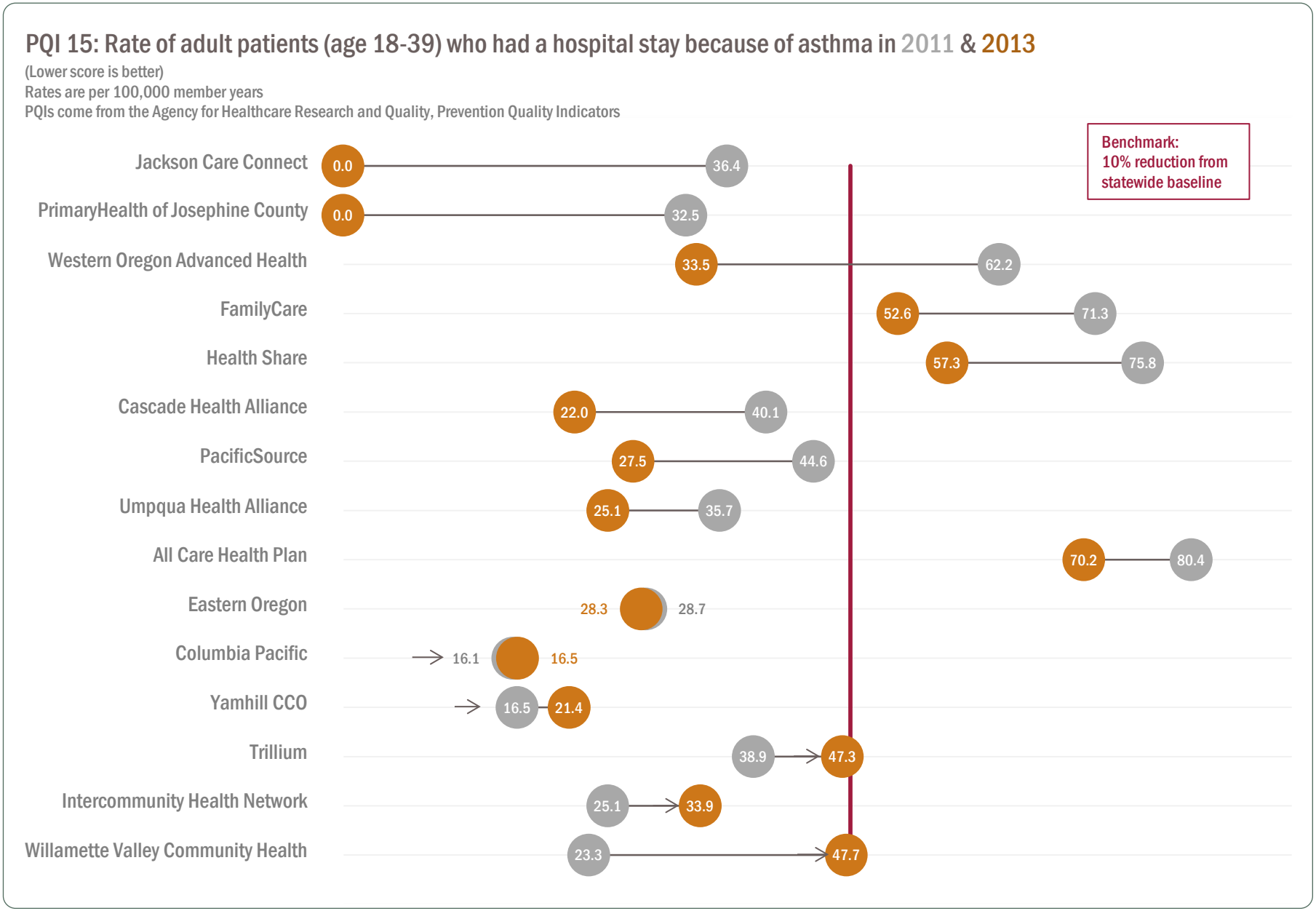
Race and ethnicity data between 2011 & 2013

(Lower scores are better)
Data missing for 5.6% of respondents



ADULT ASTHMA ADMISSION RATE (PQI 15)

State Performance Measure



PRENATAL AND POSTARTUM CARE: TIMELINESS OF PRENATAL CARE

CCO Incentive and State Performance Measure

Timeliness of prenatal care

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

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. 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 percent of all babies born in Oregon are covered by Medicaid.

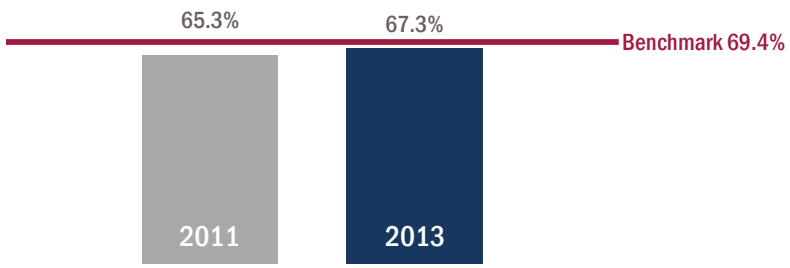
2013 data (n=5,598)

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

Twelve CCOs met their improvement target or exceeded the benchmark for this measure.

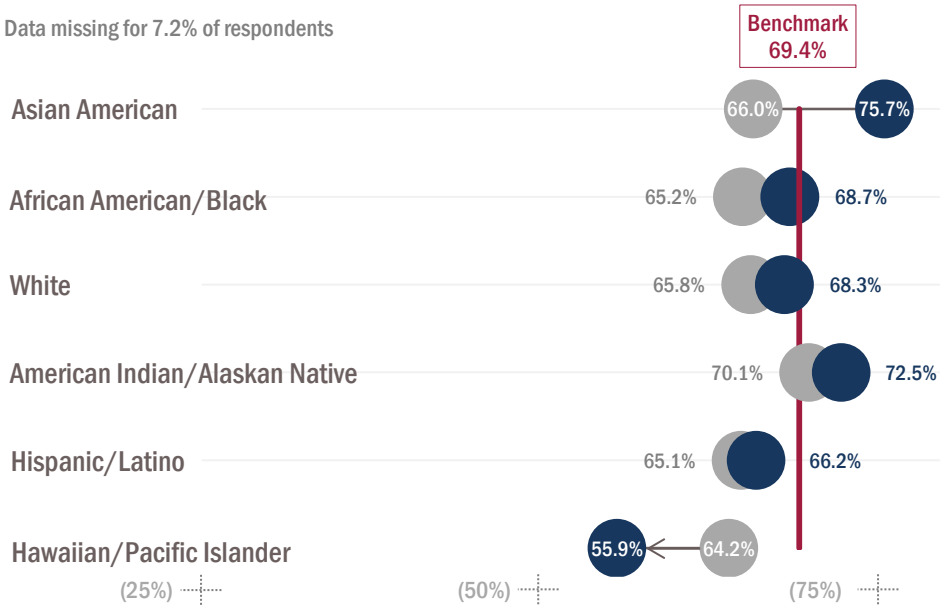
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile (administrative data only)



Race and ethnicity data between 2011 & 2013

Data missing for 7.2% of respondents

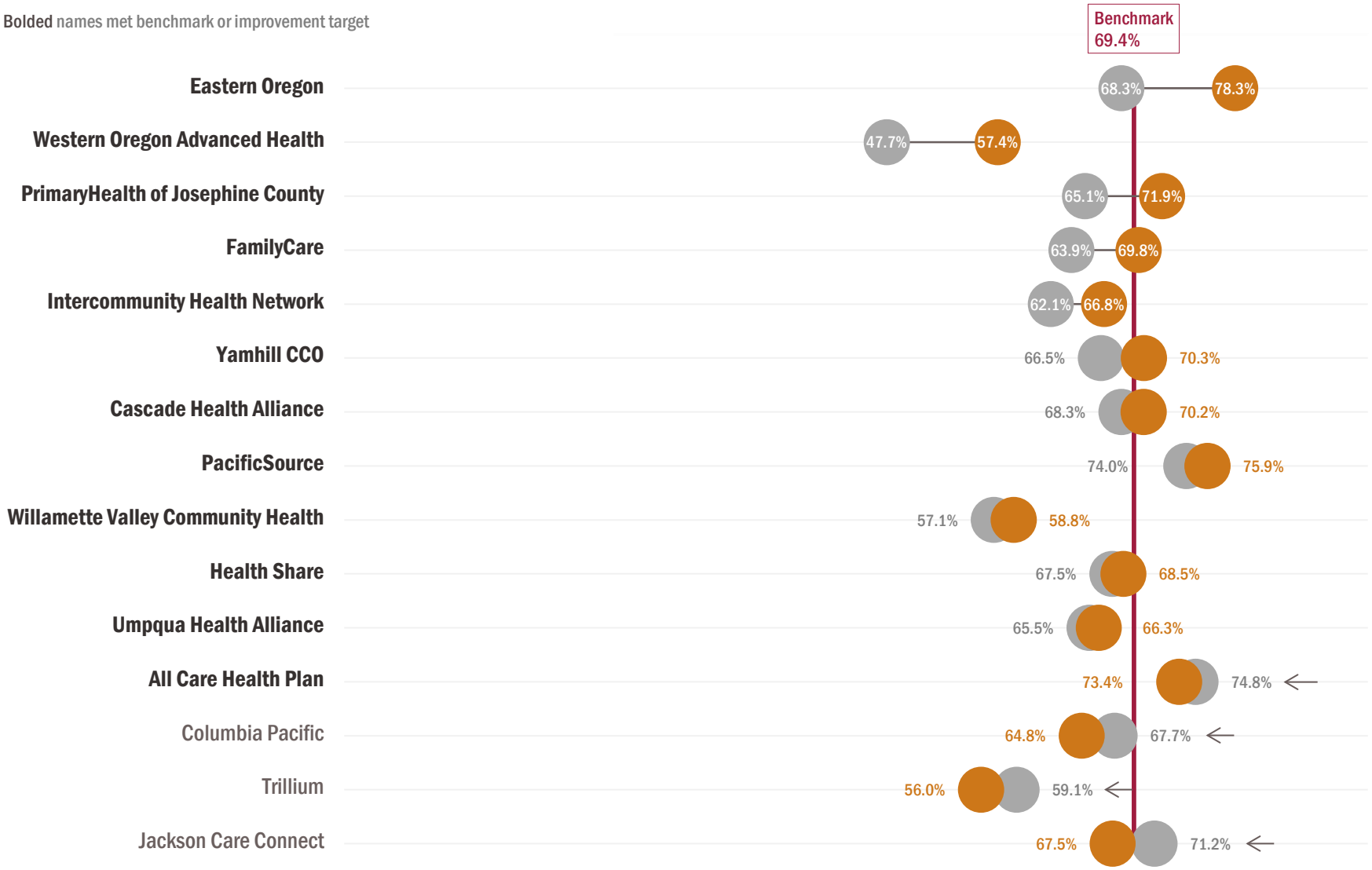


PRENATAL AND POSTARTUM CARE: TIMELINESS OF PRENATAL CARE

CCO Incentive and State Performance Measure

Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid in 2011 & 2013

Bolded names met benchmark or improvement target



PRENATAL AND POSTPARTUM CARE: POSTPARTUM CARE

State Performance Measure

Postpartum care

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

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.

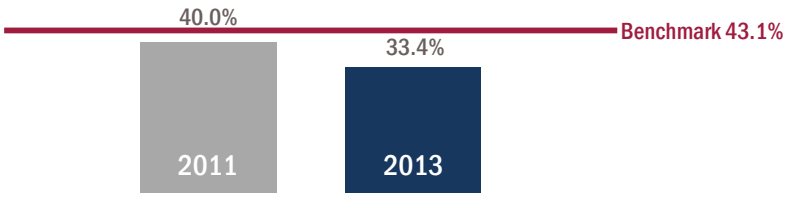
2013 data (n=13,385)

This metric tracks the percentage of women who had a timely postpartum care visit after delivery. Results for 2013 show a decrease in this measure when compared to 2011.

This measure cannot be reported at the CCO level for 2013.

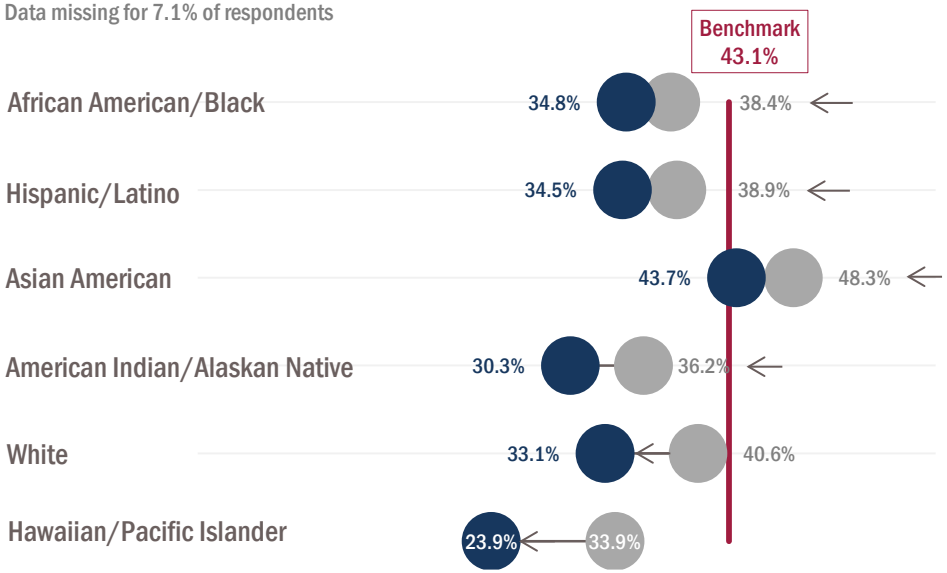
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 75th percentile (administrative data only, adjusted)



Race and ethnicity data between 2011 & 2013

Data missing for 7.1% of respondents



PROVIDER ACCESS QUESTIONS FROM THE PHYSICIAN WORKFORCE SURVEY

State Performance Measure

Component 1: Extent to which primary care providers are accepting new Medicaid patients

Measure description: Percentage of primary care providers who are accepting new Medicaid/Oregon Health Plan patients.

Component 2: Extent to which primary care providers currently see Medicaid patients

Definition: Percentage of primary care providers who currently care for Medicaid/Oregon Health Plan participants. This information does not include "don't know" or missing survey responses.

Component 3: Current payer mix at primary care practices

Definition: This measure will provide a breakdown of payer mix at primary care practices. This data will be available in a future report.

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

2013 data

The Oregon Physician Workforce Survey was not fielded in 2013. Updated data from the 2014 survey will be available in early 2015.

This measure cannot be stratified by race and ethnicity, nor reported at the CCO level.

Statewide: Component 1

Data source: Oregon Physician Workforce Survey
Benchmark TBD

Statewide: Component 2

Data source: Oregon Physician Workforce Survey
Benchmark TBD

SATISFACTION WITH CARE (CAHPS)

CCO Incentive and State Performance Measure

Satisfaction with care (CAHPS)

Measure description: 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.

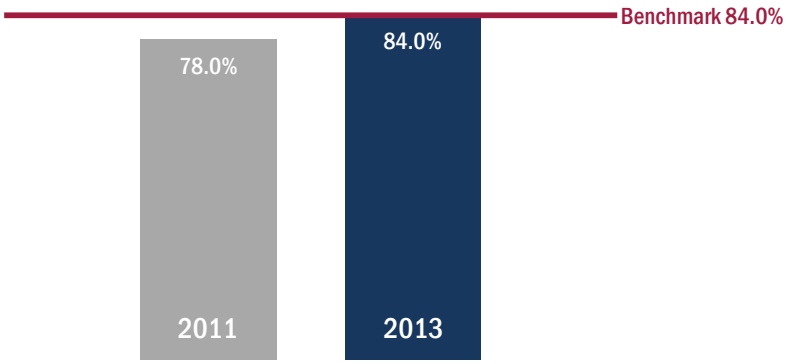
Purpose: A patient's satisfaction and overall experience with their care is a critical component of quality health care. Data show that healthier patients tend to report being more satisfied with the care they receive. Patients who are not satisfied with their care may miss appointments.

2013 data

The percentage of individuals reporting satisfaction with their health plan increased from 78% in 2011 to 84% in 2013, an increase of six percentage points. Overall, the statewide rate reached the benchmark for 2013. Additionally, seven of the 15 CCOs met the benchmark for this measure.

Statewide

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



SATISFACTION WITH CARE (CAHPS)

CCO Incentive and State Performance Measure

Race and ethnicity data between 2011 & 2013

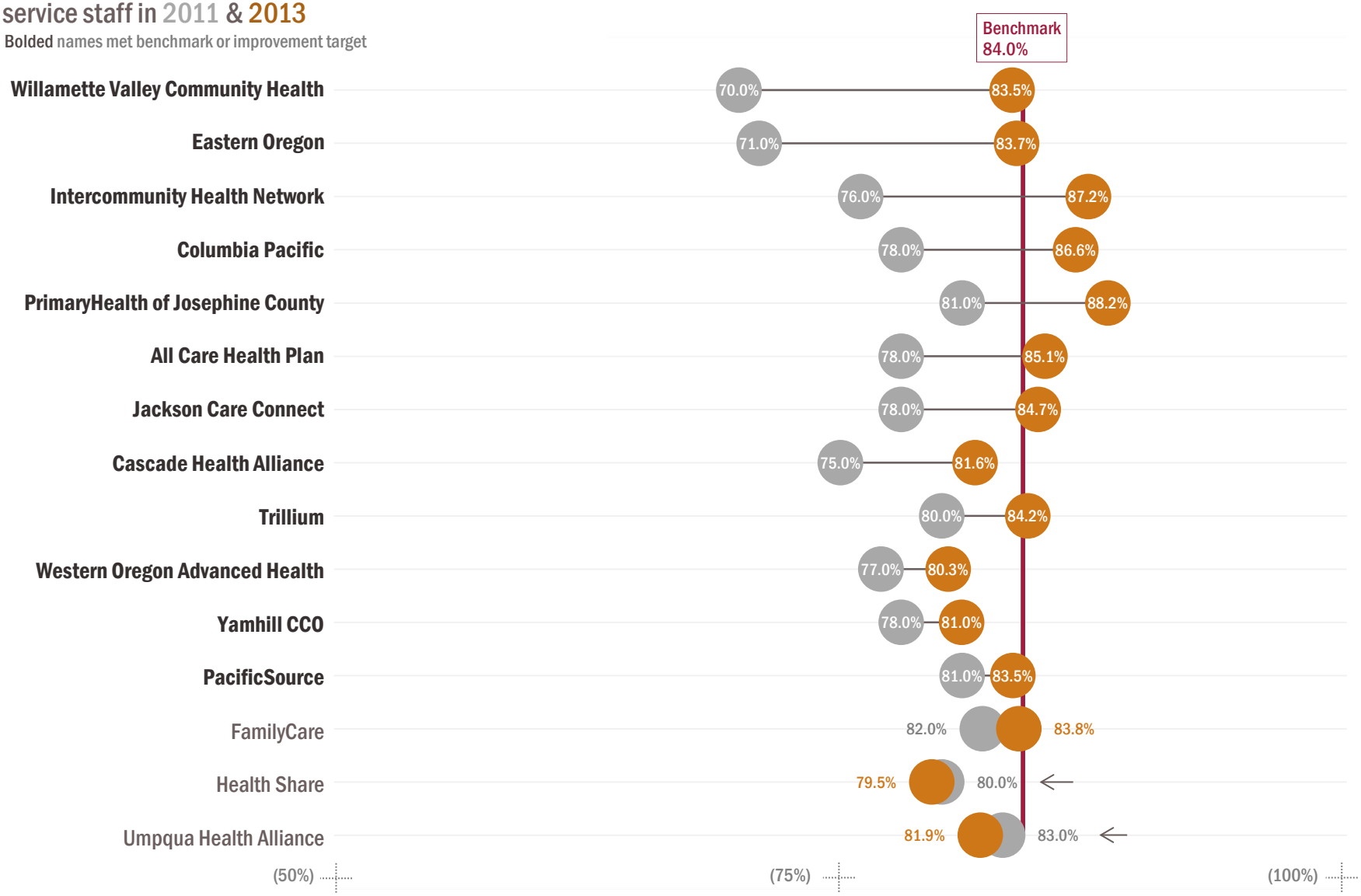
CAHPS data by race and ethnicity will be available in future reports

SATISFACTION WITH CARE (CAHPS)

CCO Incentive and State Performance Measure

Percentage of patients who received needed information and thought they were treated with courtesy and respect by customer service staff in 2011 & 2013

Bolded names met benchmark or improvement target



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

State Performance Measure

Well-child visits in the first 15 months of life

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

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.

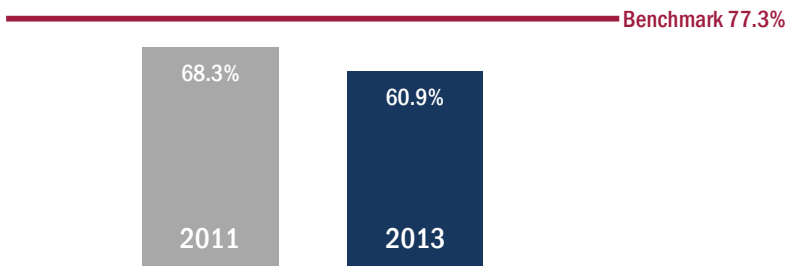
2013 data (n=4,120)

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 2013 percentage shows a decrease in this metric when compared to 2011.

Two CCOs increased the percentage of children who had at least six well child-visits, providing an opportunity to learn about their best practices.

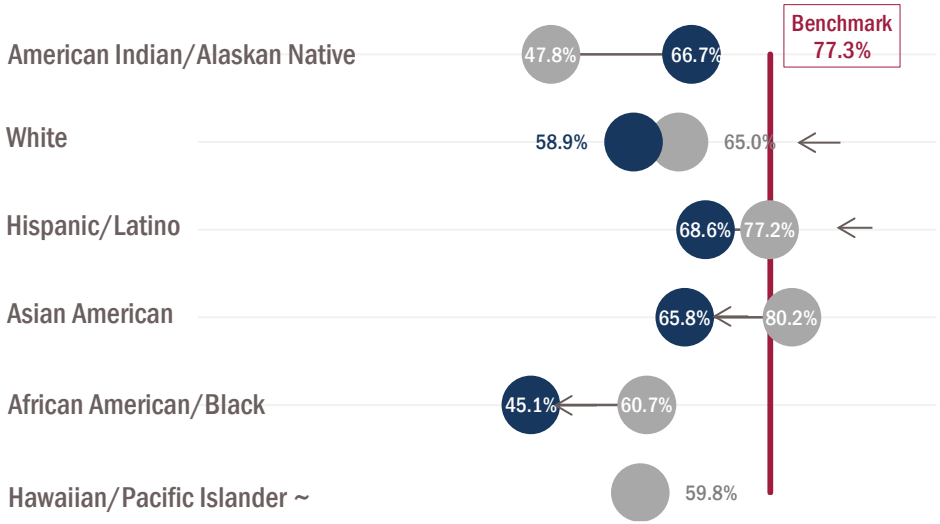
Statewide

Data source: Administrative (billing) claims
Benchmark source: 2012 National Medicaid 90th percentile



Race and ethnicity data between 2011 & 2013

Data missing for 12.3% of respondents



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

State Performance Measure

Percentage of children up to 15 months old who had at least six well-child visits with a health care provider in 2011 & 2013

TECHNOLOGY PLAN AND CLINICAL QUALITY MEASURES

Approach

In order to reduce administrative burden and improve quality, OHA intends to leverage increasing capabilities for electronic reporting of clinical quality measure data. These capabilities are enabled through the use of Electronic Health Records (EHRs). OHA is pursuing a phased-in approach to electronic reporting of three CCO incentive measures: depression screening and follow up plan, diabetes HbA1c poor control, and controlling hypertension. In 2013, OHA required CCOs to submit a year one technology plan and proof of concept data in order to earn quality pool payments associated with these three measures.

Year One Technology Plans

The technology plans provide an environmental scan of the CCOs current technological capacity, including EHR adoption, health information exchange (HIE), and health information technology (HIT) projects underway. The technology plans also outline how CCOs will develop infrastructure to support electronic reporting of clinical quality data. CCOs received an advance distribution of quality pool funds (equaling 75 percent of 3/17ths of their quality pool total) once OHA had reviewed and approved their technology plans.

Proof of Concept Data

The proof of concept data submission is a sample of electronic clinical quality data, representing at least 10 percent of CCO membership, for each of the three clinical measures. CCOs received credit for the measure once OHA had reviewed and approved the submitted proof of concept data. The following page provides an overview of CCO results.

Additional Information

Supporting documentation for the year one technology plans and proof of concept data submission is available online at: http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx

TECHNOLOGY PLAN AND CLINICAL QUALITY MEASURES

Coordinated Care Organization	Year One Technology Plan Approved	Proof of Concept Data Approved		
		Depression Screening	Diabetes Control	Hypertension Control
All Care Health Plan	√	√	√	√
Cascade Health Alliance	√	√	√	√
Columbia Pacific	√	√	√	√
Eastern Oregon	√	-	√	√
FamilyCare	√	√	√	√
Health Share	√	√	√	√
Intercommunity Health Network	√	√	√	√
Jackson Care Connect	√	√	√	√
PacificSource	√	√	√	√
PrimaryHealth of Josephine County	√	√	√	√
Trillium	√	√	√	√
Umpqua Health Alliance	√	√	√	√
Western Oregon Advanced Health	√	√	√	√
Willamette Valley Community Health	√	√	√	√
Yamhill CCO	√	√	√	√

COST AND UTILIZATION DATA

Overview

OHA implemented a new software system used for grouping various claims into specific categories in the spring of 2014. Working with OHA's contractor, Milliman, we are using the MedInsight HCG (Health Cost Guidelines) Grouper. This is a proprietary classification system developed by Milliman. This is the same grouping software that is used to classify Commercial and Medicare Advantage claims in the All-Payer, All-Claims database system. Using the same software allows us to integrate reporting of CCO and other Medicaid data with the reports produced from All-Payer, All-Claims, database making the data comparable.

As a result, this report is generally not comparable with previous Health System Transformation Quarterly Reports. This report includes twelve quarters of data, using the new grouping system, which has been characterized in a similar manner to enable comparison of data over time.

Notes

This report includes claims data received and processed by OHA through 5/30/14. At this point, there are 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.

The cost and utilization information includes data from before health transformation began and CCOs were formed. Calendar year 2013 is the first full year of CCO data.

COST AND UTILIZATION DATA

Quarterly Data

Utilization data statewide (table 1 of 3)

Category	Jan - Mar 2011	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Annual 2011
Utilization Data (annualized / 1,000 members)					
Inpatient -- Medical / General -- Patient Days	202.8	176.3	160.8	156.1	173.7
Inpatient -- Surgical -- Patient Days	98.5	88.4	80.8	81.1	87.1
Inpatient -- Maternity / Normal Delivery -- Patient Days	43.7	47.4	47.0	42.8	45.2
Inpatient -- Maternity / C-Section Delivery -- Patient Days	27.2	27.7	27.5	26.2	27.2
Inpatient -- Maternity / Non-Delivery -- Patient Days	9.6	10.2	9.5	9.3	9.7
Inpatient -- Newborn / Well -- Patient Days	39.8	42.6	41.8	37.6	40.5
Inpatient -- Newborn / With Complications -- Patient Days	55.6	45.5	51.5	49.9	50.6
Inpatient -- Mental Health / Psychiatric -- Patient Days	54.9	57.2	49.3	49.7	52.7
Inpatient -- Mental Health / Alcohol and Drug Abuse -- Patient Days	5.2	4.7	6.3	5.0	5.3
Inpatient -- Physician Procedures	412.5	399.0	382.5	365.7	389.7
Outpatient -- Primary Care Medical Visits	2,977.9	2,741.4	2,368.9	2,486.9	2,640.1
Outpatient -- Specialty Care Visits	1,666.5	1,613.5	1,467.7	1,492.6	1,558.8
Outpatient -- Mental Health Visits	2,085.1	2,114.2	1,929.2	1,939.1	2,015.7
Outpatient -- Dental Procedures	3,134.5	3,095.2	2,991.6	2,911.1	3,031.5
Outpatient -- Emergency Department Visits (see ED utilization metric)					
Outpatient -- Pharmacy Prescriptions Filled	10,191.0	#######	9,139.9	9,542.2	9,717.3
Outpatient -- Imaging Visits	259.7	247.0	233.1	226.9	241.5
Outpatient -- Lab Bills	601.8	567.8	528.5	527.9	556.0
Outpatient -- Surgery (Hospital and ASC) Cases	92.7	94.4	81.6	75.7	86.0

COST AND UTILIZATION DATA

Quarterly Data

Utilization data statewide (table 2 of 3)

Category	Jan - Mar 2012	Apr - Jun 2012	Jul - Sep 2012	Oct - Dec 2012	Annual 2012
Utilization Data (annualized / 1,000 members)					
Inpatient -- Medical / General -- Patient Days	186.9	170.9	150.7	161.0	167.2
Inpatient -- Surgical -- Patient Days	88.1	77.0	79.2	84.5	82.2
Inpatient -- Maternity / Normal Delivery -- Patient Days	41.9	44.7	43.6	37.7	41.9
Inpatient -- Maternity / C-Section Delivery -- Patient Days	24.8	23.4	29.0	23.1	25.0
Inpatient -- Maternity / Non-Delivery -- Patient Days	8.2	7.9	8.1	7.0	7.8
Inpatient -- Newborn / Well -- Patient Days	36.9	35.8	33.8	34.8	35.3
Inpatient -- Newborn / With Complications -- Patient Days	45.0	49.7	48.1	46.9	47.4
Inpatient -- Mental Health / Psychiatric -- Patient Days	48.0	48.3	46.3	45.5	47.0
Inpatient -- Mental Health / Alcohol and Drug Abuse -- Patient Days	5.6	4.9	4.8	6.3	5.4
Inpatient -- Physician Procedures	376.2	368.5	361.0	314.3	354.4
Outpatient -- Primary Care Medical Visits	2,857.1	2,675.1	2,439.3	2,782.4	2,689.0
Outpatient -- Specialty Care Visits	1,483.6	1,429.8	1,324.4	1,122.6	1,337.0
Outpatient -- Mental Health Visits	2,086.4	2,165.8	2,124.6	2,261.8	2,161.9
Outpatient -- Dental Procedures	2,972.3	2,933.0	2,770.9	2,737.7	2,853.2
Outpatient -- Emergency Department Visits (see ED utilization metric)					
Outpatient -- Pharmacy Prescriptions Filled	9,533.7	9,610.9	8,488.1	8,897.6	9,128.1
Outpatient -- Imaging Visits	240.2	227.0	214.6	213.8	223.7
Outpatient -- Lab Bills	566.6	541.8	509.8	496.6	528.2
Outpatient -- Surgery (Hospital and ASC) Cases	77.8	80.7	76.1	72.4	76.7

COST AND UTILIZATION DATA

Quarterly Data

Utilization data statewide (table 3 of 3)

Category	Jan - Mar 2013	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Annual 2013
Utilization Data (annualized / 1,000 members)					
Inpatient -- Medical / General -- Patient Days	187.3	157.6	151.8	157.9	163.6
Inpatient -- Surgical -- Patient Days	79.3	76.7	84.3	79.5	79.9
Inpatient -- Maternity / Normal Delivery -- Patient Days	42.8	41.2	41.0	39.4	41.1
Inpatient -- Maternity / C-Section Delivery -- Patient Days	23.3	22.4	25.0	22.5	23.3
Inpatient -- Maternity / Non-Delivery -- Patient Days	7.9	8.4	7.7	8.0	8.0
Inpatient -- Newborn / Well -- Patient Days	38.5	37.2	33.0	26.9	33.9
Inpatient -- Newborn / With Complications -- Patient Days	41.4	51.3	49.0	40.5	45.6
Inpatient -- Mental Health / Psychiatric -- Patient Days	46.4	45.3	39.8	43.2	43.7
Inpatient -- Mental Health / Alcohol and Drug Abuse -- Patient Days	4.9	5.7	5.6	6.0	5.6
Inpatient -- Physician Procedures	301.6	314.8	328.4	310.2	313.8
Outpatient -- Primary Care Medical Visits	3,215.5	2,947.7	2,745.0	2,825.9	2,933.6
Outpatient -- Specialty Care Visits	1,289.6	1,232.2	1,178.7	1,181.7	1,220.6
Outpatient -- Mental Health Visits	2,183.6	2,165.4	1,943.8	1,920.5	2,053.9
Outpatient -- Dental Procedures	3,005.7	3,133.8	3,081.6	2,927.4	3,037.4
Outpatient -- Emergency Department Visits (see ED utilization metric)					
Outpatient -- Pharmacy Prescriptions Filled	9,433.2	8,827.7	8,994.3	9,133.9	9,096.8
Outpatient -- Imaging Visits	229.3	229.4	221.1	217.7	224.4
Outpatient -- Lab Bills	512.7	504.2	483.4	457.5	489.5
Outpatient -- Surgery (Hospital and ASC) Cases	79.4	82.1	78.1	74.0	78.4

COST AND UTILIZATION DATA

Quarterly Data

Cost data statewide (table 1 of 3)

Category	Jan - Mar 2011	Apr - Jun 2011	Jul - Sep 2011	Oct - Dec 2011	Annual 2011
Cost Per Member Per Month (PMPM)					
Inpatient -- Medical / General	$ 29.91	$ 26.82	$ 26.84	$ 23.59	$ 26.76
Inpatient -- Surgical	$ 23.11	$ 22.34	$ 22.57	$ 18.96	$ 21.73
Inpatient -- Maternity / Normal Delivery	$ 6.42	$ 6.77	$ 6.93	$ 5.79	$ 6.48
Inpatient -- Maternity / C-Section Delivery	$ 4.21	$ 4.58	$ 4.60	$ 3.98	$ 4.35
Inpatient -- Maternity / Non-Delivery	$ 1.31	$ 1.41	$ 1.35	$ 1.12	$ 1.30
Inpatient -- Newborn / Well	$ 2.27	$ 2.46	$ 2.32	$ 1.90	$ 2.24
Inpatient -- Newborn / With Complications	$ 7.44	$ 7.05	$ 7.07	$ 6.98	$ 7.13
Inpatient -- Mental Health / Psychiatric	$ 3.81	$ 4.21	$ 3.71	$ 3.68	$ 3.85
Inpatient -- Mental Health / Alcohol and Drug Abuse	$ 0.42	$ 0.42	$ 0.58	$ 0.46	$ 0.47
Inpatient -- Physician Services	$ 13.49	$ 13.02	$ 13.41	$ 12.54	$ 13.11
Outpatient -- Primary Care and Preventive Services	$ 20.75	$ 18.85	$ 17.77	$ 18.58	$ 18.97
Outpatient -- Specialty Care	$ 14.15	$ 13.67	$ 13.51	$ 13.07	$ 13.59
Outpatient -- Mental Health	$ 23.36	$ 23.24	$ 21.28	$ 21.48	$ 22.33
Outpatient -- Dental	$ 12.73	$ 12.71	$ 12.04	$ 11.28	$ 12.18
Outpatient -- Emergency Department (Professional and Technical)	$ 27.24	$ 26.03	$ 25.89	$ 20.70	$ 24.94
Outpatient -- Pharmacy Prescriptions	$ 32.86	$ 32.50	$ 31.08	$ 32.84	$ 32.31
Outpatient -- Imaging (Professional and Technical)	$ 10.72	$ 10.15	$ 9.87	$ 8.30	$ 9.75
Outpatient -- Labs (Professional and Technical)	$ 7.09	$ 6.66	$ 6.43	$ 5.55	$ 6.43
Outpatient -- Surgery (Hospital and ASC/Professional and Technica	$ 19.10	$ 19.59	$ 18.37	$ 14.42	$ 17.86
Outpatient -- Other Hospital Services	$ 8.55	$ 8.62	$ 8.80	$ 7.89	$ 8.46
Outpatient -- All Other	$ 22.16	$ 22.09	$ 22.79	$ 23.05	$ 22.53

COST AND UTILIZATION DATA

Quarterly Data

Cost data statewide (table 2 of 3)

Category	Jan - Mar 2012	Apr - Jun 2012	Jul - Sep 2012	Oct - Dec 2012	Annual 2012
Cost Per Member Per Month (PMPM)					
Inpatient -- Medical / General	$ 26.59	$ 25.49	$ 22.98	$ 24.63	$ 24.92
Inpatient -- Surgical	$ 20.34	$ 18.73	$ 18.52	$ 20.62	$ 19.56
Inpatient -- Maternity / Normal Delivery	$ 5.33	$ 5.79	$ 5.93	$ 5.56	$ 5.65
Inpatient -- Maternity / C-Section Delivery	$ 3.64	$ 3.24	$ 3.90	$ 3.63	$ 3.61
Inpatient -- Maternity / Non-Delivery	$ 0.91	$ 0.85	$ 0.83	$ 0.85	$ 0.86
Inpatient -- Newborn / Well	$ 1.83	$ 1.75	$ 1.78	$ 1.97	$ 1.84
Inpatient -- Newborn / With Complications	$ 6.07	$ 6.58	$ 6.86	$ 6.01	$ 6.38
Inpatient -- Mental Health / Psychiatric	$ 3.28	$ 3.56	$ 2.99	$ 3.08	$ 3.23
Inpatient -- Mental Health / Alcohol and Drug Abuse	$ 0.45	$ 0.49	$ 0.39	$ 0.54	$ 0.47
Inpatient -- Physician Services	$ 12.81	$ 12.60	$ 12.76	$ 11.86	$ 12.50
Outpatient -- Primary Care and Preventive Services	$ 20.52	$ 19.33	$ 18.19	$ 20.55	$ 19.66
Outpatient -- Specialty Care	$ 13.34	$ 12.99	$ 12.26	$ 11.38	$ 12.48
Outpatient -- Mental Health	$ 22.43	$ 22.67	$ 21.44	$ 22.35	$ 22.24
Outpatient -- Dental	$ 10.61	$ 8.10	$ 7.62	$ 7.59	$ 8.47
Outpatient -- Emergency Department (Professional and Technical)	$ 21.94	$ 21.29	$ 20.78	$ 20.11	$ 21.02
Outpatient -- Pharmacy Prescriptions	$ 34.46	$ 37.91	$ 31.06	$ 32.57	$ 33.98
Outpatient -- Imaging (Professional and Technical)	$ 8.55	$ 8.05	$ 7.80	$ 8.14	$ 8.13
Outpatient -- Labs (Professional and Technical)	$ 5.87	$ 5.69	$ 5.38	$ 5.47	$ 5.60
Outpatient -- Surgery (Hospital and ASC/Professional and Technica	$ 14.86	$ 15.64	$ 14.94	$ 14.24	$ 14.91
Outpatient -- Other Hospital Services	$ 7.67	$ 7.38	$ 7.25	$ 7.36	$ 7.41
Outpatient -- All Other	$ 23.52	$ 22.48	$ 22.75	$ 23.23	$ 23.00

COST AND UTILIZATION DATA

Quarterly Data

Cost data statewide (table 3 of 3)

Category	Jan - Mar 2013	Apr - Jun 2013	Jul - Sep 2013	Oct - Dec 2013	Annual 2013
Cost Per Member Per Month (PMPM)					
Inpatient -- Medical / General	$ 29.22	$ 25.15	$ 22.27	$ 24.74	$ 25.34
Inpatient -- Surgical	$ 19.98	$ 20.42	$ 20.52	$ 20.48	$ 20.35
Inpatient -- Maternity / Normal Delivery	$ 6.10	$ 6.07	$ 5.79	$ 6.29	$ 6.06
Inpatient -- Maternity / C-Section Delivery	$ 3.70	$ 3.59	$ 3.75	$ 3.47	$ 3.63
Inpatient -- Maternity / Non-Delivery	$ 0.96	$ 0.94	$ 0.82	$ 1.04	$ 0.94
Inpatient -- Newborn / Well	$ 2.32	$ 2.21	$ 1.75	$ 2.02	$ 2.07
Inpatient -- Newborn / With Complications	$ 5.86	$ 6.65	$ 7.06	$ 6.01	$ 6.40
Inpatient -- Mental Health / Psychiatric	$ 3.18	$ 3.20	$ 2.94	$ 3.02	$ 3.09
Inpatient -- Mental Health / Alcohol and Drug Abuse	$ 0.43	$ 0.48	$ 0.50	$ 0.50	$ 0.48
Inpatient -- Physician Services	$ 12.24	$ 12.65	$ 13.04	$ 12.45	$ 12.60
Outpatient -- Primary Care and Preventive Services	$ 23.95	$ 22.32	$ 22.07	$ 23.32	$ 22.91
Outpatient -- Specialty Care	$ 13.16	$ 12.70	$ 12.03	$ 11.70	$ 12.40
Outpatient -- Mental Health	$ 21.51	$ 21.10	$ 20.88	$ 19.97	$ 20.87
Outpatient -- Dental	$ 8.26	$ 8.56	$ 8.30	$ 7.98	$ 8.28
Outpatient -- Emergency Department (Professional and Technical)	$ 21.51	$ 20.53	$ 20.09	$ 18.26	$ 20.10
Outpatient -- Pharmacy Prescriptions	$ 33.76	$ 32.49	$ 34.42	$ 35.70	$ 34.09
Outpatient -- Imaging (Professional and Technical)	$ 8.54	$ 8.32	$ 8.18	$ 7.84	$ 8.22
Outpatient -- Labs (Professional and Technical)	$ 6.24	$ 6.12	$ 5.76	$ 5.61	$ 5.94
Outpatient -- Surgery (Hospital and ASC/Professional and Technica	$ 15.73	$ 16.08	$ 15.57	$ 14.59	$ 15.50
Outpatient -- Other Hospital Services	$ 7.97	$ 7.63	$ 7.52	$ 7.25	$ 7.59
Outpatient -- All Other	$ 24.55	$ 24.25	$ 25.30	$ 25.09	$ 24.80

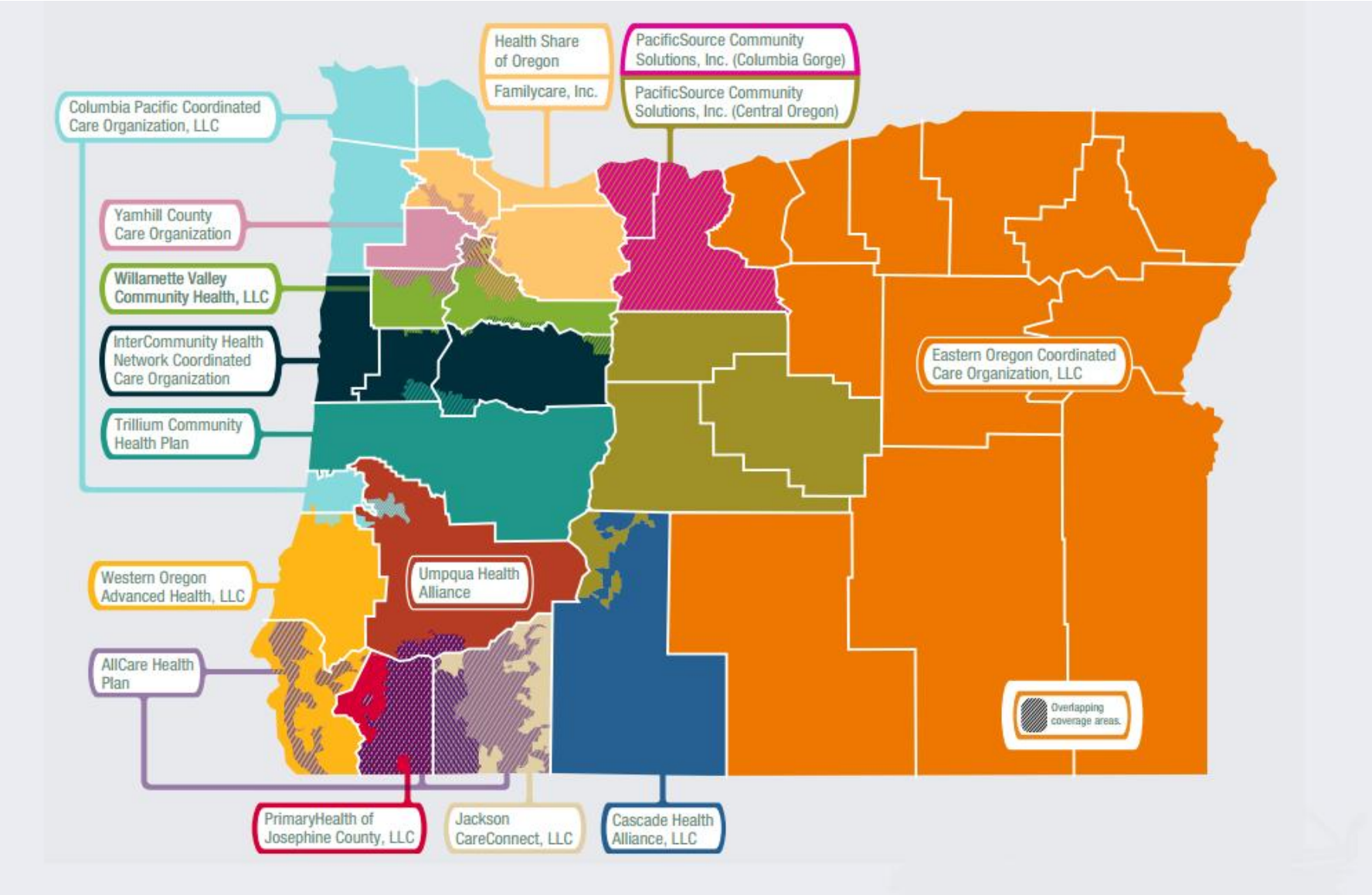
APPENDIX

Coordinated Care Organization Service Areas

CCO Name	Service Area by County
AllCare Health Plan	Curry, Josephine, Jackson, Douglas (partial)
Cascade Health Alliance	Klamath County (partial)
Columbia Pacific CCO	Clatsop, Columbia, Coos (partial), Douglas (partial), Tillamook
Eastern Oregon CCO	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	Benton, Lincoln, Linn
Jackson Care Connect	Jackson
PacificSource Community Solutions - Central Oregon	Crook, Deschutes, Jefferson, Klamath (partial)
PacificSource Community Solutions - Gorge	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 CCO	Clackamas (partial), Marion (partial), Polk (partial), Yamhill

APPENDIX

Coordinated Care Organization Service Areas



APPENDIX

OHA Contacts and Online Information

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For more information about technical specifications for measures, visit:
http://www.oregon.gov/oha/Pages/CCO-Baseline-Data.aspx

For more information about coordinated care organizations, visit:
http://www.health.oregon.gov

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