

# Oregon Health Authority

## CCO Metrics

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This document outlines how the Oregon Health Authority (OHA) will measure quality of care, access to care, and health outcomes for individuals enrolled in Coordinated Care Organizations (CCOs).

### **CCO Incentive Measures**

The Oregon Metrics and Scoring Committee<sup>1</sup> was established in 2012 by Senate Bill 1580 for the purpose of establishing outcomes and quality measures for Coordinated Care Organizations. In October 2012, the Metrics and Scoring Committee identified 17 initial outcome and quality measures to be used in the incentive program (quality pool); the 17 CCO measures are also required by the Centers for Medicaid and Medicare Services (CMS) as part of Oregon's 1115 waiver agreement. These measures are listed below.

OHA is responsible for collecting and reporting data on all of the 17 incentive measures, including those that require chart review: CCOs do not need to provide OHA with additional information beyond regularly submitted encounter data. However, to meet benchmarks and receive quality pool funding, some CCOs may choose to implement system changes such as registries to improve population health monitoring or new processes for claims submission to ensure that services being provided are accurately recorded.

Incentive measures that may prompt CCO investment in system changes include: electronic health record (EHR) adoption, patient-centered primary care home (PCPCH) enrollment, developmental screening, alcohol and drug screening and referral (SBIRT), and health outcome measures such as controlling hypertension and diabetes.

### **State Performance Measure Selection**

In December 2012, Oregon reached agreement with the Centers for Medicare and Medicaid Services (CMS) on the Special Terms and Conditions of the July 1115 Medicaid Demonstration<sup>2</sup>, including 33 measures of quality and access that Oregon is held accountable for. The 33 state performance measures include 16 of the 17 CCO incentive measures. The state performance measures are also listed below.

OHA is responsible for collecting and reporting on all state performance measures. Data sources for state performance measures include regularly submitted encounter data, chart

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<sup>1</sup> <http://www.oregon.gov/oha/Pages/metrix.aspx>

<sup>2</sup> <http://www.oregon.gov/oha/OHPB/Pages/health-reform/cms-waiver.aspx>

review, and population surveys (e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) or the Physician Workforce Survey). There is no additional burden to CCOs.

### **USDOJ Measure Selection**

In November 2012, Oregon reached agreement with the U.S. Department of Justice (USDOJ) to collect approximately 111 data items that pertain to services being provided in the community mental health system to people with serious and persistent mental illness. The USDOJ measures are listed online at [www.justice.gov/crt/about/spl/documents/oregonmh\\_agreement\\_11-9-12.pdf](http://www.justice.gov/crt/about/spl/documents/oregonmh_agreement_11-9-12.pdf).

OHA has identified methods to collect all but 10 of the required data elements through internal administrative systems or through chart review.

### **Ensuring Continuous Quality Improvement**

In coordination with the Metrics and Scoring Committee, the Oregon Health Authority will be revisiting selected measures annually to ensure that quality of and access to care are being tracked appropriately. OHA will be exploring National Quality Forum (NQF)-endorsed and other healthcare disparities and cultural competency measures for future inclusion. As new measures are identified, potentially through the CMS Adult Core Quality Measures Grant, or endorsed, through NQF or Meaningful Use Stage 2, OHA will add and retire measures.

### **Data Reporting**

The Oregon Health Authority is committed to transparency in health system transformation efforts: all measures will be reported publicly on the Oregon Health Authority website.

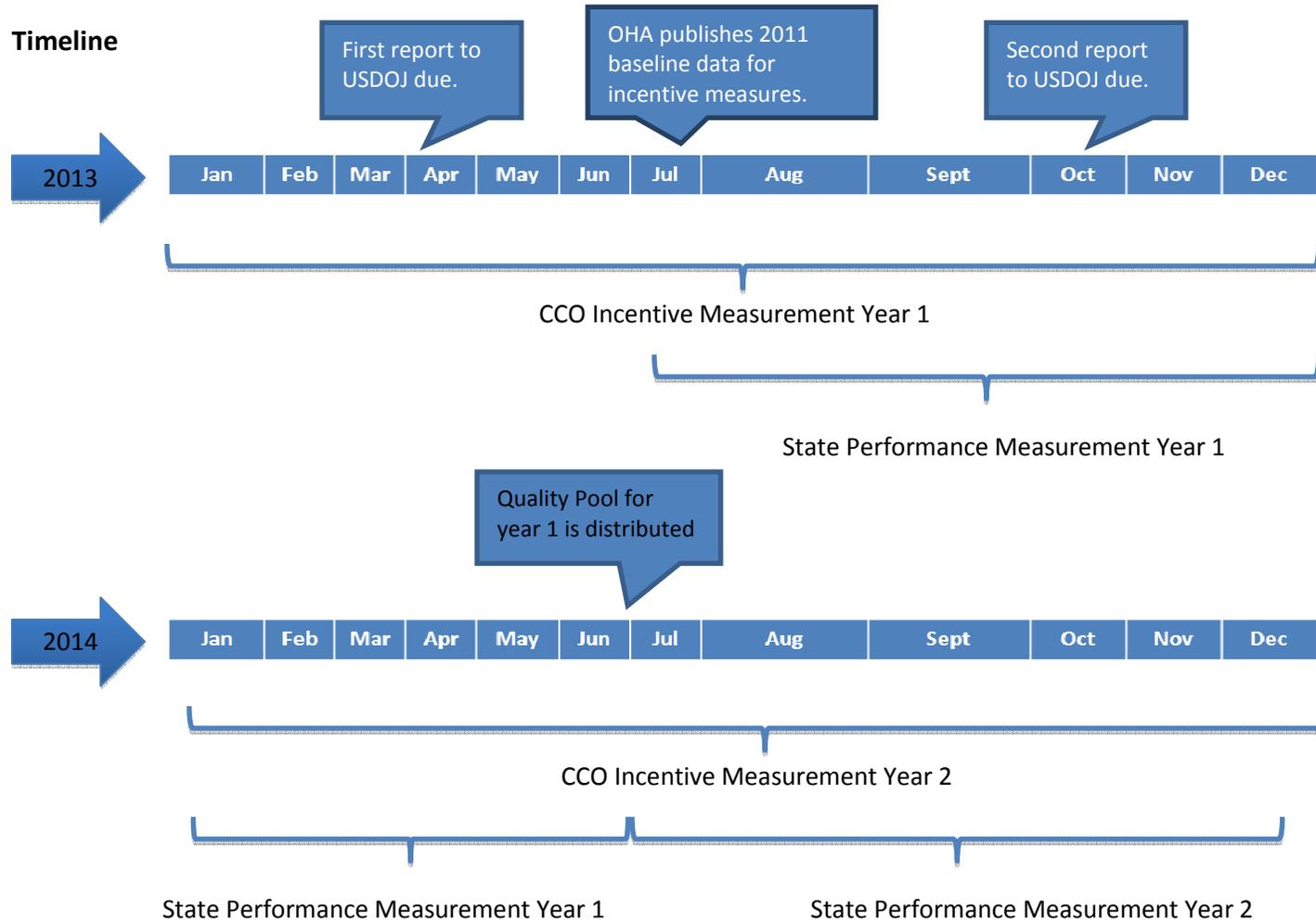
Measures will be reported by CCO, by race and ethnicity, and by other subpopulations where possible and appropriate, including people with serious and persistent mental illness, people with disability, and people with special healthcare needs (e.g., chronic conditions, homelessness). Other analysis may include looking at member primary language, or rural versus non-rural locations.

A reporting timeline is attached below. Technical specifications for each of the CCO metrics will be available online at: <http://www.oregon.gov/oha/Pages/metrix.aspx>.

### **For Additional Information Contact**

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**Timeline**



## CCO Incentive and State Performance Measures

<b>CCO Incentive Measures</b> <i>CCOs are accountable to OHA</i>	<b>State Performance Measures</b> <i>OHA is accountable to CMS</i>
Alcohol or other substance misuse (SBIRT)	Alcohol or other substance misuse (SBIRT)
Follow-up after hospitalization for mental illness (NQF 0576)	Follow-up after hospitalization for mental illness (NQF 0576)
Screening for clinical depression and follow-up plan (NQF 0418)	Screening for clinical depression and follow-up plan (NQF 0418)
Follow-up care for children prescribed ADHD meds (NQF 0108) <sup>3</sup>	Follow-up care for children prescribed ADHD meds (NQF 0108)
Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)	Prenatal and postpartum care: Timeliness of Prenatal Care (NQF 1517)
PC-01: Elective delivery (NQF 0469)	PC-01: Elective delivery (NQF 0469)
Ambulatory Care: Outpatient and ED utilization <sup>4</sup>	Ambulatory Care: Outpatient and ED utilization
Colorectal cancer screening (HEDIS)	Colorectal cancer screening (HEDIS)
Patient-Centered Primary Care Home Enrollment	Patient-Centered Primary Care Home Enrollment
Developmental screening in the first 36 months of life (NQF 1448)	Developmental screening in the first 36 months of life (NQF 1448)
Adolescent well-care visits (NCQA)	Adolescent well-care visits (NCQA)
Controlling high blood pressure (NQF 0018)	Controlling high blood pressure (NQF 0018)
Diabetes: HbA1c Poor Control (NQF 0059) <sup>5</sup>	Diabetes: HbA1c Poor Control (NQF 0059)
CAHPS adult and child composites: <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Satisfaction with care</li> </ul>	CAHPS adult and child composites: <ul style="list-style-type: none"> <li>• Access to care</li> <li>• Satisfaction with care</li> </ul>
EHR adoption (Meaningful Use 3 question composite)	EHR adoption (Meaningful Use 3 question composite)
Mental and physical health assessment within 60 days for children in DHS custody	
	Prenatal and postpartum care: Postpartum Care Rate (NQF 1517)
	Plan all-cause readmission (NQF 1768)
	Well-child visits in the first 15 months of life (NQF 1392)
	Childhood immunization status (NQF 0038)
	Immunization for adolescents (NQF 1407)

<sup>3</sup> Measure added at CMS' request. Replaced "initiation and engagement of alcohol and other drug treatment."

<sup>4</sup> Measure expanded to add outpatient utilization rates at CMS' request.

<sup>5</sup> Measure substituted for "D3: diabetes care composite" measure at CMS' request.

<b>CCO Incentive Measures</b> <i>CCOs are accountable to OHA</i>	<b>State Performance Measures</b> <i>OHA is accountable to CMS</i>
	Appropriate testing for children with pharyngitis (NQF 0002)
	Medical assistance with smoking and tobacco use cessation (CAHPS) (NQF 0027)
	Comprehensive diabetes care: LDL-C Screening (NQF 0063)
	Comprehensive diabetes care: Hemoglobin A1c testing (NQF 0057)
	PQI 01: Diabetes, short term complication admission rate (NQF 0272)
	PQI 05: Chronic obstructive pulmonary disease admission (NQF 0275)
	PQI 08: Congestive heart failure admission rate (NQF 0277)
	PQI 15: Adult asthma admission rate (NQF 0283)
	Chlamydia screening in women ages 16-24 (NQF 0033)
	Cervical cancer screening (NQF 0032)
	Child and adolescent access to primary care practitioners (NCQA)
	Provider Access Questions from the Physician Workforce Survey: <ul style="list-style-type: none"> <li>• To what extent is your primary practice accepting new Medicaid/OHP patients?</li> <li>• Do you currently have Medicaid/OHP patients under your care?</li> <li>• What is the current payer mix at your primary practice?</li> </ul>