Oregon Health System Transformation: CCO Metrics 2017 Final Report

MEASUREMENT PERIOD:
Calendar year 2017
Published June 26, 2018
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BACKGROUND / CONTEXT

Medicaid waiver

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

Coordinated care

A coordinated care organization (CCO) is a network of health care providers (physical, behavioral, and oral health care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs were formed in Oregon in late 2012. In 2017, there were 16 CCOs operating in communities around Oregon.

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

Medicaid expansion

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

Measuring progress

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

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

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

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

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

Measure specifications and more information
- Information about the CCO incentive program, including specifications for the measures included in this report: http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx
- Metrics and Scoring Committee: http://www.oregon.gov/oha/hpa/analytics/Pages/Metrics-Scoring-Committee.aspx
- This and other metrics reports: http://www.oregon.gov/oha/hpa/analytics-mtx/Pages/HST-Reports.aspx
EXECUTIVE SUMMARY

This report lays out the progress of Oregon’s coordinated care organizations (CCOs) on quality measures in 2017. Measuring quality and access to care are key to moving health system transformation forward, to ensure high-quality care for Oregon Health Plan members. Measuring quality and holding CCOs accountable to key metrics is a cornerstone of Oregon’s health system transformation. According to the Center for Health Care Effectiveness at Oregon Health and Sciences University, CCO incentive measures are among the most important tools for health care system transformation in Medicaid service delivery (Demonstration Waiver Summative Report, 2017).

This is the fifth year of Oregon’s pay-for-performance program. To earn their full incentive payment, CCOs have to meet benchmarks or improvement targets on at least 12 of the 16 measures and have at least 60 percent of their members enrolled in a patient-centered primary care home. The amount a CCO can earn through the program is based on a percentage of their capitated payments each year. In 2017, the quality pool was 4.25 percent of monthly payments, resulting in more than $178 million.

The pay-for-performance model rewards CCOs for the quality of care provided to Medicaid members. This model increasingly rewards CCOs for outcomes, rather than utilization of services, and is one of several key health system transformation mechanisms for achieving Oregon’s vision for better health, better care, and lower costs.

The 2017 incentive measures create challenging goals for CCOs to continue to improve the quality of care of Medicaid members. As CCOs made large strides on existing measures in the first few years of the program, the aspirational benchmarks, often based on the most exceptional national performance, require sustained quality improvement efforts to be successful on the measures. In addition, the 2017 challenge pool included three measures: Developmental screenings in the first 36 months of life, effective contraceptive use among adult women, and depression screening and follow-up.

All CCOs showed improvements in a majority of measures and 14 out of 16 CCOs earned 100 percent of their quality pool dollars. The report indicates that through the coordinated care model, there have been continued improvements in a number of areas, such as reductions in emergency department visits, and increases in depression screening and enrollment in patient-centered primary care homes.

New in this report: For the first time, 2017 metric performance is reported by household language. Racial and ethnic identity are shown for one year in bar charts due to increasing data collection challenges involved in standardization issues across methods of digitizing information and issues related to self-reporting race. For annual performance, we show racial categories as entered by three separate eligibility application methods: self-report online, case-worker doing data entry from paper submissions, and case worker doing real-time
online entry from qualification interviews. Using summarized categories, we report the percentage of the groups who met the measure. OHA continues to work with community partners and colleagues to improve the reliability of this highly important information.

Note that at in early 2018 (after the close of the measurement year) FamilyCare stopped its service delivery operations but maintained a staff to submit data for their last measurement year ending on December 31, 2017 and reported here.

This report indicates that through the coordinated care model, there have been continued improvements in a number of areas, such as:

- **Adolescent well-care visits.** CCOs continue to make large strides on this measure, with all 16 CCOs improving in 2017 and achieving their individual improvement target. Statewide, almost half of adolescents and young adults (ages 12-21) received a well-care visit as recommended by clinical guidelines. This is a 15 percent improvement over 2016, and more than 80 percent since 2011 baseline. While CCOs are improving, overall performance remains relatively low: slightly below the national Medicaid 75th percentile. The CCO Metrics Mid-Year “Deeper Dive” Report provided additional analysis on the measure, and it is a focus area of OHA’s Transformation Center technical assistance.

- **Health assessments for children in DHS custody.** The percentage of children in foster care who received a mental, physical, and dental health assessment has increased 11 percent in two years.

- **Colorectal cancer screening.** The 10 percent statewide improvement over last year on this measure now exceeds the 2017 benchmark showing a statewide performance of almost 55 percent.

- **Developmental screening in the first three years of life.** This measure uses a standardized screening tool for developmental, behavioral...
EXECUTIVE SUMMARY

and social delays to support children and families. CCOs have made impressive improvement on this measure: statewide, 2017 performance (69 percent) was more than triple than 2011.

- **Effective contraceptive use among women at risk of unintended pregnancy.** A new measure in 2015, the percentage of adult women ages 18-50 who are using an effective contraceptive has increased 25 percent in just two years.

**Measures to watch:**

- **Postpartum care.** The percentage of women who had a timely postpartum care visit after giving birth declined in 2017 and is below the national Medicaid 75th percentile. While prenatal care declined slightly also, performance remains near the national 90th percentile. Prenatal care is a CCO incentive measure.

- **Initiation and engagement of alcohol or other drug treatment.** In 2016, the percentage of members newly diagnosed with alcohol or other drug dependences who *initiated* treatment within 14 days of the initial diagnosis, and the percentage of members who *continued* their treatment declined. While initiation of treatment increased slightly in 2017, the percent of members who continued their treatment remained steady. Nationally, performance on this measure is low.

- **Prevention quality indicators.** After a sharp decline in 2014, the rate of adult members who had a hospital stay because of congestive heart failure or short-term diabetes complications has increased each year. Lower is better on this measure.

**Oregon is a leader in the nation in transforming our health care system to create better access and better care at a lower cost for all Oregonians.** We have long had a national reputation for innovative health system solutions and the reforms that we have made in recent years continue to show Oregon’s innovation and leadership. The CCO pay-for-performance model is a hallmark of Oregon’s health transformation and a key component in our commitment to transparency and accountability. By measuring Oregon’s progress and identifying both success and challenges, the state can identify how we can continue to push for greater health transformation and ways to create better health outcomes for Oregon Health Plan members.
**2017 INCENTIVE METRIC PERFORMANCE OVERVIEW**

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**Notes:**
- CCO achieved BENCHMARK in 2017
- CCO achieved IMPROVEMENT TARGET in 2017
- Top performing CCO in each measure
- **Bolded CCOs** earned 100% quality pool
- ^ indicates challenge pool measure
The Oregon Health Authority has established the quality pool—Oregon’s incentive payments to coordinated care organizations. Each CCO is being paid for reaching benchmarks or making improvements on incentive measures. This is the fifth time Oregon has paid CCOs for better care, rather than just the volume of services delivered.

The 2017 quality pool is more than $178 million. This represents 4.25 percent of the total amount all CCOs were paid in 2017. The quality pool is divided among all CCOs based on their number of members (see page 14 for CCO enrollment numbers) and their performance on the 17 incentive metrics.

**Quality Pool: Phase One Distribution**

CCOs can 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
- Having at least 60 percent of their members enrolled in a patient-centered primary care home (PCPCH).

CCOs must meet both 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 2017 challenge pool is just under $2.4 million. Challenge pool funds are distributed to CCOs that meet the benchmark or improvement target on three measures:

1. Depression screening and follow-up plan
2. Developmental screenings
3. Effective contraceptive use

Through the challenge pool, some CCOs earn more than 100 percent of their maximum quality pool funds. The next page shows the percentage and dollar amounts earned by each CCO.
<table>
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<th>CCO</th>
<th>Phase 1 Distribution</th>
<th>Challenge Pool</th>
<th>Total</th>
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<tr>
<td></td>
<td># Measures met</td>
<td>Payment earned in Phase 1*</td>
<td>% Quality pool funds earned</td>
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<td>(of 17 possible)</td>
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<tr>
<td>Advanced Health</td>
<td>10.7</td>
<td>$3,072,442</td>
<td>70%</td>
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<td>AllCare Health Plan</td>
<td>12.7</td>
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<td>Cascade Health Alliance</td>
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<td>Columbia Pacific</td>
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<td>Eastern Oregon</td>
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<td>FamilyCare</td>
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<td>Health Share of Oregon</td>
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<td>Intercommunity Health Network</td>
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<td>Jackson Care Connect</td>
<td>12.6</td>
<td>$5,428,848</td>
<td>100%</td>
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<td>PacificSource – Central Oregon</td>
<td>15.8</td>
<td>$10,349,928</td>
<td>100%</td>
</tr>
<tr>
<td>PacificSource – Gorge</td>
<td>14.7</td>
<td>$2,844,691</td>
<td>100%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>14.9</td>
<td>$1,902,503</td>
<td>100%</td>
</tr>
<tr>
<td>Trillium</td>
<td>13.6</td>
<td>$18,906,370</td>
<td>100%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>13.7</td>
<td>$5,271,510</td>
<td>100%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>12.8</td>
<td>$18,368,465</td>
<td>100%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>13.7</td>
<td>$4,826,661</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>$175,930,026</td>
<td></td>
</tr>
</tbody>
</table>

* Quality pool distribution is based on number of measures met and CCO size (number of members). See page 14 for CCO enrollment.
## 2017 QUALITY POOL DISTRIBUTION

### Total quality pool dollars earned, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$3,125,847</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$9,383,336</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$2,486,500</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$5,864,722</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$12,105,395</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>$20,228,927</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$43,715,150</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$12,573,383</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$5,509,196</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$10,484,664</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$2,878,730</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>$1,930,023</td>
</tr>
<tr>
<td>Trillium</td>
<td>$19,146,222</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$5,344,087</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$18,632,439</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$4,890,593</td>
</tr>
</tbody>
</table>

### Quality pool earned per member.

(December 2017 enrollment)

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$166</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$198</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$153</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$257</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$282</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>$180</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$220</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$246</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$193</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$223</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$245</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>$204</td>
</tr>
<tr>
<td>Trillium</td>
<td>$227</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$208</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$201</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$215</td>
</tr>
</tbody>
</table>
TOTAL CCO ENROLLMENT (December 2017)

- Advanced Health: 2.2%
- AllCare CCO: 5.7%
- Cascade Health Alliance: 2.0%
- Columbia Pacific: 2.7%
- Eastern Oregon: 5.5%
- FamilyCare: 13.4%
- Health Share of Oregon: 23.8%
- Intercommunity Health Network: 6.1%
- Jackson Care Connect: 3.4%
- PacificSource - Central: 5.6%
- PacificSource - Gorge: 1.4%
- PrimaryHealth of Josephine County: 1.1%
- Trillium: 10.1%
- Umpqua Health Alliance: 3.1%
- Willamette Valley Community Health: 11.1%
- Yamhill Community Care: 2.7%
Appendix A

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

\[
\text{Suppose CCO A’s performance in 2015 (i.e. baseline) on Measure 1 was 60.0\%} \\
\text{The gap between baseline and the benchmark is} \ [100-60] = 40\% \\
\text{Ten percent of 40 \(\%\)} = 4\%. \text{ Thus, CCO A must improve by 4 percentage points in 2016. Their improvement target is} \ [\text{baseline} + 4\%] = [60\% + 4\%] = 64\% \\
\text{CCO A’s performance in 2016 is 65\%; they achieved their improvement target and will receive quality pool payment on Measure 1.} \\
\text{Stated as a formula:} \quad \frac{\text{[Benchmark]} - \text{[CCO baseline]}}{10} = X \quad \text{[CCO baseline]} + [X] = \text{Improvement target}
\]

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

\[
\frac{75\% - 60\%}{10} = 1.5\% \quad \rightarrow \quad 60\% + 1.5\% = 61.5\%
\]

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

Percentage of members who thought they received appointments and care when they needed them.

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

**2017 benchmark source:**
2016 national Medicaid 75th percentile; weighted average of adult and child rates.

**2017 data** (N=5,385)
- Statewide percent change since 2016: +0.4%
- Number of CCOs that improved: 8
- Number of CCOs achieving target: 6

Back to table of contents.
Access to care (all ages) in 2016 and 2017, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

2017 benchmark: 86.5%
### Adolescent well-care visits

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

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

**2017 benchmark source:**
2016 national Medicaid 75th percentile

**2017 data** (N=106,737)
- Statewide change since 2016: **+15.2%**
- Number of CCOs that improved: **all 16**
- Number of CCOs achieving target: **all 16**

#### By race and ethnicity (2017)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2011 (%)</th>
<th>2013 (%)</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
<th>2016 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>52.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>53.1%</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>49.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.7%</td>
</tr>
<tr>
<td>Asian American</td>
<td>58.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56.8%</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>43.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>46.0%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>55.3%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>56.9%</td>
</tr>
<tr>
<td>White</td>
<td>46.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49.2%</td>
</tr>
<tr>
<td>Other</td>
<td>51.1%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.5%</td>
</tr>
<tr>
<td>Unknown/undetermined</td>
<td>49.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>50.7%</td>
</tr>
</tbody>
</table>

#### By household language (2017)

<table>
<thead>
<tr>
<th>Language</th>
<th>2011 (%)</th>
<th>2013 (%)</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
<th>2016 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese languages*</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>63.1%</td>
</tr>
<tr>
<td>English</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>47.2%</td>
</tr>
<tr>
<td>Russian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43.2%</td>
</tr>
<tr>
<td>Spanish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>59.3%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58.9%</td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>58.5%</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>49.8%</td>
</tr>
</tbody>
</table>

* Each race category excludes Hispanic/Latino
* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Statewide, adolescent well-care visits continue to increase.

[Statewide change since 2016: +15.2%]

- Number of CCOs that improved: all 16
- Number of CCOs achieving target: all 16

Back to table of contents.
Adolescent well-care visits in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

Willamette Valley Community Health ✓
Cascade Health Alliance ✓
Umpqua Health Alliance ✓
Columbia Pacific ✓
Trillium ✓
Primary Health of Josephine County ✓
PacificSource - Gorge ✓
Health Share of Oregon ✓
Intercommunity Health Network ✓
FamilyCare ✓
AllCare CCO ✓
PacificSource - Central ✓
Jackson Care Connect ✓
Eastern Oregon ✓
Advanced Health ✓
Yamhill Community Care ✓
# Ambulatory Care: Emergency Department Utilization

## Emergency Department Utilization

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

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

**2017 Benchmark Source:**
2016 national Medicaid 90th percentile

**2017 Data** (N=10,026,285 member months)
- Statewide percent change since 2016: **-1.1%**
- Number of CCOs that improved: **11**
- Number of CCOs achieving target: **6**

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

### Statewide, Emergency Department Utilization Has Remained Steady Since 2014.

![Graph showing emergency department utilization trends from 2011 to 2017]

- **2011**: 61.0
- **2013**: 50.5
- **2014**: 47.3
- **2015**: 45.7
- **2016**: 47.2
- **2017**: 46.7

**Lower is better**

### By Race and Ethnicity (2017)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Rate (n=Member Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>67.6 (n=238,682)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>55.6 (n=116,590)</td>
</tr>
<tr>
<td>Asian American</td>
<td>50.9 (n=242,729)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>44.0 (n=38,735)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>43.8 (n=821,564)</td>
</tr>
<tr>
<td>White</td>
<td>51.4 (n=4,345,400)</td>
</tr>
<tr>
<td>Other</td>
<td>31.1 (n=113,541)</td>
</tr>
<tr>
<td>Unknown/Undetermined</td>
<td>43.9 (n=4,109,045)</td>
</tr>
</tbody>
</table>

### By Household Language (2017)

<table>
<thead>
<tr>
<th>Language</th>
<th>Rate (n=Member Months)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>49.4 (n=8,693,139)</td>
</tr>
<tr>
<td>Russian</td>
<td>27.5 (n=67,170)</td>
</tr>
<tr>
<td>Spanish</td>
<td>29.2 (n=810,303)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>15.5 (n=50,060)</td>
</tr>
<tr>
<td>Other</td>
<td>37.9 (n=90,386)</td>
</tr>
<tr>
<td>Unknown/Blank</td>
<td>30.1 (n=273,068)</td>
</tr>
</tbody>
</table>

*Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

**n = subpopulation denominator**

---

Back to table of contents.
AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

Emergency department utilization in 2016 and 2017, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

2017 benchmark: 42.9

Lower is better

- Umpqua Health Alliance ✓
- Yamhill Community Care ✓
- Health Share of Oregon ✓
- Advanced Health
- PacificSource - Gorge ✓
- Trillium
- Willamette Valley Community Health
- Columbia Pacific
- AllCare CCO ✓
- Eastern Oregon
- Jackson Care Connect
- Intercommunity Health Network
- PacificSource - Central
- PrimaryHealth of Josephine County ✓
- FamilyCare
- Cascade Health Alliance
Assessments for children in DHS custody

By household language (2017)

Chinese languages**

English 78.5% (n=1,148)

Russian^ 91.8% (n=61)

Spanish^ 85.0% (n=474)

Vietnamese^ 84.1% (n=1,121)

Other^ 74.7% (n=281)

Unknown/blank 89.2% (n=846)

By race and ethnicity (2017)

African American/Black 73.2% (n=56)

Am. Indian/Al. Native 91.8% (n=61)

Asian American^ 85.0% (n=474)

Hawaiian/Pac. Islander^ 84.1% (n=1,121)

Hispanic/Latino 85.0% (n=474)

White 84.1% (n=1,121)

Other^ 74.7% (n=281)

Unknown/undetermined 89.2% (n=846)

^ data suppressed (n<30)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Data source:
Administrative (billing) claims + ORKids

2017 benchmark source:
Metrics and Scoring Committee consensus

2017 data (N=2,013)

• Statewide percent change since 2016: +11.3%

• Number of CCOs that improved: 15

• Number of CCOs achieving target: 13

Results prior to 2014 are not comparable to later years due to change in methodology (dental assessments were added to the metric).

Back to table of contents.
Assessments for children in DHS custody in **2016** and **2017**, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

2017 benchmark: 90.0%

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

^ note small denominator (n<30)
CHILDHOOD IMMUNIZATION STATUS

Childhood immunization status

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

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

2017 benchmark source:
2016 national Medicaid 75th percentile

2017 data (N=13,573)
- Statewide percent change since 2016: +7.0%
- Number of CCOs that improved: all 16
- Number of CCOs achieving target: all 16

Statewide, childhood immunizations increased in 2017.

2015 2016 2017

68.2% 68.4% 73.2%

78.6%

By race and ethnicity (2017)

- African American/Black: 76.5% (n=234)
- Am. Indian/Al. Native: 78.9% (n=161)
- Asian American: 84.6% (n=214)
- Hawaiian/Pac. Islander: 63.3% (n=60)
- Hispanic/Latino: 84.2% (n=1,401)
- White: 68.0% (n=4,286)
- Other: 70.7% (n=181)
- Unknown/undetermined: 73.7% (n=7,036)

By household language (2017)

- Chinese languages*: 82.1% (n=39)
- English: 71.2% (n=11,543)
- Russian: 13.1% (n=61)
- Spanish: 91.0% (n=1,480)
- Vietnamese: 80.0% (n=45)
- Other: 78.6% (n=103)
- Unknown/blank: 72.2% (n=302)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Childhood immunization status in 2016 and 2017, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.
Cigarette smoking prevalence is a bundled measure intended to address both cessation benefits offered by CCOs and cigarette smoking prevalence. The bundled measure has three components, each worth a certain score. CCOs must meet a certain threshold score to meet the measure in a given year. The scoring, or weighting, of the components changes over the years, to allow CCOs time to phase in efforts to reduce prevalence (see table below).

The intent of the measure is to address tobacco prevalence (including cigarette smoking and other tobacco products such as chew, snuff, and cigars). Due to variation in how EHRs capture smoking and tobacco use data, and to ensure comparability across EHRs and CCOs, the measure looks at two separate rates: 1) cigarette smoking; and 2) tobacco use. As not all EHRs are able to report on tobacco use, only the cigarette smoking prevalence is used for comparison to the benchmark.

**Statewide, cigarette smoking declined slightly in 2017.**

2017 data (n=249,316)

1) Number of CCOs meeting cessation benefit requirement: **16**
2) Number of CCOs reporting EHR data: **16**
3) Number of CCOs achieving benchmark or target: **7**

Number of CCOs earning incentive payment: **all 16**

<table>
<thead>
<tr>
<th>Measure components</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weighting</td>
<td>Threshold to earn incentive</td>
<td>Weighting</td>
</tr>
<tr>
<td>1) Meeting cessation benefit requirement (pass/fail)</td>
<td>40%</td>
<td>60%</td>
<td><strong>33%</strong></td>
</tr>
<tr>
<td>2) Reporting EHR-based prevalence data</td>
<td>40%</td>
<td>33%</td>
<td>25%</td>
</tr>
<tr>
<td>3) Reducing prevalence (meeting benchmark/target)</td>
<td>20%</td>
<td>33%</td>
<td>50%</td>
</tr>
<tr>
<td>Measure component (and weight in 2016)</td>
<td>Providing cessation benefit (33%)</td>
<td>Reporting EHR data (33%)</td>
<td>Achieving benchmark/target (33%)</td>
</tr>
<tr>
<td>---------------------------------------</td>
<td>----------------------------------</td>
<td>--------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>✓ AllCare Health Plan</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Cascade Health Alliance</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Columbia Pacific</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Eastern Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓ FamilyCare</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓ Health Share of Oregon</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓ Intercommunity Health Network</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>✓ Jackson Care Connect</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓ PacificSource - Central</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ PacificSource - Gorge</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ PrimaryHealth of Josephine County</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Trillium</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Umpqua Health Alliance</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Advanced Health</td>
<td>✓</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>✓ Willamette Valley Community Health</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>✓ Yamhill Community Care</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>
Cigarette smoking prevalence in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target.

2017 benchmark: 25.0%

Lower is better

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

CIGARETTE SMOKING PREVALENCE

Cigarette smoking prevalence in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target.

2017 benchmark: 25.0%

Lower is better

- Willamette Valley Community Health ✓
- Eastern Oregon ✓
- Yamhill Community Care ✓
- Intercommunity Health Network ✓
- FamilyCare ✓
- Jackson Care Connect ✓
- PacificSource - Central ✓
- Umpqua Health Alliance ✓
- Advanced Health ✓
- Trillium ✓
- Columbia Pacific ✓
- AllCare CCO ✓
- PrimaryHealth of Josephine County ✓
- Health Share of Oregon ✓
- PacificSource - Gorge ✓
- Cascade Health Alliance ✓
Tobacco smoking prevalence in 2016 and 2017, by CCO.

Lower is better
Colorectal cancer screening

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

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

2017 benchmark source:
2015 CCO 90th percentile

2017 data (N=6,273)
- Statewide percent change since 2016: +9.9%
- Number of CCOs that improved: **15**
- Number of CCOs achieving target: **all 16**

Statewide, colorectal cancer screening continues to increase.
Colorectal cancer screening in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

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

Data source:
Electronic Health Records

2017 benchmark source:
2015 national Medicaid 90th percentile

2017 data (N=97,503)
- Statewide percent change since 2016: +3.6%
- Number of CCOs that improved: 12
- Number of CCOs achieving target: 10

Statewide, hypertension control increased slightly in 2017.

Race/ethnicity, and household language data are not available for this measure.
CONTROLLING HYPERTENSION

Controlling hypertension in 2016 and 2017, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

2017 benchmark: 69.0%

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

*CCO’s reporting includes some non-Medicaid data
Dental sealants for children (all ages)

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

Data source:
Administrative (billing) claims

2017 benchmark source:
Committee consensus

2017 data (N=128,186)
- Statewide percent change since 2016: +12.1%
- Number of CCOs that improved: 14
- Number of CCOs achieving target: all 16

Statewide, dental sealants for children (all ages) continues to increase.

By race and ethnicity (2017)

- African American/Black: 23.2% (n=2,605)
- Am. Indian/Al. Native: 24.8% (n=1,510)
- Asian American: 28.1% (n=2,323)
- Hawaiian/Pac. Islander: 28.0% (n=16,896)
- Hispanic/Latino: 21.8% (n=40,678)
- White: 21.6% (n=1,519)
- Other: 24.5% (n=62,162)
- Unknown/blank: 24.8% (n=4,805)

By household language (2017)

- Chinese languages*: 32.2% (n=394)
- English: 22.6% (n=98,614)
- Russian: 22.2% (n=913)
- Spanish: 30.0% (n=21,790)
- Vietnamese: 25.6% (n=1,103)
- Other: 24.8% (n=4,805)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Dental sealants on permanent molars for children (all ages) in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

2017 benchmark: 20.0%
Dental sealants for children (ages 6-9)

Percentage of children ages 6-9 who received a dental sealant during the measurement year.

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

**2017 benchmark source:**
Committee consensus

**2017 data** (N=59,004)
- Statewide percent change since 2016: **+9.9%**
- Number of CCOs that improved: **14**

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

Statewide, dental sealants for children ages 6-9 continues to increase.

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark</td>
<td>13.1%</td>
<td>20.7%</td>
<td>24.3%</td>
<td>26.7%</td>
</tr>
<tr>
<td>African American/Black</td>
<td>27.4% (n=1,185)</td>
<td>26.6% (n=661)</td>
<td>30.4% (n=1,010)</td>
<td>31.0% (n=7,438)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>26.6% (n=661)</td>
<td>31.0% (n=7,438)</td>
<td>24.3% (n=18,707)</td>
<td>27.2% (n=29,036)</td>
</tr>
<tr>
<td>Asian American</td>
<td>30.4% (n=1,010)</td>
<td>20.7% (n=246)</td>
<td>24.3% (n=18,707)</td>
<td>27.2% (n=29,036)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>31.0% (n=7,438)</td>
<td>20.7% (n=246)</td>
<td>24.3% (n=18,707)</td>
<td>27.2% (n=29,036)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>31.0% (n=7,438)</td>
<td>20.7% (n=246)</td>
<td>24.3% (n=18,707)</td>
<td>27.2% (n=29,036)</td>
</tr>
<tr>
<td>White</td>
<td>27.4% (n=1,185)</td>
<td>26.6% (n=661)</td>
<td>30.4% (n=1,010)</td>
<td>31.0% (n=7,438)</td>
</tr>
<tr>
<td>Other</td>
<td>27.4% (n=1,185)</td>
<td>26.6% (n=661)</td>
<td>30.4% (n=1,010)</td>
<td>31.0% (n=7,438)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>27.4% (n=1,185)</td>
<td>26.6% (n=661)</td>
<td>30.4% (n=1,010)</td>
<td>31.0% (n=7,438)</td>
</tr>
</tbody>
</table>

By household language (2017)

Chinese languages* | 40.6% (n=180) | 25.3% (n=46,173) |
| English | 25.3% (n=46,173) | 28.4% (n=370) |
| Russian | 28.4% (n=370) | 33.5% (n=9,283) |
| Spanish | 33.5% (n=9,283) | 27.1% (n=225) |
| Vietnamese | 27.1% (n=225) | 31.1% (n=517) |
| Other | 31.1% (n=517) | 26.9% (n=2,256) |

n = subpopulation denominator
Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Dental sealants on permanent molars for children (ages 6-9) in 2016 and 2017, by CCO.

Grey dots represent 2015.

- PacificSource - Central
  - 2016: 17.8%
  - 2017: 25.8%

- Eastern Oregon
  - 2016: 19.1%
  - 2017: 26.4%

- PacificSource - Gorge
  - 2016: 21.6%
  - 2017: 27.2%

- Cascade Health Alliance
  - 2016: 18.9%
  - 2017: 24.0%

- Intercommunity Health Network
  - 2016: 24.1%
  - 2017: 28.2%

- Advanced Health
  - 2016: 25.1%
  - 2017: 29.0%

- Jackson Care Connect
  - 2016: 22.0%
  - 2017: 25.7%

- Columbia Pacific
  - 2016: 23.2%
  - 2017: 26.6%

- Yamhill Community Care
  - 2016: 24.1%
  - 2017: 26.7%

- FamilyCare
  - 2016: 24.5%
  - 2017: 26.9%

- AllCare CCO
  - 2016: 23.5%
  - 2017: 25.2%

- Health Share of Oregon
  - 2016: 24.9%
  - 2017: 25.9%

- Willamette Valley Community Health
  - 2016: 23.0%
  - 2017: 23.5%

- PrimaryHealth of Josephine County
  - 2016: 23.5%
  - 2017: 24.8%

- Trillium
  - 2016: 24.5%
  - 2017: 24.8%

- Umpqua Health Alliance
  - 2016: 22.5%
  - 2017: 27.3%
Dental sealants for children (ages 10-14)

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

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

**2017 benchmark source:** Committee consensus

**2017 data** (N=69,182)
- Statewide change since 2016: **+14.1%**
- Number of CCOs that improved: **14**

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

Statewide, dental sealants for children ages 10-14 continues to increase.

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

### By race and ethnicity (2017)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
<th>2016 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>19.7% (n=1,420)</td>
<td>21.8% (n=2,024)</td>
<td>22.1% (n=2,550)</td>
<td>22.9% (n=2,693)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>23.3% (n=849)</td>
<td>24.6% (n=978)</td>
<td>25.0% (n=1,094)</td>
<td>25.6% (n=1,163)</td>
</tr>
<tr>
<td>Asian American</td>
<td>26.4% (n=1,313)</td>
<td>27.5% (n=1,247)</td>
<td>28.0% (n=1,327)</td>
<td>28.5% (n=1,389)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>15.4% (n=247)</td>
<td>16.5% (n=342)</td>
<td>17.1% (n=422)</td>
<td>17.7% (n=461)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>25.6% (n=9,458)</td>
<td>26.4% (n=10,067)</td>
<td>27.1% (n=11,511)</td>
<td>27.8% (n=13,013)</td>
</tr>
<tr>
<td>White</td>
<td>19.7% (n=21,971)</td>
<td>21.8% (n=24,601)</td>
<td>22.3% (n=26,101)</td>
<td>23.0% (n=27,513)</td>
</tr>
<tr>
<td>Other</td>
<td>20.3% (n=798)</td>
<td>21.8% (n=978)</td>
<td>22.1% (n=1,094)</td>
<td>22.5% (n=1,203)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>22.1% (n=33,126)</td>
<td>23.0% (n=41,026)</td>
<td>23.5% (n=47,011)</td>
<td>24.0% (n=51,034)</td>
</tr>
</tbody>
</table>

### By household language (2017)

<table>
<thead>
<tr>
<th>Language</th>
<th>2014 (%)</th>
<th>2015 (%)</th>
<th>2016 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese languages*</td>
<td>25.2% (n=214)</td>
<td>25.7% (n=257)</td>
<td>26.2% (n=267)</td>
<td>26.7% (n=270)</td>
</tr>
<tr>
<td>English</td>
<td>20.3% (n=52,441)</td>
<td>20.8% (n=54,971)</td>
<td>21.3% (n=59,071)</td>
<td>21.8% (n=62,541)</td>
</tr>
<tr>
<td>Russian</td>
<td>18.0% (n=543)</td>
<td>18.6% (n=586)</td>
<td>19.1% (n=627)</td>
<td>19.6% (n=667)</td>
</tr>
<tr>
<td>Spanish</td>
<td>27.5% (n=12,507)</td>
<td>28.0% (n=13,207)</td>
<td>28.5% (n=14,007)</td>
<td>29.0% (n=14,807)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>24.6% (n=342)</td>
<td>25.1% (n=416)</td>
<td>25.6% (n=521)</td>
<td>26.1% (n=586)</td>
</tr>
<tr>
<td>Other</td>
<td>27.0% (n=586)</td>
<td>27.5% (n=586)</td>
<td>28.0% (n=586)</td>
<td>28.5% (n=586)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>23.0% (n=2,549)</td>
<td>23.5% (n=2,693)</td>
<td>24.0% (n=2,839)</td>
<td>24.5% (n=2,983)</td>
</tr>
</tbody>
</table>

*n = subpopulation denominator

Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew
Dental sealants on permanent molars for children (ages 10-14) in 2016 and 2017, by CCO.

☑ indicates CCO met benchmark or improvement target. Grey dots represent 2015.
Depression screening and follow-up

Percentage of adult patients (ages 18 and older) who had appropriate screening and follow-up planning for major depression.

Data source:
Electronic Health Records

2017 benchmark source:
2015 CCO 75th percentile

2017 data (N=279,588)
- Statewide percent change since 2016: +21.3%
- Number of CCOs that improved: 14
- Number of CCOs achieving target: 15

Statewide, depression screening and follow-up plan continues to increase.

Race/ethnicity, and household language data are not available for this measure.
Depression screening and follow-up plan in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

**DEPRESSION SCREENING AND FOLLOW-UP PLAN**

- Jackson Care Connect ✓
- Advanced Health ✓
- Willamette Valley Community Health ✓
- PacificSource - Central ✓
- AllCare CCO ✓
- Columbia Pacific ✓
- PacificSource - Gorge ✓
- Intercommunity Health Network ✓
- Umpqua Health Alliance ✓
- Trillium* ✓
- PrimaryHealth of Josephine County* ✓
- Health Share of Oregon ✓
- Eastern Oregon* ✓
- FamilyCare* ✓
- Cascade Health Alliance
  - 11.4%
  - 15.6%
  - 2017 benchmark: 52.9%

- Yamhill Community Care*
  - ✓
  - *CCO's reporting includes some non-Medicaid data
DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

Developmental screenings

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

Data source:
Administrative (billing) claims

2017 benchmark source:
2015 CCO 75th percentile

2017 data  (N=44,966)
- Statewide percent change since 2016:  +10.9%
- Number of CCOs that improved: 15
- Number of CCOs achieving target: all 16

Statewide, developmental screenings continue to increase.

By race and ethnicity (2017)

<table>
<thead>
<tr>
<th>Race Category</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>61.9% (n=803)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>62.0% (n=605)</td>
</tr>
<tr>
<td>Asian American</td>
<td>66.1% (n=685)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>55.5% (n=200)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>72.5% (n=4,633)</td>
</tr>
<tr>
<td>White</td>
<td>68.0% (n=13,716)</td>
</tr>
<tr>
<td>Other</td>
<td>67.0% (n=485)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>69.5% (n=23,839)</td>
</tr>
</tbody>
</table>

By household language (2017)

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese languages*</td>
<td>61.4% (n=127)</td>
</tr>
<tr>
<td>English</td>
<td>68.2% (n=38,677)</td>
</tr>
<tr>
<td>Russian</td>
<td>45.3% (n=179)</td>
</tr>
<tr>
<td>Spanish</td>
<td>77.0% (n=4,517)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>68.6% (n=121)</td>
</tr>
<tr>
<td>Other</td>
<td>52.5% (n=305)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>72.9% (n=1,040)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Developmental screenings and follow-up plan in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

2017 benchmark: 60.1%
**DIABETES CARE: HbA1c POOR CONTROL**

**HbA1c poor control**

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

**Data source:**
Electronic Health Records

**2017 benchmark source:**
2015 national Commercial 90th percentile

**2017 data** (N=51,153)
- Statewide percent change since 2016: **-7.1%**
- Number of CCOs that improved: **10**
- Number of CCOs achieving target: **5**

**Statewide, Hba1c poor control has declined.**

Lower is better

Race/ethnicity, and household language data are not available for this measure.
Diabetes care, Hba1c poor control in 2016 and 2017, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

2017 benchmark: 19.0%

*CCO's reporting includes some non-Medicaid data
### Effective contraceptive use

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

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

**2017 benchmark source:** Metrics and Scoring Committee consensus

**2017 data** (N=92,189)
- Statewide change since 2016: **+15.1%**
- Number of CCOs that improved: **all 16**
- Number of CCOs achieving target: **all 16**

Effective contraceptive use among adult women continues to increase.

**By race and ethnicity (2017)**
- African American/Black: 43.1% (n=2,047)
- Am. Indian/Al. Native: 45.0% (n=957)
- Asian American: 31.9% (n=2,302)
- Hawaiian/Pac. Islander: 40.4% (n=240)
- Hispanic/Latino: 46.8% (n=5,029)
- White: 45.5% (n=42,711)
- Other: 42.5% (n=1,134)
- Unknown/blank: 47.0% (n=37,769)

**By household language (2017)**
- Chinese languages*: 25.3% (n=312)
  - Cantonese, Mandarin, Other Chinese/Asian, TaoChiew
- English: 46.3% (n=84,816)
- Russian: 16.7% (n=468)
- Spanish: 42.0% (n=3,804)
- Vietnamese: 23.9% (n=389)
- Other: 35.1% (n=703)
- Unknown/blank: 45.1% (n=1,697)

---

n = subpopulation denominator
Each race category excludes Hispanic/Latino

*Benchmark 50.0%
Effective contraceptive use among adult women at risk of unintended pregnancy in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

2017 benchmark: 50.0%
Effective contraceptive use (15-17)

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

Data source:
Administrative (billing) claims

2017 benchmark source:
Metrics and Scoring Committee consensus

2017 data (N=17,354)
- Statewide percent change since 2016: +2.0%
- Number of CCOs that improved: 12
- Number of CCOs achieving target: all 16

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

Statewide, effective contraceptive use among adolescents has remained steady.

By race and ethnicity (2017)

- African American/Black: 26.5% (n=392)
- Am. Indian/Al. Native: 35.8% (n=232)
- Asian American: 15.1% (n=392)
- Hawaiian/Pac. Islander: 25.9% (n=58)
- Hispanic/Latino: 19.1% (n=2,186)
- White: 37.4% (n=5,743)
- Other: 32.5% (n=212)
- Unknown/undetermined: 29.6% (n=8,139)

By household language (2017)

- Chinese languages*: 11.1% (n=54)
- English: 34.9% (n=13,269)
- Russian: 4.3% (n=161)
- Spanish: 14.4% (n=2,911)
- Vietnamese: 14.3% (n=126)
- Other: 8.8% (n=159)
- Unknown/undetermined: 30.9% (n=674)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
Effective contraceptive use among adolescent women at risk of unintended pregnancy in 2016 and 2017, by CCO.

Grey dots represent 2015.

2017 benchmark: 50.0%
Effective contraceptive use (15-50)

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

Data source:
Administrative (billing) claims

2017 benchmark source:
Metrics and Scoring Committee consensus

2017 data (N=109,543)
- Statewide percent change since 2016: +12.5%
- Number of CCOs that improved: all 16
- Number of CCOs achieving target: all 16

Results are stratified by age group (adolescents and all ages combined) for reporting and monitoring purposes only. Incentive payments are based on adults only. Beginning in 2018, age range 15-50 will be the incentivized measure.

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EFFECTIVE CONTRACEPTIVE USE AMONG WOMEN AT RISK OF UNINTENDED PREGNANCY (all ages 15-50)

Effective contraceptive use among women ages 15-50 at risk of unintended pregnancy in 2016 and 2017, by CCO.

Grey dots represent 2015.
Follow-up after hospitalization

Percentage of members (ages 6 and older) who received a follow-up visit with a health care provider within seven days of being discharged from a mental illness-related hospitalization.

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

**2017 benchmark source:**
2015 CCO 75th percentile (rebased)

**2017 data** (N=2,952)
- Statewide percent change since 2016: +7.6%
- Number of CCOs that improved: 14
- Number of CCOs achieving target: 15

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

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Statewide, follow-up after hospitalization for mental illness has increased.

**By race and ethnicity (2017)**

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>70.5% (n=112)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>90.9% (n=33)</td>
</tr>
<tr>
<td>Asian American</td>
<td>94.4% (n=36)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander^</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>83.0% (n=141)</td>
</tr>
<tr>
<td>White</td>
<td>85.5% (n=1,727)</td>
</tr>
<tr>
<td>Other^</td>
<td></td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>84.3% (n=865)</td>
</tr>
</tbody>
</table>

**By household language (2017)**

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chinese languages*^</td>
<td></td>
</tr>
<tr>
<td>English</td>
<td>84.8% (n=2,857)</td>
</tr>
<tr>
<td>Russian^</td>
<td></td>
</tr>
<tr>
<td>Spanish</td>
<td>85.4% (n=48)</td>
</tr>
<tr>
<td>Vietnamese^</td>
<td></td>
</tr>
<tr>
<td>Other^</td>
<td></td>
</tr>
<tr>
<td>Unknown/blank^</td>
<td></td>
</tr>
</tbody>
</table>

^ data suppressed (n < 30)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

^ data suppressed (n < 30)

n = subpopulation denominator

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew
Follow-up after hospitalization for mental illness in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

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

2017 benchmark: 82.7%

^ note small denominator (n<30)
The Patient-Centered Primary Care Home (PCPCH) enrollment incentive measure uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

Beginning in 2017, the PCPCH program launched 5 STAR recognition. This new level of recognition was incorporated into the weighting formula for PCPCH score. Thus, scores are not comparable to previous years. The graphs below show member enrollment by CCO across the PCPCH tiers. The next page shows each CCO’s PCPCH “score” using the weighted methodology for the incentive measure. A CCO must achieve a score of at least 60 percent to be eligible to earn 100 percent of its quality pool.

### Statewide in 2017, 92 percent of CCO members are enrolled in a PCPCH, resulting in a weighted score of 70.1 percent.

<table>
<thead>
<tr>
<th>CCO</th>
<th>Not enrolled in PCPCH</th>
<th>Tiers 1 &amp; 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>5 STAR</th>
<th>Total enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare Health Plan</td>
<td>14%</td>
<td>0%</td>
<td>20%</td>
<td>58%</td>
<td>7%</td>
<td>86%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>1%</td>
<td>0%</td>
<td>36%</td>
<td>64%</td>
<td>0%</td>
<td>99%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>6%</td>
<td>0%</td>
<td>26%</td>
<td>43%</td>
<td>25%</td>
<td>94%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>9%</td>
<td>2%</td>
<td>27%</td>
<td>48%</td>
<td>13%</td>
<td>91%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>17%</td>
<td>2%</td>
<td>14%</td>
<td>52%</td>
<td>15%</td>
<td>83%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>4%</td>
<td>2%</td>
<td>24%</td>
<td>67%</td>
<td>3%</td>
<td>96%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>8%</td>
<td>0%</td>
<td>64%</td>
<td>15%</td>
<td>12%</td>
<td>92%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>16%</td>
<td>0%</td>
<td>28%</td>
<td>84%</td>
<td>15%</td>
<td>84%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>0%</td>
<td>1%</td>
<td>100%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>0%</td>
<td>0%</td>
<td>35%</td>
<td>65%</td>
<td>0%</td>
<td>100%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>1%</td>
<td>0%</td>
<td>20%</td>
<td>44%</td>
<td>56%</td>
<td>99%</td>
</tr>
<tr>
<td>Trillium</td>
<td>16%</td>
<td>0%</td>
<td>45%</td>
<td>60%</td>
<td>5%</td>
<td>84%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>0%</td>
<td>1%</td>
<td>18%</td>
<td>33%</td>
<td>21%</td>
<td>89%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>11%</td>
<td>0%</td>
<td>21%</td>
<td>71%</td>
<td>0%</td>
<td>99%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>1%</td>
<td>0%</td>
<td>12%</td>
<td>54%</td>
<td>23%</td>
<td>88%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>12%</td>
<td>1%</td>
<td>24%</td>
<td>57%</td>
<td>19%</td>
<td>99%</td>
</tr>
<tr>
<td>Statewide</td>
<td>8%</td>
<td>1%</td>
<td>56%</td>
<td>58%</td>
<td>11%</td>
<td>92%</td>
</tr>
</tbody>
</table>
Patient-Centered Primary Care Home enrollment score in 2017, by CCO.

✓ indicates CCO met 60 percent threshold.

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

2017 benchmark: 60.0%
Timeliness of prenatal care

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

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

**2017 benchmark source:** 2016 national Medicaid 90th percentile

**2017 data** (N=5,702)
- Statewide percent change since 2016: **-0.8%**
- Number of CCOs that improved: **7**
- Number of CCOs achieving target: **11**

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

Statewide, timeliness of prenatal care remains near the benchmark in 2017.
Timeliness of prenatal care in 2016 and 2017, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

2017 benchmark: 91.0%

- Columbia Pacific ✓
- Yamhill Community Care ✓
- FamilyCare ✓
- Jackson Care Connect ✓
- PrimaryHealth of Josephine County ✓
- Intercommunity Health Network ✓
- Health Share of Oregon ✓
- Eastern Oregon ✓
- Advanced Health
- Umpqua Health Alliance ✓
- Cascade Health Alliance
- AllCare CCO ✓
- Trillium
- PacificSource - Central ✓
- Willamette Valley Community Health
- PacificSource - Gorge
Satisfaction with care (CAHPS)

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

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

2017 benchmark source:
2016 national Medicaid 75th percentile; weighted average of adult and child rates

2017 data
- Statewide percent change since 2016: +2.6%
- Number of CCOs that improved: 13
- Number of CCOs achieving target: 8

Statewide, satisfaction with care has remained steady over time.

### Satisfaction with care (CAHPS)

<table>
<thead>
<tr>
<th>All ages combined</th>
<th>Adults and children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>'13</td>
</tr>
<tr>
<td>Benchmark</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

#### By race and ethnicity (adults) in 2017

- **African American/Black**: 92.9% (n=28)
- **Am. Indian/Al. Native**: 86.8% (n=38)
- **Asian American**: 87.5% (n=32)
- **Hawaiian/Pac. Islander**: 84.9% (n=86)
- **Hispanic/Latino**: 84.9% (n=86)
- **White**: 87.0% (n=1,551)
- **Other**: 95.0% (n=20)
- **Unknown/undetermined**: 88.4% (n=980)

#### By race and ethnicity (children) in 2017

- **African American/Black**: 85.0% (n=20)
- **Am. Indian/Al. Native**: 86.7% (n=60)
- **Asian American**: 77.4% (n=31)
- **Hawaiian/Pac. Islander**: 91.6% (n=454)
- **Hispanic/Latino**: 91.6% (n=454)
- **White**: 89.3% (n=964)
- **Other**: 88.1% (n=42)
- **Unknown/undetermined**: 87.7% (n=1,550)

*^ data suppressed (n<10)\n\n* n = subpopulation denominator\nEach race category excludes Hispanic/Latino
Satisfaction with care in **2016** and **2017**, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016 Satisfaction</th>
<th>2017 Satisfaction</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource - Gorge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AllCare CCO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FamilyCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2017 benchmark: 89.7%
Appendix B

State Quality and CMS Core measures
All-cause readmissions

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

Data source:
Administrative (billing) claims

2017 benchmark source:
Average of 2013 commercial and Medicare 75th percentile

2017 data  (N=33,839)
- Statewide percent change since 2016: **-12.1%** (lower is better)
- Number of CCOs that improved: **12**


By race and ethnicity (2017)
- African American/Black: 13.7% (n=1,361)
- Am. Indian/Al. Native: 10.4% (n=454)
- Asian American: 7.0% (n=724)
- Hawaiian/Pac. Islander: 14.8% (n=122)
- Hispanic/Latino: 7.1% (n=1,537)
- White: 10.0% (n=20,648)
- Other: 5.8% (n=208)
- Unknown/blank: 8.1% (n=8,785)

By household language (2017)
- Chinese languages*: 9.5% (n=116)
- English: 9.6% (n=31,886)
- Russian: 5.7% (n=246)
- Spanish: 5.4% (n=744)
- Vietnamese: 8.7% (n=172)
- Other: 6.9% (n=320)
- Unknown/blank: 7.3% (n=355)

n = subpopulation denominator
Each race category excludes Hispanic/Latino
n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

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ALL-CAUSE READMISSIONS

Hospital all-cause readmissions in 2016 and 2017, by CCO.
Grey dots represent 2015.

- PacificSource - Gorge: 7.6% (11.9% in 2017)
- Willamette Valley Community Health: 6.6% (8.9% in 2017)
- Eastern Oregon: 6.9% (8.9% in 2017)
- Yamhill Community Care: 5.1% (9.9% in 2017)
- Cascade Health Alliance: 5.1% (9.9% in 2017)
- Columbia Pacific: 8.7% (9.9% in 2017)
- AllCare Health Plan: 7.7% (9.3% in 2017)
- Health Share of Oregon: 7.7% (9.3% in 2017)
- Advanced Health: 8.7% (9.9% in 2017)
- Jackson Care Connect: 9.4% (10.5% in 2017)
- Trillium: 9.4% (10.5% in 2017)
- Intercommunity Health Network: 9.3% (9.8% in 2017)
- FamilyCare: 9.7% (10.0% in 2017)
- Umpqua Health Alliance: 8.6% (9.0% in 2017)
- PacificSource - Central: 9.4% (10.0% in 2017)
- PrimaryHealth of Josephine County: 5.5% (6.2% in 2017)

2017 benchmark: 10.5%
Lower is better.
### Avoidable ED utilization

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

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

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

**2017 benchmark source:**
n/a

**2017 data** (N=10,026,285 member months)
- Statewide percent change since 2016: **-1.4%** (lower is better)
- Number of CCOs that improved: **11**

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### Statewide, avoidable ED utilization has leveled off.

![Graph showing avoidable ED utilization](image)

Lower is better

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>14.2</td>
<td></td>
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<tr>
<td>2013</td>
<td>8.6</td>
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<tr>
<td>2014</td>
<td>7.4</td>
<td></td>
</tr>
<tr>
<td>2015</td>
<td>7.1</td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>6.9</td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>6.8</td>
<td></td>
</tr>
</tbody>
</table>

### By race and ethnicity (2017)

- African American/Black: 9.4 (n=238,682)
- Am. Indian/Al. Native: 8.8 (n=116,590)
- Asian American: 3.1 (n=242,729)
- Hawaiian/Pac. Islander: 7.5 (n=38,735)
- Hispanic/Latino: 6.9 (n=621,564)
- White: 6.8 (n=4,345,400)
- Other: 4.8 (n=113,541)
- Unknown/blank: 6.9 (n=4,109,045)

### By household language (2017)

- Chinese languages*: 2.7 (n=42,159)
- English: 7.1 (n=8,693,139)
- Russian: 3.4 (n=67,170)
- Spanish: 5.8 (n=610,303)
- Vietnamese: 2.0 (n=50,060)
- Other: 6.1 (n=90,386)
- Unknown/blank: 4.8 (n=273,068)

*n = subpopulation denominator

Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew
Avoidable emergency department utilization in 2016 and 2017, by CCO.
Grey dots represent 2015.

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

Lower is better
**AMBULATORY CARE: OUTPATIENT UTILIZATION**

### Outpatient utilization

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

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

**2017 benchmark source:**
n/a

**2017 data** (N=10,026,285 member months)
- Statewide percent change since 2016: **+7.8%**
- Number of CCOs that improved: **13**

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

### Statewide, outpatient utilization increased in 2017.

![Graph showing outpatient utilization trend from 2011 to 2017]

#### By race and ethnicity (2017)

- **African American/Black**: 329.0 (n=238,682)
- **Am. Indian/Al. Native**: 311.9 (n=116,590)
- **Asian American**: 310.3 (n=242,729)
- **Hawaiian/Pac. Islander**: 231.7 (n=38,735)
- **Hispanic/Latino**: 279.8 (n=821,564)
- **White**: 345.1 (n=4,345,400)
- **Other**: 260.7 (n=113,541)
- **Unknown/blank**: 291.5 (n=4,109,045)

#### By household language (2017)

- **Chinese languages***: 318.5 (n=42,159)
- **English**: 321.3 (n=8,693,139)
- **Russian**: 312.7 (n=67,170)
- **Spanish**: 258.0 (n=810,303)
- **Vietnamese**: 346.2 (n=50,060)
- **Other**: 366.3 (n=90,386)
- **Unknown/blank**: 254.2 (n=273,068)

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

**Back to table of contents.**
Outpatient utilization in 2016 and 2017, by CCO.

Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FamilyCare</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>261.0</td>
<td>269.9</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>291.6</td>
<td>297.8</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>289.7</td>
<td>293.3</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>301.7</td>
<td>310.6</td>
</tr>
</tbody>
</table>
Cervical cancer screening

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

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid 75th percentile

2017 data (N=127,570)
- Statewide percent change since 2016: +6.9%
- Number of CCOs that improved: all 16

Statewide, cervical cancer screening has increased.

Cervical cancer screening by household language (2017)

- Chinese languages*
- English
- Russian
- Spanish
- Vietnamese
- Other
- Unknown/blank

Cervical cancer screening by race and ethnicity (2017)

- African American/Black
- Am. Indian/Al. Native
- Asian American
- Hawaiian/Pac. Islander
- Hispanic/Latino
- White
- Other
- Unknown/blank

n = subpopulation denominator
Each race category excludes Hispanic/Latino

n = subpopulation denominator
* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

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Cervical cancer screening in 2016 and 2017, by CCO.

Grey dots represent 2015.

- PacificSource - Gorge: 54.7%, 63.1%
- FamilyCare: 52.5%, 58.7%
- Columbia Pacific: 47.9%, 52.7%
- Health Share of Oregon: 56.4%, 60.8%
- Intercommunity Health Network: 60.7%, 54.9%
- Willamette Valley Community Health: 53.6%, 57.2%
- Cascade Health Alliance: 52.0%, 55.4%
- PacificSource - Central: 54.5%, 57.8%
- Advanced Health: 48.3%, 51.6%
- PrimaryHealth of Josephine County: 47.1%, 50.2%
- AllCare Health Plan: 54.6%, 57.3%
- Jackson Care Connect: 58.1%, 60.3%
- Trillium: 51.7%, 53.9%
- Eastern Oregon: 47.4%, 49.5%
- Yamhill Community Care: 58.1%, 59.9%
- Umpqua Health Alliance: 54.8%, 56.4%
Child and adolescent access to PCP

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

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

**2017 benchmark source:**
2016 national Medicaid 75th percentile

**2017 data** (N=206,532)
- Statewide percent change since 2016: +1.9%
- Number of CCOs that improved: all 16

**Child and adolescent access to primary care, statewide.**

<table>
<thead>
<tr>
<th>Year</th>
<th>2011</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
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<td>Benchmark</td>
<td>88.5%</td>
<td>87.0%</td>
<td>86.0%</td>
<td>89.5%</td>
<td>90.5%</td>
<td>92.2%</td>
</tr>
</tbody>
</table>

**By race and ethnicity (2017)**

- African American/Black: 91.0% (n=4,146)
- Am. Indian/Al. Native: 92.4% (n=2,472)
- Asian American: 92.2% (n=3,830)
- Hawaiian/Pac. Islander: 85.4% (n=738)
- Hispanic/Latino: 93.7% (n=24,714)
- White: 91.5% (n=66,173)
- Other: 91.4% (n=2,232)
- Unknown/blank: 92.3% (n=102,227)

**By household language (2017)**

- Chinese languages*: 94.0% (n=688)
- English: 91.9% (n=162,626)
- Russian: 79.3% (n=1,476)
- Spanish: 94.3% (n=30,604)
- Vietnamese: 93.4% (n=931)
- Other: 90.0% (n=1,628)
- Unknown/blank: 91.7% (n=8,579)

* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

**Back to table of contents.**
### Childhood and adolescent access to primary care providers in 2016 and 2017, by CCO.

Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>FamilyCare</td>
<td>91.1%</td>
<td>91.4%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>88.8%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>87.6%</td>
<td>90.1%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>90.7%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>90.4%</td>
<td>91.0%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>91.0%</td>
<td>91.2%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>89.1%</td>
<td>91.3%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>90.8%</td>
<td>91.5%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>90.3%</td>
<td>91.2%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>91.0%</td>
<td>91.0%</td>
</tr>
<tr>
<td>Trillium</td>
<td>91.2%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>88.3%</td>
<td>90.4%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>91.5%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>91.3%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>90.1%</td>
<td>91.3%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>91.4%</td>
<td>91.4%</td>
</tr>
</tbody>
</table>

2017 benchmark: 93.6%
CHLAMYDIA SCREENING

Chlamydia screening

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

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid 75th percentile

2017 data (N=25,579)
- Statewide percent change since 2016: +4.4%
- Number of CCOs that improved: 9

Statewide, chlamydia screening increased in 2017.

By race and ethnicity (2017)

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<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>55.8%</td>
<td>55.8%</td>
<td>45.4%</td>
<td>47.1%</td>
<td>47.5%</td>
<td>49.6%</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>57.1%</td>
<td>57.1%</td>
<td>48.4%</td>
<td>48.4%</td>
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<tr>
<td>Asian American</td>
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<td>43.2%</td>
<td>48.5%</td>
<td>48.5%</td>
<td>48.5%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>48.4%</td>
<td>48.4%</td>
<td>48.5%</td>
<td>48.5%</td>
<td>48.5%</td>
<td>48.6%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
<td>48.6%</td>
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<tr>
<td>White</td>
<td>48.6%</td>
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<td>48.6%</td>
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<tr>
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<tr>
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</table>

By household language (2017)

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<td>34.2%</td>
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<td>34.2%</td>
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<tr>
<td>Russian</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
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<tr>
<td>Spanish</td>
<td>43.2%</td>
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<td>43.2%</td>
<td>43.2%</td>
<td>43.2%</td>
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<tr>
<td>Vietnamese</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
<td>30.3%</td>
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<tr>
<td>Other</td>
<td>18.2%</td>
<td>18.2%</td>
<td>18.2%</td>
<td>18.2%</td>
<td>18.2%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>46.7%</td>
<td>46.7%</td>
<td>46.7%</td>
<td>46.7%</td>
<td>46.7%</td>
<td>46.7%</td>
</tr>
</tbody>
</table>

* Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

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

Back to table of contents.
Chlamydia screening in 2016 and 2017, by CCO.
Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2017 benchmark: 61.7%</th>
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<tbody>
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<td></td>
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<td>46.1%</td>
<td>55.3%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td></td>
<td></td>
<td>45.4%</td>
<td>53.7%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td></td>
<td></td>
<td>43.7%</td>
<td>49.7%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
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<td>50.0%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
<td>50.0%</td>
<td>54.2%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>40.9%</td>
<td>43.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td></td>
<td>46.3%</td>
<td>47.9%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>44.6%</td>
<td></td>
<td>46.1%</td>
<td></td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>39.9%</td>
<td>40.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td></td>
<td></td>
<td>47.7%</td>
<td>48.5%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>33.5%</td>
<td>36.3%</td>
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<tr>
<td>Cascade Health Alliance</td>
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<td></td>
<td>53.7%</td>
<td>56.5%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
<td>46.0%</td>
<td>49.8%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td></td>
<td></td>
<td>46.8%</td>
<td>50.8%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>39.2%</td>
<td></td>
<td>46.6%</td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td></td>
<td></td>
<td>44.2%</td>
<td>53.9%</td>
</tr>
</tbody>
</table>
**HbA1c testing**

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

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

**2017 benchmark source:**
2016 national Medicaid 75th percentile

**2017 data** (N=32,371)
- Statewide percent change since 2016: +0.6%
- Number of CCOs that improved: **11**

Statewide, HbA1c testing for adults with diabetes remained steady in 2017.

![Graph showing HbA1c testing percentages from 2011 to 2017]

- Benchmark 89.4%


<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>87.7%</td>
<td>n=1385</td>
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<tr>
<td>Am. Indian/Al. Native</td>
<td>87.6%</td>
<td>n=477</td>
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<tr>
<td>Asian American</td>
<td>92.4%</td>
<td>n=1,268</td>
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<tr>
<td>Hawaiian/Pac. Islander</td>
<td>83.7%</td>
<td>n=129</td>
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<tr>
<td>Hispanic/Latino</td>
<td>89.2%</td>
<td>n=2,212</td>
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<tr>
<td>White</td>
<td>86.6%</td>
<td>n=18,390</td>
<td></td>
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<tr>
<td>Other</td>
<td>92.8%</td>
<td>n=195</td>
<td></td>
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<tr>
<td>Unknown/blank</td>
<td>88.0%</td>
<td>n=8,315</td>
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<table>
<thead>
<tr>
<th>Language</th>
<th>2017</th>
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</thead>
<tbody>
<tr>
<td>Chinese languages*</td>
<td>96.2%</td>
</tr>
<tr>
<td>English</td>
<td>86.9%</td>
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<tr>
<td>Russian</td>
<td>92.5%</td>
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<td>Spanish</td>
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<tr>
<td>Vietnamese</td>
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<tr>
<td>Other</td>
<td>93.3%</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>88.2%</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Hba1c testing for members with diabetes in 2016 and 2017, by CCO.

Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016 (%)</th>
<th>2017 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon</td>
<td>81.7%</td>
<td>86.1%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>84.9%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>85.8%</td>
<td>88.5%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>87.6%</td>
<td>90.2%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>86.3%</td>
<td>88.6%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>88.5%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>85.7%</td>
<td>87.0%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>87.7%</td>
<td>88.9%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>84.8%</td>
<td>85.9%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>87.6%</td>
<td>88.6%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>88.3%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>88.3%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td>77.1%</td>
<td>79.0%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>92.3%</td>
<td>94.5%</td>
</tr>
<tr>
<td>Trillium</td>
<td>76.8%</td>
<td>86.6%</td>
</tr>
</tbody>
</table>
EARLY ELECTIVE DELIVERY

Early elective delivery

Percentage of women delivering a newborn who had an elective delivery between 37 and 39 weeks of gestation (lower score is better).

Data source:
Administrative (billing) claims, Vital Records, and hospitals

2017 benchmark source:
Metrics and Scoring Committee consensus

2017 data (N=3,524)
- Statewide percent change since 2016: -39.1% (lower is better)
- Number of CCOs that improved: 11

Early elective delivery is a former CCO incentive measure; it was retired in 2015.

Statewide, early elective delivery continues to decline.

Race/ethnicity, and household language data are not available for this measure.
EARLY ELECTIVE DELIVERY

Early elective delivery in 2016 and 2017, by CCO.
Grey dots represent 2015.

Trillium 0.0%
Jackson Care Connect 0.0%
Yamhill Community Care 0.7%
Intercommunity Health Network 0.1%
AllCare Health Plan 0.0%
Willamette Valley Community Health 1.8%
FamilyCare 1.4%
PrimaryHealth of Josephine County 0.0%
Columbia Pacific 1.6%
Umpqua Health Alliance 1.0%
Health Share of Oregon 1.8%
Advanced Health 0.0%
Eastern Oregon 0.4%
PacificSource - Gorge 0.2%
Cascade Health Alliance 0.1%
PacificSource - Central 0.0%

2017 benchmark: 5.0%
Lower is better

6.3%
Measure description

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

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid 90th percentile

2017 data (N=1,963)
- Statewide percent change since 2016: +2.9%
- Number of CCOs that improved: 11

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

Statewide, follow-up for children prescribed ADHD medication has increased.

By race and ethnicity (2017)

- African American/Black: 63.2% (n=57)
- Am. Indian/Al. Native^: 65.3% (n=199)
- Asian American^: 65.6% (n=876)
- Hawaiian/Pac. Islander^: 62.5% (n=782)
- Hispanic/Latino: 65.3% (n=199)
- White: 65.6% (n=876)
- Other^: 65.3% (n=199)
- Unknown/blank: 62.5% (n=782)

By household language (2017)

- English: 64.0% (n=1,792)
- Russian^: 65.3% (n=199)
- Spanish: 59.6% (n=99)
- Vietnamese^: 65.3% (n=199)
- Other^: 71.0% (n=69)
- Unknown/blank: 64.0% (n=1,792)

^data suppressed (n<30)
^n = subpopulation denominator
Each race category excludes Hispanic/Latino
^Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Follow-up care for children prescribed ADHD medication in 2016 and 2017, by CCO.
Grey dots represent 2015.

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

2017 benchmark: 55.5%

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

^ note small denominator (n<30)
Measure description

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

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid 90th percentile

2017 data (N=666)

- Statewide percent change since 2016: +8.2%
- Number of CCOs that improved: 12

By race and ethnicity (2017)

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<tbody>
<tr>
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<tr>
<td>Hispanic/Latino</td>
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<tr>
<td>White</td>
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<tr>
<td>Other^</td>
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<tr>
<td>Unknown/blank</td>
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</table>

75.0% (n=615)  (n=)  (n=)  (n=18)  (n=)  (n=)  81.8% (n=33)

By household language (2017)

<table>
<thead>
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<tr>
<td>Chinese languages*</td>
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<td>English^</td>
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<td>Russian^</td>
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<tr>
<td>Spanish^</td>
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<td>Vietnamese^</td>
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<tr>
<td>Unknown/blank</td>
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</tbody>
</table>

87.9% (n=66)  75.6% (n=308)  (n=6)  73.6% (n=265)

75.0% (n=615)
(n=)
(n=)
(n=18)
(n=)
(n=)
81.8% (n=33)

^data suppressed (n<30)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

^data suppressed (n<30)

n = subpopulation denominator

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Continuing follow-up for children prescribed ADHD medication in 2016 and 2017, by CCO.

Grey dots represent 2015.

- PacificSource - Gorge^ 57.1% 61.9% 83.3%
- Umpqua Health Alliance^ 53.2% 68.4% 83.3%
- PacificSource - Central 59.5% 74.5% 85.7%
- Intercommunity Health Network 63.0% 76.0% 81.1%
- Cascade Health Alliance^ 69.7% 76.4%
- Advanced Health^ 69.0%
- FamilyCare 72.7%
- Health Share of Oregon 72.7%
- Willamette Valley Community Health 72.3%
- Trillium 72.3%
- AllCare Health Plan 75.0%
- Eastern Oregon 72.7%
- Yamhill Community Care^ 68.4% 78.9%
- Jackson Care Connect^ 61.5% 73.9%
- PrimaryHealth of Josephine County^ 50.0% 66.7% 74.2%
- Columbia Pacific 74.2%

^ note small denominator (n<30)
Health status (adults)

Percentage of adults who report their overall health as good, very good, or excellent.

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

2017 benchmark source:
National CAHPS benchmark

2017 data (N=5,291)
- Statewide percent change since 2016: -1.6%
- Number of CCOs that improved: 9

Statewide, self-reported health status among adults declined slightly in 2017.

By race and ethnicity (2017)

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>72.2%</td>
<td>65.4%</td>
<td>67.2%</td>
<td>70.5%</td>
<td>70.0%</td>
<td>68.9%</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
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<tr>
<td>Asian American</td>
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<tr>
<td>Hawaiian/Pac. Islander^</td>
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<tr>
<td>Hispanic/Latino</td>
<td>71.3%</td>
<td>64.9%</td>
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<tr>
<td>White</td>
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<td></td>
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<tr>
<td>Other</td>
<td>83.3%</td>
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<tr>
<td>Unknown/blank</td>
<td>75.0%</td>
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</tr>
</tbody>
</table>

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

Household language data are not available for this measure.
Percentage of adults whose health status was good, very good, or excellent in 2016 and 2017, by CCO.

Grey dots represent 2015.

- Umpqua Health Alliance: 62.0% (2016), 68.2% (2017)
- Cascade Health Alliance: 61.0% (2016), 66.2% (2017)
- Jackson Care Connect: 70.0% (2016), 74.5% (2017)
- PacificSource - Central: 69.0% (2016), 73.2% (2017)
- Columbia Pacific: 65.0% (2016), 69.1% (2017)
- PacificSource - Gorge: 71.0% (2016), 74.0% (2017)
- Eastern Oregon: 67.0% (2016), 69.9% (2017)
- Primary Health of Josephine County: 72.0% (2016), 73.8% (2017)
- Yamhill Community Care: 68.0% (2016), 68.2% (2017)
- FamilyCare: 75.0% (2016), 76.0% (2017)
- Willamette Valley Community Health: 64.1% (2016), 65.0% (2017)
- Health Share of Oregon: 71.0% (2016), 73.0% (2017)
- Intercommunity Health Network: 69.9% (2016), 72.0% (2017)
- Trillium: 67.7% (2016), 70.0% (2017)
- AllCare Health Plan: 70.2% (2016), 73.0% (2017)
- Advanced Health: 57.7% (2016), 65.0% (2017)

2017 benchmark: 80.1%
Health status (children)

Percentage of children who report their overall health as good, very good, or excellent.

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

2017 benchmark source:
National CAHPS benchmark

2017 data (N=6,228)

- Statewide percent change since 2016: -0.6%
- Number of CCOs that improved: 5

Statewide, self-reported health status among children has been steady.

By race and ethnicity (2017)

- African American/Black 92.5% (n=40)
- Am. Indian/Al. Native 92.4% (n=119)
- Asian American 89.4% (n=66)
- Hawaiian/Pac. Islander^ 90.9% (n=11)
- Hispanic/Latino 91.7% (n=683)
- White 96.1% (n=2,309)
- Other 98.5% (n=65)
- Unknown/blank 94.8% (n=2,935)

^data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
### HEALTH STATUS - CHILDREN (CAHPS SURVEY)

Percentage of children whose health status was good, very good, or excellent in **2016** and **2017**, by CCO.

Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016 Percentage</th>
<th>2017 Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Umpqua Health Alliance</td>
<td>92.8%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>95.5%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>95.2%</td>
<td>96.9%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>96.5%</td>
<td>97.3%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>95.7%</td>
<td>96.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>95.5%</td>
<td>95.7%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>93.5%</td>
<td>93.8%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>95.8%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>93.5%</td>
<td>94.9%</td>
</tr>
<tr>
<td>Trillium</td>
<td>96.8%</td>
<td>98.2%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>95.9%</td>
<td>97.5%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>94.6%</td>
<td>96.3%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>95.1%</td>
<td>96.7%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>93.4%</td>
<td>95.2%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>92.5%</td>
<td>95.3%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>89.7%</td>
<td>93.0%</td>
</tr>
</tbody>
</table>
IMMUNIZATIONS FOR ADOLESCENTS

Immunizations for adolescents

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

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

2017 benchmark source:
2016 national Medicaid 75th percentile

2017 data (N=12,060)
• Statewide percent change since 2016: -1.7%
• Number of CCOs that improved: 5

Statewide, immunizations for adolescents decreased slightly in 2017.

By race and ethnicity (2017)
- African American/Black: 64.1% (n=256)
- Am. Indian/Al. Native: 71.2% (n=156)
- Asian American: 70.2% (n=215)
- Hawaiian/Pac. Islander: 71.1% (n=38)
- Hispanic/Latino: 74.8% (n=1,639)
- White: 61.3% (n=3,954)
- Other: 59.6% (n=146)
- Unknown/blank: 67.3% (n=5,656)

By household language (2017)
- Chinese languages*: 68.6% (n=35)
- English: 63.7% (n=9,100)
- Russian: 24.8% (n=113)
- Spanish: 80.8% (n=2,146)
- Vietnamese: 78.0% (n=50)
- Other: 58.3% (n=84)
- Unknown/blank: 60.5% (n=532)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
IMMUNIZATIONS FOR ADOLESCENTS

Immunizations for adolescents in 2016 and 2017, by CCO.
Grey dots represent 2015.

2017 benchmark: 86.6%
Measure description

Percentage of members (ages 13 and older) newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis.

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid median

2017 data (N=12,564)
- Statewide percent change since 2016: +6.1%
- Number of CCOs that improved: 10

By race and ethnicity (2017)

African American/Black 34.0% (n=479)
Am. Indian/Al. Native 31.4% (n=194)
Asian American 34.8% (n=66)
Hawaiian/Pac. Islander^ 38.1% (n=544)
Hispanic/Latino 38.1% (n=544)
White 36.2% (n=7,571)
Other 36.7% (n=109)
Unknown/blank 37.5% (n=3,577)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2016 and 2017, by CCO.

Grey dots represent 2015.

- Umpqua Health Alliance: 33.6%, 2017 benchmark: 38.1%
- Trillium: 31.7%, 39.5%
- FamilyCare: 22.9%, 36.3%, 40.5%
- AllCare Health Plan: 43.2%, 47.1%
- Jackson Care Connect: 43.3%, 46.6%
- PrimaryHealth of Josephine County: 42.5%, 45.7%
- Eastern Oregon: 29.1%, 32.0%
- Yamhill Community Care: 36.1%, 38.7%
- Intercommunity Health Network: 36.6%, 38.6%
- PacificSource - Gorge: 38.7%, 40.0%
- Health Share of Oregon: 31.9%, 33.0%
- Cascade Health Alliance: 28.5%, 30.2%
- PacificSource - Central: 25.6%, 27.4%
- Willamette Valley Community Health: 38.3%, 40.2%
- Columbia Pacific: 30.0%, 31.9%
- Advanced Health: 35.6%, 37.8%
Measure description

Percentage of members (ages 13 and older) newly diagnosed with alcohol or other drug dependence who had two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment.

Data source:
Administrative (billing) claims

2017 benchmark source:
2016 national Medicaid median

2017 data (N=12,564)

- Statewide percent change since 2016: +1.8%
- Number of CCOs that improved: 7

By race and ethnicity (2017)

- African American/Black: 9.0% (n=479)
- Am. Indian/Al. Native: 9.8% (n=194)
- Asian American: 4.5% (n=66)
- Hawaiian/Pac. Islander: 13.1% (n=544)
- Hispanic/Latino: 11.1% (n=7,571)
- White: 9.2% (n=109)
- Other: 12.0% (n=3,577)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
Continuation of treatment for members with alcohol or other drug dependence in 2016 and 2017, by CCO.

Grey dots represent 2015.

2017 benchmark: 9.8%

- Eastern Oregon
- Trillium
- Umpqua Health Alliance
- AllCare Health Plan
- Cascade Health Alliance
- Yamhill Community Care
- Intercommunity Health Network
- Health Share of Oregon
- PrimaryHealth of Josephine County
- FamilyCare
- Columbia Pacific
- Jackson Care Connect
- PacificSource - Gorge
- Willamette Valley Community Health
- PacificSource - Central
- Advanced Health
Low birth weight

Percentage of live births that weighed less than 2,500 grams (5.5 pounds). A lower score is better.

Data source:
Oregon birth certificates, Vital Statistics, and Administrative (billing) claims

2016 benchmark source:
County Health Rankings 2016 90th percentile

2016 data (N=25,347)
- Statewide percent change since 2015: -6.0% (lower is better)

2017 data are not yet available for this measure. Results published in earlier reports should not be compared to those published here due to change in methodology.

This measure includes all Oregon Health Plan members; it is not limited to CCO members. Thus, results by CCO are not available.

Low birth weights declined in 2016.

By race and ethnicity (2016)

<table>
<thead>
<tr>
<th>Race Category</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>9.9% (n=1,900)</td>
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<tr>
<td>Am. Indian/Al. Native</td>
<td>7.3% (n=2,383)</td>
</tr>
<tr>
<td>Asian American</td>
<td>9.1% (n=1,371)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>8.0% (n=601)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>7.5% (n=8,249)</td>
</tr>
<tr>
<td>White</td>
<td>7.9% (n=24,827)</td>
</tr>
<tr>
<td>Other or unknown</td>
<td>9.4% (n=256)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
Advised to quit

Percentage of adult tobacco users who were advised to quit by their doctor.

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

2017 benchmark source:
2016 national Medicaid 90th percentile

2017 data (N=1,478)
- Statewide percent change since 2016: +14.9%
- Number of CCOs that improved: 12

Statewide, the percent of members whose doctor advised quitting tobacco increased.

Benchmark: 81.9%

50.0% 55.0% 51.4% 49.6% 48.9% 56.2%


By race and ethnicity (2017)

African American/Black 58.8% (n=17)
Am. Indian/Al. Native 65.2% (n=23)
Asian American^ 49.6% (n=2)
Hawaiian/Pac. Islander^ 46.7% (n=15)
Hispanic/Latino 56.3% (n=934)
White 60.0% (n=15)
Other 55.8% (n=466)
Unknown/blank 55.8% (n=466)

^data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
Percent of members whose doctor advised quitting tobacco in 2016 and 2017, by CCO.

Grey dots represent 2015.

2017 benchmark: 81.9%

- Advanced Health: 35.9% (2016), 37.3% (2017)
- PacificSource - Gorge: 37.5% (2016), 58.1% (2017)
- Umpqua Health Alliance: 37.2% (2016), 54.5% (2017)
- Willamette Valley Community Health: 42.6% (2016), 57.1% (2017)
- Intercommunity Health Network: 54.0% (2016), 65.8% (2017)
- Primary Health of Josephine County: 50.7% (2016), 62.2% (2017)
- Trillium: 50.6% (2016), 69.3% (2017)
- PacificSource - Central: 42.5% (2016), 50.8% (2017)
- Yamhill Community Care: 46.3% (2016), 52.4% (2017)
- Columbia Pacific: 53.3% (2016), 58.8% (2017)
- Eastern Oregon: 51.0% (2016), 54.8% (2017)
- Health Share of Oregon: 56.7% (2016), 70.7% (2017)
- FamilyCare: 47.1% (2016), 48.3% (2017)
- Jackson Care Connect: 49.2% (2016), 51.5% (2017)
- Cascade Health Alliance: 48.2% (2016), 51.7% (2017)
- AllCare Health Plan: 49.1% (2016), 52.7% (2017)
Advised medication to quit

Percentage of adult tobacco users who were advised to medication to help them quit by their doctor.

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

2017 benchmark source:
2016 national Medicaid 90th percentile

2017 data (N=1,477)
- Statewide percent change since 2016: +25.2%
- Number of CCOs that improved: 12

Statewide, the percent of members whose doc advised medications to quit increased.

By race and ethnicity (2017)

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</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>24.0%</td>
<td>28.9%</td>
<td>27.5%</td>
<td>26.9%</td>
<td>27.4%</td>
<td>34.3%</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>20.0%</td>
<td>23.7%</td>
<td>22.5%</td>
<td>22.0%</td>
<td>21.6%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Asian American^</td>
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<td></td>
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<tr>
<td>Hawaiian/Pac. Islander^</td>
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</tr>
<tr>
<td>Hispanic/ Latino</td>
<td>20.0%</td>
<td>23.7%</td>
<td>22.5%</td>
<td>22.0%</td>
<td>21.6%</td>
<td>22.0%</td>
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<tr>
<td>White</td>
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<tr>
<td>Other</td>
<td>20.0%</td>
<td>23.7%</td>
<td>22.5%</td>
<td>22.0%</td>
<td>21.6%</td>
<td>22.0%</td>
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<tr>
<td>Unknown/blank</td>
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</tr>
</tbody>
</table>

*data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Household language data are not available for this measure.
Percent of members whose doctor advised medication to help quit tobacco in 2016 and 2017, by CCO.

Grey dots represent 2015.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>18.5%</td>
<td>37.3%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>20.2%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>19.1%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>22.2%</td>
<td>35.1%</td>
</tr>
<tr>
<td>Trillium</td>
<td>23.5%</td>
<td>33.3%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>26.3%</td>
<td>35.6%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>23.6%</td>
<td>32.8%</td>
</tr>
<tr>
<td>FamilyCare</td>
<td>23.7%</td>
<td>31.9%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
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<tr>
<td>AllCare Health Plan</td>
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<tr>
<td>Columbia Pacific</td>
<td></td>
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</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>29.3%</td>
<td>32.5%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>25.9%</td>
<td>28.8%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>31.2%</td>
<td>34.1%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>28.7%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td>36.5%</td>
</tr>
</tbody>
</table>

2017 benchmark: 58.4%
MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED STRATEGIES (CAHPS SURVEY)

Advised strategies to quit

Percentage of adult tobacco users who were advised other strategies to help them quit by their doctor.

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

2017 benchmark source:
2016 national Medicaid 90th percentile

2017 data (N=1,469)
- Statewide percent change since 2016: +26.0%
- Number of CCOs that improved: 13

Statewide, the percent of members whose doc advised strategies to quit increased.

By race and ethnicity (2017)

<table>
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</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>29.4%</td>
<td></td>
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<tr>
<td>Am. Indian/Al. Native</td>
<td>26.1%</td>
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<tr>
<td>Asian American^</td>
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<tr>
<td>Hawaiian/Pac. Islander^</td>
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<tr>
<td>Hispanic/Latino</td>
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<td>20.0%</td>
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<td>White</td>
<td>29.7%</td>
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<tr>
<td>Other</td>
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<tr>
<td>Unknown/blank</td>
<td>28.5%</td>
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</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Household language data are not available for this measure.

Back to table of contents.
MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED STRATEGIES (CAHPS SURVEY)

Percent of members whose doctor advised strategies to help quit tobacco in 2016 and 2017, by CCO.

Grey dots represent 2015.

Intercommunity Health Network 16.0% 33.3%
Advanced Health 19.4% 33.6%
Umpqua Health Alliance 15.5% 27.8%
PacificSource - Gorge 24.6% 35.1%
Trillium 21.2% 31.4%
Willamette Valley Community Health 22.6% 32.5%
PrimaryHealth of Josephine County 24.7% 30.5%
AllCare Health Plan 25.0% 30.1%
Eastern Oregon 23.5% 28.0%
PacificSource - Central 20.0% 23.3%
Columbia Pacific 21.3% 24.5%
Yamhill Community Care 22.2% 22.2%
Cascade Health Alliance 20.3% 36.0% 36.5%
Health Share of Oregon 21.0% 3.3% 21.7%
FamilyCare 21.7% 29.3%
Jackson Care Connect 22.2% 33.3%
PQI 01: DIABETES SHORT-TERM COMPLICATION ADMISSION RATE

PQI 1

Rate of adult members (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease. A lower score is better.

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

Data source:
Administrative (billing) claims

2017 benchmark source:
10 percent reduction from 2016

2017 data (N=5,92,061 member months)
- Statewide percent change since 2016: +26.0 (lower is better)
- Number of CCOs that improved: 4

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


By race and ethnicity (2017)

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</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>222.1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>296.3</td>
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<td></td>
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</tr>
<tr>
<td>Asian American</td>
<td>20.9</td>
<td>171,990</td>
<td></td>
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<tr>
<td>Hawaiian/Pac. Islander</td>
<td>65.0</td>
<td>18,449</td>
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<tr>
<td>Hispanic/Latino</td>
<td>168.3</td>
<td>328,059</td>
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<tr>
<td>White</td>
<td>229.8</td>
<td>3,013,693</td>
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<td>Other</td>
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By household language (2017)

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<td>Other</td>
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</tbody>
</table>

2011: 222.1 (n=151,314)
2013: 296.3 (n=64,780)
2014: 20.9 (n=171,990)
2015: 65.0 (n=18,449)
2016: 168.3 (n=328,059)
2017: 229.8 (n=3,013,693)

Lower is better

n = subpopulation denominator
Each race category excludes Hispanic/Latino

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Hospital admissions for short-term diabetes complications in 2016 and 2017, by CCO.

Grey dots represent 2015.

2017 benchmark: 146.7

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

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

Data source: Administrative (billing) claims
2017 benchmark source: 10 percent reduction from 2016

2017 data (N=5,92,061 member months)
- Statewide percent change since 2016: **+14.4** (lower is better)
- Number of CCOs that improved: **3**

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

Back to table of contents.
Hospital admissions for COPD or asthma in older adults in 2016 and 2017, by CCO.

Grey dots represent 2015.

2017 benchmark: 396.1

Lower is better
PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

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

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

Data source:
Administrative (billing) claims

2017 benchmark source:
10 percent reduction from 2016

2017 data (N=5,892,061 member years)
- Statewide percent change since 2016: +19.0 (lower is better)
- Number of CCOs that improved: 4

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

Back to table of contents.
Hospital admissions for congestive heart failure in 2016 and 2017, by CCO.

Grey dots represent 2015.

PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

2017 benchmark: 221.9

Lower is better
PQI 15: ASTHMA IN YOUNGER ADULTS ADMISSION RATE

PQI 15
Rate of adult members (ages 18-39) who had a hospital stay because of asthma. A lower score is better.

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

Data source:
Administrative (billing) claims

2017 benchmark source:
10 percent reduction from 2016

2017 data  (N=3,150,315)
- Statewide percent change since 2016: -9.4% (lower is better)
- Number of CCOs that improved: 10

Statewide, admissions for asthma in younger adults decreased in 2017.

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

By race and ethnicity (2017)

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<tbody>
<tr>
<td>African American/Black</td>
<td>93.2 (n=77,217)</td>
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<tr>
<td>Am. Indian/Al. Native</td>
<td>69.4 (n=34,561)</td>
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<tr>
<td>Asian American</td>
<td>19.2 (n=62,521)</td>
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<tr>
<td>Hawaiian/Pac. Islander</td>
<td>.0 (n=11,195)</td>
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<tr>
<td>Hispanic/Latino</td>
<td>30.4 (n=197,581)</td>
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<tr>
<td>White</td>
<td>42.6 (n=1,464,435)</td>
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<tr>
<td>Other</td>
<td>.0 (n=40,446)</td>
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By household language (2017)

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<td>Unknown/blank</td>
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</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino

n = subpopulation denominator
*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew

Back to table of contents.
Hospital admissions for asthma in younger adults in 2016 and 2017, by CCO.
Grey dots represent 2015.

Lower is better
Postpartum care rate

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

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

2017 benchmark source:
2016 national Medicaid 75th percentile

2017 data (N=5,702)
- Statewide percent change since 2016: -13.5%
- Number of CCOs that improved: 5

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

Statewide, the percentage of women receiving postpartum care decreased in 2017

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

Back to table of contents.
PRENATAL AND POSTPARTUM CARE: POSTPARTUM CARE RATE

Percentage of women receiving postpartum care in 2016 and 2017, by CCO.
Grey dots represent 2015.

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

2017 benchmark: 67.5%
### Well-child visits

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

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

**2017 benchmark source:**
2016 national Medicaid 90th percentile

**2017 data (N=16,260)**
- Statewide percent change since 2016: **+8.5%**
- Number of CCOs that improved: **11**

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

### Statewide, well-child visits increased in 2017.

![Graph showing well-child visits increase from 2014 to 2017]

**By race and ethnicity (2017)**

<table>
<thead>
<tr>
<th>Race Category</th>
<th>Percentage (n=)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>46.1% (n=310)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>59.0% (n=244)</td>
</tr>
<tr>
<td>Asian American</td>
<td>67.8% (n=214)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>61.0% (n=1,748)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>57.7% (n=4,851)</td>
</tr>
<tr>
<td>White</td>
<td>55.4% (n=101)</td>
</tr>
<tr>
<td>Other</td>
<td>62.0% (n=8,719)</td>
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</table>

**By household language (2017)**

<table>
<thead>
<tr>
<th>Language</th>
<th>Percentage (n=)</th>
</tr>
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<tbody>
<tr>
<td>Chinese languages*</td>
<td>64.1% (n=39)</td>
</tr>
<tr>
<td>English</td>
<td>59.4% (n=14,206)</td>
</tr>
<tr>
<td>Russian</td>
<td>35.1% (n=57)</td>
</tr>
<tr>
<td>Spanish</td>
<td>69.1% (n=1,513)</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>65.7% (n=35)</td>
</tr>
<tr>
<td>Other</td>
<td>51.3% (n=80)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>57.9% (n=330)</td>
</tr>
</tbody>
</table>

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

*Cantonese, Mandarin, Other Chinese/Asian, TaoChiew
Well-child visits in the first 15 months of life in 2016 and 2017, by CCO.
Grey dots represent 2015.

- Trillium: 57.7% (2017), 68.2% (2015)
- PacificSource - Central: 50.5% (2017), 69.5% (2015)
- Willamette Valley Community Health: 52.3% (2017), 60.8% (2015)
- Advanced Health: 57.4% (2017), 65.7% (2015)
- FamilyCare: 57.9% (2017), 63.2% (2015)
- AllCare Health Plan: 54.2% (2017), 58.6% (2015)
- Health Share of Oregon: 54.8% (2017), 58.7% (2015)
- Jackson Care Connect: 57.9% (2017), 61.1% (2015)
- Cascade Health Alliance: 60.7% (2017), 68.2% (2015)
- Umpqua Health Alliance: 49.1% (2017), 51.8% (2015)
- Yamhill Community Care: 54.9% (2017), 57.5% (2015)
- Eastern Oregon: 54.3% (2017), 54.5% (2015)
- Intercommunity Health Network: 59.8% (2017), 61.3% (2015)
- Columbia Pacific: 52.7% (2017), 55.0% (2015)
- PrimaryHealth of Josephine County: 60.4% (2017), 64.1% (2015)
- PacificSource - Gorge: 50.6% (2017), 56.0% (2015)

2017 benchmark: 73.9%
The tables below show the value and source for incentive benchmarks over time. Benchmarks are selected by the Metrics and Scoring Committee. Benchmarks for non-incentivized measures over time can also be found in the measure specifications, available online at: www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Baseline-Data.aspx.

### Access to care (CAHPS)

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>87.0%</td>
<td>Average of 2012 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2014</td>
<td>88.0%</td>
<td>Average of 2013 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2015</td>
<td>87.2%</td>
<td>Weighted average of 2014 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2016</td>
<td>86.7%</td>
<td>Weighted average of 2015 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2017</td>
<td>86.5%</td>
<td>Weighted average of 2016 national Medicaid 75th percentiles for adults and children</td>
</tr>
</tbody>
</table>

### Adolescent well-care visits

<table>
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<th>Value</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>53.2%</td>
<td>2011 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2014</td>
<td>57.6%</td>
<td>2013 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2015</td>
<td>62.0%</td>
<td>2014 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2016</td>
<td>61.9%</td>
<td>2015 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>51.8%</td>
<td>2016 national Medicaid 75th percentile</td>
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### Emergency department utilization

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<th>Value</th>
<th>Source</th>
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<tr>
<td>2013</td>
<td>44.4 /1,000 member months</td>
<td>2011 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2014</td>
<td>44.6 /1,000 member months</td>
<td>2013 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2015</td>
<td>39.4 /1,000 member months</td>
<td>2014 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2016</td>
<td>39.8 /1,000 member months</td>
<td>2015 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>42.9 /1,000 member months</td>
<td>2016 national Medicaid 90th percentile</td>
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### Assessments for children in DHS custody

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<th>Year</th>
<th>Percentage</th>
<th>Source</th>
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<tr>
<td>2013</td>
<td>90.0%</td>
<td>Metrics and Scoring Committee consensus</td>
</tr>
<tr>
<td>2014</td>
<td>90.0%</td>
<td>Metrics and Scoring Committee consensus</td>
</tr>
<tr>
<td>2015</td>
<td>90.0%</td>
<td>Metrics and Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>90.0%</td>
<td>Metrics and Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>90.0%</td>
<td>Metrics and Scoring Committee consensus</td>
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</tbody>
</table>

### Childhood immunization status

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<tr>
<th>Year</th>
<th>Percentage</th>
<th>Source</th>
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<tbody>
<tr>
<td>2016</td>
<td>82.0%</td>
<td>2015 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>78.6%</td>
<td>2016 national Medicaid 75th percentile</td>
</tr>
</tbody>
</table>

### Cigarette smoking prevalence

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Source</th>
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</thead>
<tbody>
<tr>
<td>2016</td>
<td>25.0%</td>
<td>2015 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>25.0%</td>
<td>2016 national Medicaid 75th percentile</td>
</tr>
</tbody>
</table>

### Colorectal cancer screening

<table>
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<tr>
<th>Year</th>
<th>Percentage</th>
<th>Source</th>
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<tbody>
<tr>
<td>2013</td>
<td>n/a</td>
<td>Improvement target only</td>
</tr>
<tr>
<td>2014</td>
<td>47.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2015</td>
<td>47.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>47.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>50.8%</td>
<td>2015 CCO 90th percentile</td>
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## APPENDIX: INCENTIVE MEASURE BENCHMARKS SINCE 2013

### Controlling hypertension

<table>
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<th>Value</th>
<th>Notes</th>
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<td>n/a</td>
<td>Reporting only</td>
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<tr>
<td>2014</td>
<td>n/a</td>
<td>Reporting only</td>
</tr>
<tr>
<td>2015</td>
<td>64.0%</td>
<td>2014 national Medicaid 90(^{th}) percentile</td>
</tr>
<tr>
<td>2016</td>
<td>69.0%</td>
<td>2015 national Medicaid 90(^{th}) percentile</td>
</tr>
<tr>
<td>2017</td>
<td>69.0%</td>
<td>2015 national Medicaid 90(^{th}) percentile</td>
</tr>
</tbody>
</table>

### Dental sealants

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>20.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>20.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>20.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
</tbody>
</table>

### Depression screening and follow-up plan

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>n/a</td>
<td>Reporting only</td>
</tr>
<tr>
<td>2014</td>
<td>25.0%</td>
<td>Metrics &amp; Scoring Committee consensus (challenge pool only)</td>
</tr>
<tr>
<td>2015</td>
<td>25.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>25.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>52.9%</td>
<td>2015 national Medicaid 90(^{th}) percentile</td>
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</tbody>
</table>

### Developmental screenings

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
<th>Notes</th>
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<tbody>
<tr>
<td>2013</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2014</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2015</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>60.1%</td>
<td>2015 CCO 75(^{th}) percentile</td>
</tr>
</tbody>
</table>
## APPENDIX: INCENTIVE MEASURE BENCHMARKS SINCE 2013

### Diabetes HbA1c poor control

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>n/a</td>
<td>Reporting only</td>
</tr>
<tr>
<td>2014</td>
<td>34.0%</td>
<td>2013 national Medicaid 75th percentile (challenge pool only)</td>
</tr>
<tr>
<td>2015</td>
<td>34.0%</td>
<td>2014 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2016</td>
<td>19.0%</td>
<td>2015 national commercial 90th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>19.0%</td>
<td>2015 national Commercial 90th percentile</td>
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</table>

### Effective contraceptive use

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2016</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
</tr>
<tr>
<td>2017</td>
<td>50.0%</td>
<td>Metrics &amp; Scoring Committee consensus</td>
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</tbody>
</table>

### Follow-up after hospitalization for mental illness

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage</th>
<th>Benchmark</th>
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</thead>
<tbody>
<tr>
<td>2013</td>
<td>68.0%</td>
<td>2012 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2014</td>
<td>68.8%</td>
<td>2013 national Medicaid 90th percentile</td>
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<tr>
<td>2015</td>
<td>70.0%</td>
<td>2014 national Medicaid 90th percentile</td>
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<tr>
<td>2016</td>
<td>79.9%</td>
<td>2015 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>82.7%</td>
<td>2015 CCO 75th percentile</td>
</tr>
</tbody>
</table>

### Patient-centered primary care home enrollment

Goal: 100%. Minimum threshold to earn 100 percent quality pool: 60% (Metrics and Scoring Committee consensus)
### Timeliness of prenatal care

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>69.4%</td>
<td>2012 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2014</td>
<td>90.0%</td>
<td>2013 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2015</td>
<td>90.0%</td>
<td>2013 national Medicaid 75th percentile</td>
</tr>
<tr>
<td>2016</td>
<td>93.0%</td>
<td>2015 national Medicaid 90th percentile</td>
</tr>
<tr>
<td>2017</td>
<td>91.0%</td>
<td>2016 national Medicaid 90th percentile</td>
</tr>
</tbody>
</table>

### Satisfaction with care (CAHPS)

<table>
<thead>
<tr>
<th>Year</th>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>84.0%</td>
<td>Average of 2012 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2014</td>
<td>89.0%</td>
<td>Average of 2013 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2015</td>
<td>89.6%</td>
<td>Weighted average of 2014 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2016</td>
<td>89.2%</td>
<td>Weighted average of 2015 national Medicaid 75th percentiles for adults and children</td>
</tr>
<tr>
<td>2017</td>
<td>89.7%</td>
<td>Weighted average of 2016 national Medicaid 75th percentiles for adults and children</td>
</tr>
</tbody>
</table>