# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Executive summary</td>
<td>6</td>
</tr>
<tr>
<td>Background/context</td>
<td>11</td>
</tr>
<tr>
<td>Incentive measure performance overview</td>
<td>13</td>
</tr>
<tr>
<td>2019 quality pool distribution</td>
<td>14</td>
</tr>
<tr>
<td>Total CCO service enrollment</td>
<td>17</td>
</tr>
<tr>
<td>Supplemental summary: dual-eligible members of Medicaid and Medicare</td>
<td>18</td>
</tr>
<tr>
<td><strong>Appendix A: CCO incentive metrics</strong></td>
<td></td>
</tr>
<tr>
<td>About benchmarks and improvement targets</td>
<td>25</td>
</tr>
<tr>
<td>Adolescent well-care visits</td>
<td>26</td>
</tr>
<tr>
<td>Ambulatory care: Emergency department utilization</td>
<td>28</td>
</tr>
<tr>
<td>Assessments for children in DHS custody</td>
<td>30</td>
</tr>
<tr>
<td>CAHPS: Access to care (adults)</td>
<td>32</td>
</tr>
<tr>
<td>CAHPS: Access to care (children)</td>
<td>34</td>
</tr>
<tr>
<td>Childhood immunization status</td>
<td>36</td>
</tr>
<tr>
<td>Cigarette smoking prevalence</td>
<td>38</td>
</tr>
<tr>
<td>Colorectal cancer screening</td>
<td>40</td>
</tr>
<tr>
<td>Controlling high blood pressure</td>
<td>42</td>
</tr>
<tr>
<td>Dental sealants on permanent molars for children (all ages)</td>
<td>44</td>
</tr>
<tr>
<td>Dental sealants on permanent molars for children (ages 6-9)</td>
<td>46</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Dental sealants on permanent molars for children (ages 10-14)</td>
<td>48</td>
</tr>
<tr>
<td>Depression screening and follow-up plan</td>
<td>50</td>
</tr>
<tr>
<td>Developmental screening in the first 36 months of life</td>
<td>52</td>
</tr>
<tr>
<td>Diabetes: HbA1c poor control</td>
<td>54</td>
</tr>
<tr>
<td>Disparity measure: Emergency department utilization among members with mental illness</td>
<td>56</td>
</tr>
<tr>
<td>Effective contraceptive use among women at risk of unintended pregnancy (ages 15-50)</td>
<td>58</td>
</tr>
<tr>
<td>Effective contraceptive use among women at risk of unintended pregnancy (ages 15-17)</td>
<td>60</td>
</tr>
<tr>
<td>Effective contraceptive use among women at risk of unintended pregnancy (ages 18-50)</td>
<td>62</td>
</tr>
<tr>
<td>Oral evaluation for adults with diabetes</td>
<td>64</td>
</tr>
<tr>
<td>Patient-Centered Primary Care Home (PCPCH) enrollment</td>
<td>66</td>
</tr>
<tr>
<td>Prenatal and postpartum care: postpartum care rate</td>
<td>68</td>
</tr>
<tr>
<td>Screening, brief intervention, and referral to treatment (SBIRT) for drug and alcohol use</td>
<td>70</td>
</tr>
<tr>
<td>Weight assessment and counseling in children and adolescents</td>
<td>74</td>
</tr>
<tr>
<td><strong>Appendix B: State quality and CMS core measures</strong></td>
<td></td>
</tr>
<tr>
<td>All-cause readmissions</td>
<td>77</td>
</tr>
<tr>
<td>Ambulatory care: Avoidable emergency department utilization</td>
<td>79</td>
</tr>
<tr>
<td>Ambulatory care: Outpatient utilization</td>
<td>81</td>
</tr>
<tr>
<td>Any dental service</td>
<td>83</td>
</tr>
<tr>
<td>CAHPS: Access to dental care (adults)</td>
<td>85</td>
</tr>
<tr>
<td>Section</td>
<td>Page</td>
</tr>
<tr>
<td>-------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>CAHPS: Access to dental care (children)</td>
<td>87</td>
</tr>
<tr>
<td>CAHPS: Getting needed care (adults)</td>
<td>89</td>
</tr>
<tr>
<td>CAHPS: Getting needed care (children)</td>
<td>91</td>
</tr>
<tr>
<td>CAHPS: Health status (adults)</td>
<td>93</td>
</tr>
<tr>
<td>CAHPS: Health status (children)</td>
<td>95</td>
</tr>
<tr>
<td>CAHPS: How well doctors communicate (adults)</td>
<td>97</td>
</tr>
<tr>
<td>CAHPS: How well doctors communicate (children)</td>
<td>99</td>
</tr>
<tr>
<td>CAHPS: Medical assistance with smoking and tobacco use cessation: advised to quit</td>
<td>101</td>
</tr>
<tr>
<td>CAHPS: Medical assistance with smoking and tobacco use cessation: medications to quit</td>
<td>103</td>
</tr>
<tr>
<td>CAHPS: Medical assistance with smoking and tobacco use cessation: strategies to quit</td>
<td>105</td>
</tr>
<tr>
<td>CAHPS: Overall ratings (adults)</td>
<td>107</td>
</tr>
<tr>
<td>CAHPS: Overall ratings (children)</td>
<td>109</td>
</tr>
<tr>
<td>CAHPS: Satisfaction with care (adults)</td>
<td>111</td>
</tr>
<tr>
<td>CAHPS: Satisfaction with care (children)</td>
<td>113</td>
</tr>
<tr>
<td>Child and adolescent access to primary care providers</td>
<td>115</td>
</tr>
<tr>
<td>Chlamydia screening</td>
<td>117</td>
</tr>
<tr>
<td>Comprehensive diabetes care: HbA1c testing</td>
<td>119</td>
</tr>
<tr>
<td>Follow-up after emergency department visit for mental illness (7 day)</td>
<td>121</td>
</tr>
<tr>
<td>Follow-up after emergency department visit for mental illness (30 day)</td>
<td>123</td>
</tr>
<tr>
<td>TABLE OF CONTENTS</td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>---</td>
</tr>
<tr>
<td>Follow-up after emergency department visit for non-traumatic dental reasons (7 day)</td>
<td>125</td>
</tr>
<tr>
<td>Follow-up after emergency department visit for non-traumatic dental reasons (30 day)</td>
<td>127</td>
</tr>
<tr>
<td>Follow-up after hospitalization for mental illness</td>
<td>129</td>
</tr>
<tr>
<td>Follow-up care for children prescribed ADHD medication (initiation)</td>
<td>131</td>
</tr>
<tr>
<td>Follow-up care for children prescribed ADHD medication (continuation and maintenance)</td>
<td>133</td>
</tr>
<tr>
<td>Immunizations for adolescents: Combo 1</td>
<td>135</td>
</tr>
<tr>
<td>Immunizations for adolescents: Combo 2</td>
<td>137</td>
</tr>
<tr>
<td>Initiation and engagement of alcohol or other drug treatment (initiation phase)</td>
<td>139</td>
</tr>
<tr>
<td>Initiation and engagement of alcohol or other drug treatment (engagement phase)</td>
<td>142</td>
</tr>
<tr>
<td>Preventive dental services (ages 1-5) <em>NEW</em></td>
<td>145</td>
</tr>
<tr>
<td>Preventive dental services (ages 6-14) <em>NEW</em></td>
<td>147</td>
</tr>
<tr>
<td>PQI 01: Diabetes short-term complication admission rate</td>
<td>149</td>
</tr>
<tr>
<td>PQI 05: Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate</td>
<td>151</td>
</tr>
<tr>
<td>PQI 08: Congestive heart failure admission rate</td>
<td>153</td>
</tr>
<tr>
<td>PQI 15: Asthma in younger adults admission rate</td>
<td>155</td>
</tr>
<tr>
<td>Prenatal and postpartum care: Timeliness of prenatal care</td>
<td>157</td>
</tr>
<tr>
<td>Topical fluoride varnish</td>
<td>159</td>
</tr>
<tr>
<td>Well-child visits in the first 15 months of life</td>
<td>161</td>
</tr>
<tr>
<td>Well-child visits in the third, fourth, fifth, and sixth years of life <em>NEW</em></td>
<td>163</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Coordinated care**

A coordinated care organization (CCO) is a network of health care providers (physical, behavioral, and oral health care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs were formed in Oregon in late 2012. In 2019, there were 15 CCOs operating in communities around Oregon. CCOs have the flexibility to support new models of care that are patient-centered, team-focused, and eliminate health inequities. CCOs are able to better coordinate services and also focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services alongside today’s OHP medical benefits with the goal of meeting the triple aim of better health, better care and lower costs for the populations they serve. Before Oregon’s CCOs were formed, physical, behavioral and other care were not integrated, making things more difficult for patients and providers and more expensive for the state.

**Medicaid expansion**

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

**Measuring progress**

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

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

CMS core metrics

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

CCO incentive metrics

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

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

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

Measure specifications and more information

- Information about the CCO incentive program, including specifications for the measures included in this report: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx
- Metrics and Scoring Committee: https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx
- Medicaid Demonstration waiver: https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Background.aspx
- This and other metrics reports: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx
## 2019 INCENTIVE METRIC PERFORMANCE OVERVIEW

- **CCO achieved BENCHMARK in 2019**
- **CCO achieved IMPROVEMENT TARGET in 2019**
- **Top performing CCO in each measure**

**Bolded CCOs** earned 100% quality pool

^ indicates challenge pool measure

### Access to care (CAHPS) - adults
- AllCare
- Columbia Pac.
- EOCCO
- IHN
- Jackson
- PacSource Central
- PacSource Gorge
- PrimaryHealth
- Trillium
- Umpqua
- WVCH
- Yamhill

### Access to care (CAHPS) - children

### Adolescent well-care visits

### Ambulatory care - ED utilization

### Assessments for children in DHS custody^

### Childhood immunization status^

### Cigarette smoking prevalence (EHR)

### Colorectal cancer screening

### Controlling high blood pressure (EHR)

### Dental sealants for children

### Depression screening and follow up (EHR) - must pass

### Developmental screening^

### Diabetes HbA1c poor control (EHR)

### Disparity measure: ED util for members w mental illness

### Effective contraceptive use (ages 15-50)

### Oral evaluation for adults with diabetes

### Prenatal and postpartum care: Postpartum care rate^

### Patient-Centered Primary Care Home (PCPCH) enrollment - must pass

### SBIRT (EHR) - must pass

### Weight assessment, nutrition, and activity counseling kids (EHR)
The Oregon Health Authority has established the quality pool—Oregon’s incentive payments to coordinated care organizations. Each CCO is paid for reaching benchmarks or making improvements on incentive measures. This is the seventh time Oregon has paid CCOs for better care, rather than just the volume of services delivered.

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

**Quality Pool: Phase One Distribution**

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

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

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

**Challenge Pool: Phase Two Distribution**

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

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

**Impact of COVID-19**

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

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

* Quality pool distribution is based on number of measures met and CCO size (number of members). See page 17 for CCO enrollment.
2019 QUALITY POOL DISTRIBUTION

Total quality pool dollars earned, by CCO

- Advanced Health: $5,186,114
- AllCare CCO: $9,854,607
- Cascade Health Alliance: $2,985,790
- Columbia Pacific: $6,858,272
- Eastern Oregon: $13,064,656
- Health Share of Oregon: $46,443,045
- Intercommunity Health Network: $9,386,401
- Jackson Care Connect: $6,334,834
- PacificSource - Central: $14,392,161
- PacificSource - Gorge: $3,366,103
- Primary Health of Josephine County: $2,780,886
- Trillium: $13,047,461
- Umpqua Health Alliance: $7,529,962
- Willamette Valley Community Health: $18,360,916
- Yamhill Community Care: $7,122,591

Quality pool earned per member
(December 2019 enrollment)

- Advanced Health: $271
- AllCare CCO: $205
- Cascade Health Alliance: $174
- Columbia Pacific: $292
- Eastern Oregon: $272
- Health Share of Oregon: $153
- Intercommunity Health Network: $180
- Jackson Care Connect: $211
- PacificSource - Central: $301
- PacificSource - Gorge: $290
- Primary Health of Josephine County: $289
- Trillium: $153
- Umpqua Health Alliance: $285
- Willamette Valley Community Health: $188
- Yamhill Community Care: $307
TOTAL CCO ENROLLMENT (December 2019)

- Advanced Health: 2.3%
- AllCare CCO: 5.6%
- Cascade Health Alliance: 2.1%
- Columbia Pacific: 3.0%
- Eastern Oregon: 5.7%
- Health Share of Oregon: 35.5%
- Intercommimunity Health Network: 6.3%
- Jackson Care Connect: 3.6%
- PacificSource - Central: 5.6%
- PacificSource - Gorge: 1.4%
- PrimaryHealth of Josephine County: 1.2%
- Trillium: 10.3%
- Umpqua Health Alliance: 3.1%
- Willamette Valley Community Health: 11.2%
- Yamhill Community Care: 2.3%

n = 1,138,645
Supplemental Summary:
Dual-Eligible Members of Medicaid and Medicare
In the 2019 CCO performance report, we are highlighting Medicaid members who are dually eligible. Members are dually eligible for both Medicare and Medicaid because of a disability and/or their age. Eligibility in both programs happens when members are younger than 65 years old with a disability, or, when they are over 65 years old with a need for services such as long-term care. “Dual-eligible” members are among the most economically disadvantaged and ill of all Medicaid beneficiaries. Often this group incurs the highest expenses for the health care system and may require a great deal of case management.

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

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

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

For more information:


Emergency department utilization

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

Lower is better

Rates are per 1,000 member months

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Medicaid Only (All Ages)</th>
<th>Dual Eligible Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>60.2</td>
<td>82.9</td>
</tr>
<tr>
<td>65 and older</td>
<td>60.2</td>
<td>82.9</td>
</tr>
<tr>
<td>n=250,713</td>
<td>n=325,851</td>
<td>n=9,612,062</td>
</tr>
</tbody>
</table>

ED utilization among members with mental illness

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

Lower is better

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Medicaid Only (All Ages)</th>
<th>Dual Eligible Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>98.8</td>
<td>113.1</td>
</tr>
<tr>
<td>65 and older</td>
<td>98.8</td>
<td>113.1</td>
</tr>
<tr>
<td>n=132,256</td>
<td>n=94,166</td>
<td>n=1,475,403</td>
</tr>
</tbody>
</table>

Avoidable emergency department utilization

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

Lower is better

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Medicaid Only (All Ages)</th>
<th>Dual Eligible Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>6.8</td>
<td>8.7</td>
</tr>
<tr>
<td>65 and older</td>
<td>6.8</td>
<td>8.7</td>
</tr>
<tr>
<td>n=250,713</td>
<td>n=325,851</td>
<td>n=9,612,062</td>
</tr>
</tbody>
</table>

All-cause readmissions

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

Lower is better

<table>
<thead>
<tr>
<th>Age Category</th>
<th>Medicaid Only (All Ages)</th>
<th>Dual Eligible Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Younger than 65</td>
<td>10.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>65 and older</td>
<td>10.4%</td>
<td>13.6%</td>
</tr>
<tr>
<td>n=4,851</td>
<td>n=3,356</td>
<td>n=24,332</td>
</tr>
</tbody>
</table>

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

PQI 1: Diabetes short-term complications admission rate
The rate of hospital admissions for diabetes complications is higher among younger dual eligible members, but lower among older dual eligible members.

Lower is better
Rates are per 100,000 member years

PQI 5: COPD or asthma in older adults admission rate
The rate of hospital admissions for COPD or asthma is higher among dual eligible members in both age categories than among Medicaid-only members.

Lower is better
Rates are per 100,000 member years

PQI 8: Congestive heart failure admission rate
The rate of hospital admissions for congestive heart failure is higher among dual eligible members in both age categories than among Medicaid-only members.

Lower is better
Rates are per 100,000 member years

PQI 15: Asthma in younger adults admission rate
The rate of hospital admissions for asthma in younger adults is higher among dual eligible members among Medicaid-only members.

Lower is better
Rates are per 100,000 member years

Measurement period for this special section is July 2018 - June 2019
**Chlamydia screening**
The percentage of sexually active women (ages 16-24) who received a chlamydia screening is lower among dual eligible members than among Medicaid-only members.

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

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

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

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

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

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

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

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

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

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

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

This measure will no longer be incentivized beginning in 2020.

### Statewide

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>27.1</td>
<td>29.2</td>
<td>32.0</td>
<td>37.5</td>
<td>42.9</td>
<td>49.4</td>
<td>49.7</td>
<td>52.4</td>
</tr>
</tbody>
</table>

### By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2019 benchmark: 65.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central OR</td>
<td></td>
</tr>
<tr>
<td>Eastern OR</td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
<td></td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td></td>
</tr>
<tr>
<td>Southern OR</td>
<td></td>
</tr>
</tbody>
</table>

Back to table of contents.
Adolescent well-care visits in 2018 and 2019, by CCO.


2019 benchmark: 65.2%
Emergency department utilization

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

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

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

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

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

This measure will no longer be incentivized beginning in 2020.

Back to table of contents.
Emergency department utilization in 2018 and 2019, by CCO.


Lower is better

2019 benchmark: 43.1

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

Emergency department utilization in 2018 and 2019, by CCO.
Assessments for children in DHS custody

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

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

2019 benchmark source:
Committee consensus

2019 data (n=1,368)
- Statewide change since 2018: +1.3%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 12

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

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


* note small denominator (n<30)

**2019 benchmark: 90.0%**
Percentage of adult members who thought they received appointments and care when they needed them. CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

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

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

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

This measure will no longer be incentivized beginning in 2020.

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

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

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

2019 benchmark: 84.8%

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
<th>Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td>82.8%</td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td></td>
<td>77.8%</td>
<td></td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td>82.3%</td>
<td></td>
</tr>
<tr>
<td>AllCare CCO</td>
<td></td>
<td>82.3%</td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td>77.9%</td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td>82.9%</td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td>85.3%</td>
<td></td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td></td>
<td>85.6%</td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td></td>
<td>80.7%</td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td>80.9%</td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td></td>
<td>90.0%</td>
<td></td>
</tr>
<tr>
<td>PacificSource Central</td>
<td></td>
<td>78.8%</td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td></td>
<td>81.8%</td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td>77.6%</td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td></td>
<td>76.4%</td>
<td></td>
</tr>
</tbody>
</table>
Access to care (CAHPS) - Children

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

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

2019 benchmark source:
2018 national Medicaid 75th percentile

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

This measure will no longer be incentivized beginning in 2020.

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

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

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

2019 benchmark: 92.6%

- PacificSource Gorge ✓ 95.4% 90.9%
- Umpqua Health Alliance ✓ 84.7% 88.5%
- InterCommunity Health Network ✓ 85.3% 87.7%
- Trillium 86.3% 87.9%
- Health Share of Oregon 84.6% 85.9%
- Yamhill Community Care 87.4% 88.5%
- PacificSource Central 90.9% 91.9%
- Jackson Care Connect 90.6% 90.8%
- Advanced Health 92.1% 92.5%
- AllCare CCO 90.8% 91.3%
- PrimaryHealth of Josephine County ✓ 95.4% 96.8%
- Willamette Valley Community Health 87.5% 89.4%
- Columbia Pacific 84.2% 86.3%
- Eastern Oregon 86.8% 89.2%
- Cascade Health Alliance 88.8% 92.7%
**Childhood Immunization Status**

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

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

**2019 benchmark source:** 2018 national Medicaid 90th percentile

**2019 data** (n=13,285)

- Statewide change since 2018: **+1.3%**
- Number of CCOs that improved: **11**
- Number of CCOs achieving target: **9**

---

**By region**

<table>
<thead>
<tr>
<th>Region</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
<td>Eastern OR</td>
<td></td>
<td></td>
<td></td>
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<td>77.0%</td>
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<tr>
<td>Central OR</td>
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<td></td>
<td></td>
<td>76.5%</td>
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<tr>
<td>Northern Coast</td>
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<td></td>
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<td>71.5%</td>
</tr>
<tr>
<td>Southern OR</td>
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<td></td>
<td></td>
<td>70.2%</td>
</tr>
<tr>
<td>Willamette Valley</td>
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<td></td>
<td></td>
<td></td>
<td>75.9%</td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>74.2%</td>
</tr>
</tbody>
</table>

2019 benchmark: **81.9%**
Childhood immunization status in 2018 and 2019, by CCO.

- PacificSource Gorge ✓
  - 2019 benchmark: 81.9%
- Umpqua Health Alliance ✓
  - 2019 benchmark: 80.7%
- Advanced Health ✓
  - 2019 benchmark: 71.9%
- PrimaryHealth of Josephine County ✓
  - 2019 benchmark: 79.6%
- Yamhill Community Care ✓
  - 2019 benchmark: 64.8%
- Eastern Oregon ✓
  - 2019 benchmark: 77.9%
- PacificSource Central ✓
  - 2019 benchmark: 77.0%
- InterCommunity Health Network ✓
  - 2019 benchmark: 79.6%
- Columbia Pacific ✓
  - 2019 benchmark: 81.7%
- Willamette Valley Community Health
  - 2019 benchmark: 76.0%
- AllCare CCO
  - 2019 benchmark: 79.5%
- Trillium
  - 2019 benchmark: 69.8%
- Jackson Care Connect
  - 2019 benchmark: 79.3%
- Cascade Health Alliance
  - 2019 benchmark: 79.7%
Cigarette smoking prevalence

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

**Data source:**
Electronic Health Records

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

**2019 data** (n=286,038)
- Statewide change since 2018: **-8.9%**
- Number of CCOs that improved: **13**
- Number of CCOs achieving target: **14**

### By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
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<tbody>
<tr>
<td>Southern OR</td>
<td>29.3%</td>
<td>28.0%</td>
<td>26.6%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Central OR</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
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<td></td>
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<td>Tri-County</td>
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<tr>
<td>Northern Coast</td>
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<td></td>
</tr>
<tr>
<td>Eastern OR</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Lower is better

Back to table of contents.
Cigarette smoking prevalence in 2018 and 2019, by CCO.

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

2019 benchmark: 25.0%
Colorectal cancer screening

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

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

2019 benchmark source:
2018 national Commercial 50th percentile

2019 data (n=6,156)

- Statewide change since 2018: +1.2%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 11

This measure will no longer be incentivized beginning in 2020.
Colorectal cancer screening in 2018 and 2019, by CCO.

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

2019 benchmark: 61.1%
Controlling hypertension

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

Data source:
Electronic Health Records

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=139,002)
- Statewide change since 2018: +2.3%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 10

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

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

*CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients.
Dental sealants for children (all ages)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data  (n=146,076)

- Statewide change since 2018: **+8.1%**
- Number of CCOs that improved: **14**
- Number of CCOs achieving target: **11**

This measure will no longer be incentivized beginning in 2020.

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


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

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

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

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

Statewide

<table>
<thead>
<tr>
<th>Year</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
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<tbody>
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<td></td>
<td>13.1%</td>
<td>20.7%</td>
<td>24.3%</td>
<td>26.7%</td>
<td>27.8%</td>
<td>29.6%</td>
</tr>
</tbody>
</table>

By region

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Coast</td>
<td>25.4%</td>
<td>30.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southern OR</td>
<td>27.5%</td>
<td>29.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>26.6%</td>
<td>30.5%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern OR</td>
<td>26.4%</td>
<td>28.2%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tri-County</td>
<td>27.3%</td>
<td>28.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central OR</td>
<td>28.6%</td>
<td>30.1%</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Back to table of contents.
Dental sealants on permanent molars for children (ages 6-9) in 2018 and 2019, by CCO.

2019 benchmark: 26.8%

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 10-14)

Dental sealants for children (10-14)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=81,156)

- Statewide change since 2018: **+9.8%**
- Number of CCOs that improved: **14**

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

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

Grey dots represent 2017.

2019 benchmark: 26.8%
Depression screening and follow-up

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

**Data source:**
Electronic Health Records

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

**2019 data** (n=390,417)

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

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

**Statewide**

2019 results are not directly comparable to prior years due to change in methodology.

**By region**

- Tri-County: 67.1%
- Eastern OR: 65.9%
- Northern Coast: 64.4%
- Willamette Valley: 59.8%
- Central OR: 53.9%
- Southern OR: 49.9%

Back to table of contents.
Depression screening and follow-up plan in 2018 and 2019, by CCO.

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

*CCO’s reporting includes some aggregated data for both Medicaid and non-Medicaid patients. Year to year trends are not possible due to change in methodology.
Developmental screenings

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

Data source:
Administrative (billing) claims

2019 benchmark source:
Committee consensus

2019 data (n=46,945)

- Statewide change since 2018: +3.6%
- Number of CCOs that improved: 13
- Number of CCOs achieving target: 13

This measure will no longer be incentivized beginning in 2020.

Back to table of contents.
Developmental screenings in 2018 and 2019, by CCO.


2019 benchmark: 80.0%
Diabetes care: HbA1c poor control

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

Data source:
Electronic Health Records

2019 benchmark source:
2018 national Commercial 90th percentile

2019 data (n=56,900)
- Statewide change since 2018: **-8.1%**
- Number of CCOs that improved: **9**
- Number of CCOs achieving target: **8**
Diabetes care, Hba1c poor control in 2018 and 2019, by CCO.

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

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

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=1,810,781 member months)

- Statewide change since 2018: **-1.1%**
- Number of CCOs that improved: **9**
- Number of CCOs achieving target: **7**

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

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northern Coast</td>
<td>90.1</td>
<td>94.4</td>
<td></td>
</tr>
<tr>
<td>Southern OR</td>
<td>93.6</td>
<td>95.9</td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>101.2</td>
<td>103.4</td>
<td></td>
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<tr>
<td>Tri-County</td>
<td>98.8</td>
<td>99.0</td>
<td></td>
</tr>
<tr>
<td>Central OR</td>
<td>97.8</td>
<td>98.0</td>
<td></td>
</tr>
<tr>
<td>Eastern OR</td>
<td>112.6</td>
<td>113.9</td>
<td></td>
</tr>
</tbody>
</table>

Lower is better

2019 benchmark: 87.7
Emergency department utilization among members with mental illness in 2018 and 2019, by CCO.


2019 benchmark: 87.7

Lower is better

Emergency department utilization among members with mental illness in **2018** and **2019**, by CCO.

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

Effective contraceptive use (15-50)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=141,412)

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

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

This measure will no longer be incentivized beginning in 2020.

Back to table of contents.
Effective contraceptive use among adult women at risk of unintended pregnancy in 2018 and 2019, by CCO.


InterCommunity Health Network ✓ 49.5% 59.5%
PacificSource Central ✓ 52.4% 56.0%
Eastern Oregon ✓ 51.0% 54.2%
Willamette Valley Community Health 47.7% 50.9%
Health Share of Oregon 41.0% 50.0%
Columbia Pacific 46.0% 48.9%
Yamhill Community Care ✓ 51.7% 54.5%
Trillium 50.2% 52.8%
PacificSource Gorge ✓ 52.7% 55.0%
AllCare CCO ✓ 52.5% 54.7%
Jackson Care Connect 46.6% 48.8%
PrimaryHealth of Josephine County 47.6% 49.0%
Umpqua Health Alliance ✓ 53.9% 54.8%
Advanced Health ✓ 53.9% 54.1%
Cascade Health Alliance 49.4% 51.5%
Effective contraceptive use (15-17)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=20,258)
- Statewide change since 2018: +9.3%
- Number of CCOs that improved: 12

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

Back to table of contents.
Effective contraceptive use among adolescent women at risk of unintended pregnancy in 2018 and 2019, by CCO.

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

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 90th percentile

2019 data (n=121,154)

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

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

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

By region

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Willamette Valley</td>
<td>52.3%</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td></td>
<td>51.0%</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
<td>46.4%</td>
<td></td>
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</tr>
<tr>
<td>Eastern OR</td>
<td></td>
<td></td>
<td>58.0%</td>
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</tr>
<tr>
<td>Central OR</td>
<td></td>
<td></td>
<td>56.3%</td>
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<tr>
<td>Southern OR</td>
<td></td>
<td></td>
<td>54.7%</td>
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</tr>
</tbody>
</table>
Effective contraceptive use among women ages 18-50 at risk of unintended pregnancy in 2018 and 2019, by CCO.

Grey dots represent 2017.
Oral evaluation for diabetes

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 75th percentile

2019 data (n=36,430)

- Number of CCOs achieving target: 13

Statewide

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>26.4%</td>
<td>30.7%</td>
</tr>
</tbody>
</table>

Benchmark, 27.1%

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central OR</td>
<td>23.4%</td>
<td>30.6%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>22.3%</td>
<td>27.4%</td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>25.0%</td>
<td>29.2%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>23.3%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>23.1%</td>
<td>25.1%</td>
</tr>
</tbody>
</table>
Oral evaluations for adults with diabetes in 2018 and 2019, by CCO.
✓ indicates CCO met 2019 benchmark or improvement target.

2019 benchmark: 27.1%
The Patient-Centered Primary Care Home (PCPCH) enrollment incentive measure uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

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

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


<table>
<thead>
<tr>
<th>CCO</th>
<th>2018 Score</th>
<th>2019 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>InterCommunity Health Network</td>
<td>66.7%</td>
<td>79.3%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>66.2%</td>
<td>77.1%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>68.8%</td>
<td>76.8%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>75.4%</td>
<td>83.2%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>68.4%</td>
<td>75.2%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>75.5%</td>
<td>79.4%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>69.1%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>81.2%</td>
<td>84.8%</td>
</tr>
<tr>
<td>Trillium</td>
<td>71.4%</td>
<td>74.5%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>84.6%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>72.9%</td>
<td>74.4%</td>
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<tr>
<td>Willamette Valley Community Health</td>
<td>82.8%</td>
<td>84.1%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>78.1%</td>
<td>79.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>76.2%</td>
<td>79.0%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>81.5%</td>
<td>92.6%</td>
</tr>
</tbody>
</table>
Postpartum care rate

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

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

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=5,056)
- Statewide change since 2018: +11.3%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 13

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

2019 is the first year this measure is incentivized.

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

Back to table of contents.
Percentage of women receiving postpartum care in 2018 and 2019, by CCO.
✓ indicates CCO met benchmark or improvement target. Grey dots represent 2017.

2019 benchmark: 69.3%
SBIRT (Rate 1)

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

Data source:
Electronic Health Records

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

2019 data (n=268,159)

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

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

Statewide

![62.8%](image)

Region

This measure cannot be stratified by region.

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

✓ indicates CCO successfully reported measure.

Yamhill Community Care ✓ 80.5%
Columbia Pacific ✓ 78.2%
Willamette Valley Community Health ✓ 73.9%
Eastern Oregon ✓ 69.3%
Advanced Health ✓ 67.1%
Health Share of Oregon ✓ 65.7%
Trillium ✓ 60.9%
PacificSource Central ✓ 66.6%
PacificSource Gorge ✓ 54.3%
InterCommunity Health Network ✓ 50.2%
PrimaryHealth of Josephine County ✓ 47.0%
Jackson Care Connect ✓ 46.7%
Umpqua Health Alliance ✓ 44.9%
Cascade Health Alliance ✓ 35.6%
AllCare CCO ✓ 23.9%
SBIRT (Rate 2)

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

Data source:
Electronic Health Records

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

2019 data (n=28,254)

- Number of CCOs achieving target: 15

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

Region

This measure cannot be stratified by region.
SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)—RATE 2

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

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

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

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

Data source:
Electronic Health Records

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

2019 data (n=210,189)

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

This measure will no longer be incentivized beginning in 2020.
Weight assessment, nutrition, and activity counseling for children and adolescents in 2018 and 2019, by CCO.

✓ indicates CCO met benchmark or improvement target.

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

2019 benchmark: 32.7%

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

These metrics reflect the performance of the CCOs in providing weight assessment, nutrition, and activity counseling for children and adolescents in the years 2018 and 2019. The table and diagram provide a visual representation of the percentage of patients who received these services, with a benchmark of 32.7% in 2019.
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

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

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

By region

Lower is better
2019 benchmark: 10.5%

Northern Coast
7.8% 11.0%

Southern OR
9.7% 10.4%

Eastern OR
7.3% 8.0%

Willamette Valley
10.5% 11.2%

Tri-County
11.6% 12.2%

Central OR
9.2% 9.7%
ALL-CAUSE READMISSIONS

Hospital all-cause readmissions in 2018 and 2019, by CCO.
Grey dots represent 2017.

Columbia Pacific
- 2018: 5.8%
- 2019: 7.8%

Cascade Health Alliance
- 2018: 7.8%
- 2019: 7.8%

Yamhill Community Care
- 2018: 7.9%
- 2019: 9.8%

Jackson Care Connect
- 2018: 10.1%
- 2019: 11.9%

Trillium
- 2018: 10.4%
- 2019: 11.8%

Umpqua Health Alliance
- 2018: 10.2%
- 2019: 11.5%

Eastern Oregon
- 2018: 7.3%
- 2019: 8.0%

Health Share of Oregon
- 2018: 11.6%
- 2019: 12.2%

AllCare CCO
- 2018: 8.5%
- 2019: 9.0%

Willamette Valley Community Health
- 2018: 11.2%
- 2019: 11.3%

Advanced Health
- 2018: 11.3%
- 2019: 11.4%

InterCommunity Health Network
- 2018: 9.9%
- 2019: 10.4%

PacificSource Central
- 2018: 9.5%
- 2019: 10.4%

PacificSource Gorge
- 2018: 9.8%
- 2019: 11.0%

PrimaryHealth of Josephine County
- 2018: 8.7%
- 2019: 10.0%

2019 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

2019 benchmark source:
N/A

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

- Statewide change since 2018: -1.6%
- Number of CCOs that improved: 11

Back to table of contents.
Avoidable emergency department utilization in 2018 and 2019, by CCO.

Lower is better

Yamhill Community Care

Umpqua Health Alliance

Cascade Health Alliance

InterCommunity Health Network

Willamette Valley Community Health

Jackson Care Connect

AllCare CCO

Advanced Health

Health Share of Oregon

PrimaryHealth of Josephine County

Columbia Pacific

PacificSource Central

Trillium

PacificSource Gorge

Eastern Oregon

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
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

2019 benchmark source:
N/A

2019 data (n=10,440,181 member months)
- Statewide change since 2018: -0.03%

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

Statewide

![Graph showing outpatient utilization rates over years]

By region

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

Back to table of contents.
Outpatient utilization in 2018 and 2019, by CCO.

Grey dots represent 2017.
### Any dental service

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

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

**2019 benchmark source:**
N/A

**2019 data** (n=865,494)

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

**Statewide**

<table>
<thead>
<tr>
<th>Year</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>46.6%</td>
</tr>
<tr>
<td>2019</td>
<td>44.8%</td>
</tr>
</tbody>
</table>

**By region**

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

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

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Gorge</td>
<td>47.2%</td>
<td>50.4%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>46.1%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>46.0%</td>
<td>47.3%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>45.9%</td>
<td>47.8%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>45.8%</td>
<td>47.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>45.4%</td>
<td>48.8%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>44.8%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Trillium</td>
<td>44.7%</td>
<td>46.1%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>43.7%</td>
<td>44.2%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>43.4%</td>
<td>44.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>41.9%</td>
<td>43.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>41.7%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>40.4%</td>
<td>43.1%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>39.9%</td>
<td>40.2%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>38.2%</td>
<td>42.9%</td>
</tr>
</tbody>
</table>
CAHPS: ACCESS TO DENTAL CARE—ADULTS

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

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

2019 benchmark source:
N/A

2019 data (n=4,007)
- Statewide change since 2018: -1.3%
- Number of CCOs that improved: 5

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>57.3% (n=75)</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>55.7% (n=461)</td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>48.0% (n=100)</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>59.3% (n=27)</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>53.7% (n=270)</td>
<td></td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>53.3% (n=30)</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>55.3% (n=2,372)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>57.0% (n=100)</td>
<td></td>
</tr>
<tr>
<td>Missing</td>
<td>54.2% (n=572)</td>
<td></td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Access to dental care—Children

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

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

2019 benchmark source:
N/A

2019 data (n=5,370)
- Statewide change since 2018: **-1.3%**
- Number of CCOs that improved: **6**

By race/ethnicity:

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

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

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trillium</td>
<td>71.5%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>85.7%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>79.3%</td>
<td>81.7%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>81.4%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>76.9%</td>
<td>78.0%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>82.2%</td>
<td>83.0%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>78.7%</td>
<td>78.9%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>84.0%</td>
<td>84.4%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>80.6%</td>
<td>81.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>84.3%</td>
<td>86.6%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>83.2%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>78.0%</td>
<td>81.2%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>76.2%</td>
<td>79.6%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>82.9%</td>
<td>86.7%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>72.0%</td>
<td>83.1%</td>
</tr>
</tbody>
</table>
CAHPS: Getting needed care—Adults

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

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

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

Back to table of contents.
CAHPS: GETTING NEEDED CARE—ADULTS

CAHPS: Adults getting needed care in 2018 and 2019, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018 Score</th>
<th>2019 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare CCO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</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>PacificSource Gorge</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2019 benchmark: 86.9%
CAHPS: Getting needed care—Children

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

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

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

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Children getting needed care in 2018 and 2019, by CCO.

2019 benchmark: 90.3%

- Yamhill Community Care: 87.2%
- PacificSource Gorge: 86.0%
- Columbia Pacific: 83.5%
- PacificSource Central: 97.0%
- Umpqua Health Alliance: 85.0%
- Health Share of Oregon: 83.1%
- Advanced Health: 86.9%
- PrimaryHealth of Josephine County: 90.9%
- InterCommunity Health Network: 86.4%
- Eastern Oregon: 85.0%
- AllCare CCO: 90.6%
- Jackson Care Connect: 99.0%
- Cascade Health Alliance: 86.0%
- Willamette Valley Community Health: 90.3%
- Trillium: 84.0%
CAHPS: Health status—Adults

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

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

2019 benchmark source: N/A

2019 data (n=4,023)

- Statewide change since 2018: +0.2%
- Number of CCOs that improved: 6

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>63.5% (n=74)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>60.2% (n=460)</td>
</tr>
<tr>
<td>Asian American</td>
<td>81.0% (n=100)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>70.4% (n=27)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>69.0% (n=274)</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>69.0% (n=29)</td>
</tr>
<tr>
<td>White</td>
<td>66.8% (n=2,398)</td>
</tr>
<tr>
<td>Other</td>
<td>62.0% (n=100)</td>
</tr>
<tr>
<td>Missing</td>
<td>64.5% (n=561)</td>
</tr>
</tbody>
</table>

^ n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Health status among adults in 2018 and 2019, by CCO.

Grey dots represent 2017.
CAHPS: Health status—Children

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

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

2019 benchmark source:
N/A

2019 data (n=5,353)

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

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>93.8% (n=144)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>95.0% (n=684)</td>
</tr>
<tr>
<td>Asian American</td>
<td>98.0% (n=152)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>94.4% (n=71)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>92.1% (n=1,383)</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>100.0% (n=39)</td>
</tr>
<tr>
<td>White</td>
<td>97.3% (n=1,979)</td>
</tr>
<tr>
<td>Other</td>
<td>98.7% (n=76)</td>
</tr>
<tr>
<td>Missing</td>
<td>94.5% (n=825)</td>
</tr>
</tbody>
</table>

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Health status among children in 2018 and 2019, by CCO.

<table>
<thead>
<tr>
<th>Health Share of Oregon</th>
<th>92.2%</th>
<th>95.5%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon</td>
<td>91.3%</td>
<td>93.3%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>91.5%</td>
<td>92.7%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>95.1%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Trillium</td>
<td>95.4%</td>
<td>96.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>94.6%</td>
<td>95.2%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>92.4%</td>
<td>92.9%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>96.8%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>96.7%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>97.7%</td>
<td>97.8%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>96.3%</td>
<td>97.4%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>95.9%</td>
<td>97.4%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>94.3%</td>
<td>96.1%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>95.2%</td>
<td>97.2%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>94.3%</td>
<td>97.2%</td>
</tr>
</tbody>
</table>
CAHPS: Doctors communicate—Adults

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=10,436)

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

By race/ethnicity

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

n = subpopulation denominator
Each race category excludes Hispanic/Latino
2019 benchmark: 94.1%

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

CAHPS: How well doctors communicate among adults in 2018 and 2019, by CCO.
CAHPS: Doctors communicate—Children

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=14,029)

• Statewide change since 2018: No change
• Number of CCOs that improved: 9

Statewide

2018
2019

By race/ethnicity

African American/Black
American Indian/Alaska Native
Asian American
Native Hawaiian/Pacific Islander
Hispanic/Latino
Middle Eastern/Northern African
White
Other
Missing

93.7% (n=367)
93.9% (n=1,706)
95.6% (n=338)
93.4% (n=167)
93.5% (n=3,389)
91.2% (n=102)
96.7% (n=5,437)
93.5% (n=200)
94.2% (n=2,323)

Benchmark, 96.4%

n = subpopulation denominator
Each race category excludes Hispanic/Latino

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

2019 benchmark: 96.4%

- Health Share of Oregon: 92.8% 96.2%
- Umpqua Health Alliance: 91.7% 95.0%
- Eastern Oregon: 93.9% 95.4%
- Yamhill Community Care: 94.8% 96.1%
- PrimaryHealth of Josephine County: 95.9% 97.0%
- AllCare CCO: 94.9% 95.9%
- Trillium: 93.6% 94.0%
- Advanced Health: 95.0% 95.3%
- PacificSource Central: 95.4% 95.5%
- Cascade Health Alliance: 93.9% 94.0%
- InterCommunity Health Network: 94.9% 95.1%
- PacificSource Gorge: 95.2% 96.9%
- Willamette Valley Community Health: 93.0% 95.0%
- Columbia Pacific: 93.2% 95.2%
- Jackson Care Connect: 93.2% 96.2%
CAHPS: MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED TO QUIT

Med cessation: Advised to quit

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=4,054)

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

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2019 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>48.1% (n=27)</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>52.6% (n=152)</td>
</tr>
<tr>
<td>Asian American</td>
<td>42.9% (n=14)</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander^</td>
<td>44.2% (n=43)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>Middle Eastern/Northern African^</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>54.8% (n=704)</td>
</tr>
<tr>
<td>Other</td>
<td>42.4% (n=33)</td>
</tr>
<tr>
<td>Missing</td>
<td>45.1% (n=184)</td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Back to table of contents.
Med cessation: Advised to quit in 2018 and 2019, by CCO.

2019 benchmark: 83.5%

- Umpqua Health Alliance: 43.7% (2018), 52.0% (2019)
- Columbia Pacific: 39.8% (2018), 48.0% (2019)
- PacificSource Gorge: 47.2% (2018), 53.5% (2019)
- PrimaryHealth of Josephine County: 54.3% (2018), 60.0% (2019)
- Trillium: 49.3% (2018), 52.8% (2019)
- PacificSource Central: 50.8% (2018), 52.7% (2019)
- Health Share of Oregon: 40.4% (2018), 41.3% (2019)
- Cascade Health Alliance: 51.7% (2018), 54.6% (2019)
- Jackson Care Connect: 54.5% (2018), 58.1% (2019)
- Yamhill Community Care: 53.7% (2018), 58.3% (2019)
- AllCare CCO: 51.3% (2018), 58.4% (2019)
- Willamette Valley Community Health: 45.0% (2018), 54.7% (2019)
- InterCommunity Health Network: 43.9% (2018), 54.1% (2019)
- Eastern Oregon: 46.5% (2018), 57.1% (2019)
- Advanced Health: 51.8% (2018), 63.9% (2019)

Grey dots represent 2017.
Med cessation: Advised medication

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=1,209)
- Statewide change since 2018: -2.2%
- Number of CCOs that improved: 7

By race/ethnicity

African American/Black 29.6% (n=27)
American Indian/Alaska Native 35.1% (n=151)
Asian American 14.3% (n=14)
Native Hawaiian/Pacific Islander^ 25.0% (n=44)
Hispanic/Latino 34.3% (n=697)
Middle Eastern/Northern African^ 27.3% (n=33)
White 34.3% (n=697)
Other 27.3% (n=33)
Missing 30.4% (n=181)

^ data suppressed (n<10)
n = subpopulation denominator
Each race category excludes Hispanic/Latino
Med assistance: Advised medication in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 62.6%

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

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

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

By race/ethnicity

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

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

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

Columbia Pacific: 9.5% (2018), 25.5% (2019)
PacificSource Central: 21.3% (2018), 35.1% (2019)
PrimaryHealth of Josephine County: 28.4% (2018), 33.8% (2019)
Umpqua Health Alliance: 22.5% (2018), 26.5% (2019)
Trillium: 24.0% (2018), 27.8% (2019)
PacificSource Gorge: 27.5% (2018), 29.6% (2019)
InterCommunity Health Network: 22.4% (2018), 23.5% (2019)
Jackson Care Connect: 27.0% (2018), 27.3% (2019)
Advanced Health: 24.1% (2018), 24.4% (2019)
Eastern Oregon: 29.3% (2018), 33.8% (2019)
Cascade Health Alliance: 25.8% (2018), 31.8% (2019)
Yamhill Community Care: 23.9% (2018), 30.5% (2019)
Health Share of Oregon: 21.2% (2018), 30.4% (2019)
Willamette Valley Community Health: 26.3% (2018), 36.9% (2019)
AllCare CCO: 24.4% (2018), 36.4% (2019)

2019 benchmark: 57.3%
### CAHPS: Overall ratings—Adults

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

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

**2019 data (n=3,003)**

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

### By race/ethnicity

- **African American/Black**: 70.0% (n=60)
- **American Indian/Alaska Native**: 69.7% (n=340)
- **Asian American**: 60.9% (n=64)
- **Native Hawaiian/Pacific Islander**: 89.5% (n=19)
- **Hispanic/Latino**: 77.3% (n=176)
- **Middle Eastern/Northern African**: 73.7% (n=19)
- **White**: 72.6% (n=1,784)
- **Other**: 65.3% (n=72)
- **Missing**: 73.1% (n=469)

\( n = \) subpopulation denominator

Each race category excludes Hispanic/Latino

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2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
CAHPS: Overall ratings among adults in **2018** and **2019**, by CCO.

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

2019 benchmark: 80.0%
CAHPS: OVERALL RATINGS—CHILDREN

CAHPS: Overall ratings—Children

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

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

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=3,845)
- Statewide change since 2018: +2.1%
- Number of CCOs that improved: 9

By race/ethnicity

- African American/Black: 80.4% (n=102)
- American Indian/Alaska Native: 86.4% (n=484)
- Asian American: 83.0% (n=112)
- Native Hawaiian/Pacific Islander: 78.0% (n=50)
- Hispanic/Latino: 90.3% (n=914)
- Middle Eastern/Northern African: 92.0% (n=25)
- White: 84.9% (n=1,476)
- Other: 88.7% (n=53)
- Missing: 82.8% (n=629)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

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

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

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

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

2019 benchmark source:
N/A

2019 data (n=2,624)
- Statewide change since 2018: +1.6%
- Number of CCOs that improved: 9

By race/ethnicity

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

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
### CAHPS: SATISFACTION WITH CARE—ADULTS

CAHPS: Satisfaction with care among adults in **2018** and **2019**, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Oregon</td>
<td>76.4%</td>
<td>90.5%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>82.4%</td>
<td>94.4%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>82.3%</td>
<td>99.5%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>86.7%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>84.3%</td>
<td>98.8%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>89.1%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>85.1%</td>
<td>87.9%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>86.9%</td>
<td>88.7%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>89.7%</td>
<td>90.3%</td>
</tr>
<tr>
<td>Trillium</td>
<td>85.2%</td>
<td>87.1%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>88.9%</td>
<td>92.4%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>87.0%</td>
<td>91.2%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>87.4%</td>
<td>92.3%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>82.0%</td>
<td>88.2%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>79.3%</td>
<td>92.5%</td>
</tr>
</tbody>
</table>
CAHPS: Satisfactory with Care—Children

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

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

**2019 benchmark source:**
N/A

**2019 data** (n=2,708)
- Statewide change since 2018: **+2.2%**
- Number of CCOs that improved: **9**

### By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2017 (%)</th>
<th>2018 (%)</th>
<th>2019 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>79.5%</td>
<td>90.1%</td>
<td>79.5%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>90.3%</td>
<td>88.2%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Asian American</td>
<td>88.2%</td>
<td>90.2%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>90.3%</td>
<td>90.3%</td>
<td>91.4%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>91.4%</td>
<td>91.4%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Middle Eastern/Northern African</td>
<td>84.5%</td>
<td>94.9%</td>
<td>84.5%</td>
</tr>
<tr>
<td>White</td>
<td>87.5%</td>
<td>88.7%</td>
<td>87.5%</td>
</tr>
<tr>
<td>Other</td>
<td>88.7%</td>
<td>89.4%</td>
<td>89.4%</td>
</tr>
<tr>
<td>Missing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Back to table of contents.
CAHPS: Satisfaction with care among children in 2018 and 2019, by CCO.

Grey dots represent 2017.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018 (%)</th>
<th>2019 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trillium</td>
<td>81.4%</td>
<td>92.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>83.6%</td>
<td>90.0%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>86.2%</td>
<td>92.2%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>85.8%</td>
<td>90.2%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>86.8%</td>
<td>91.1%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>87.1%</td>
<td>91.1%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>86.5%</td>
<td>89.4%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>86.7%</td>
<td>87.7%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>87.4%</td>
<td>88.3%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>87.0%</td>
<td>88.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>86.1%</td>
<td>87.2%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>85.3%</td>
<td>86.8%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>89.7%</td>
<td>92.0%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>89.1%</td>
<td>94.2%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>89.9%</td>
<td>95.0%</td>
</tr>
</tbody>
</table>
Child and adolescent access to PCP

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=246,624)
- Statewide change since 2018: No change
- Number of CCOs that improved: 6

By region

2019 benchmark: 93.5%

- Central OR: 91.9% → 92.2%
- Northern Coast: 91.0% → 91.2%
- Tri-County: 92.1% → 92.2%
- Eastern OR: 90.5% → 90.6%
- Willamette Valley: 92.0% → 92.1%
- Southern OR: 91.9% → 92.1%
Childhood and adolescent access to primary care providers in 2018 and 2019, by CCO.

Grey dots represent 2017.

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

2019 benchmark: 93.1%
Chlamydia screening

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data  (n=29,977)
- Statewide change since 2018: No change
- Number of CCOs that improved: 8

By region

2019 benchmark: 65.4%
Chlamydia screening in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 65.4%

- Primary Health of Josephine County: 43.4% in 2018, 50.2% in 2019
- Jackson Care Connect: 42.3% in 2018, 45.8% in 2019
- PacificSource Gorge: 35.1% in 2017, 38.5% in 2018, 42.6% in 2019
- Umpqua Health Alliance: 40.7% in 2018, 41.6% in 2019
- Cascade Health Alliance: 48.3% in 2018, 49.9% in 2019
- Trillium: 48.3% in 2018, 54.2% in 2019
- AllCare CCO: 48.1% in 2018, 48.4% in 2019
- Eastern Oregon: 52.9% in 2018, 54.0% in 2019
- InterCommunity Health Network: 41.7% in 2018, 42.6% in 2019
- Advanced Health: 41.7% in 2018, 42.6% in 2019
- Health Share of Oregon: 49.8% in 2018, 50.9% in 2019
- PacificSource Central: 49.8% in 2018, 50.9% in 2019
- Willamette Valley Community Health: 44.6% in 2018, 47.7% in 2019
- Columbia Pacific: 43.1% in 2018, 48.2% in 2019
- Yamhill Community Care: 44.6% in 2018, 47.7% in 2019

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
HbA1c testing

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=34,080)

- Statewide change since 2018: +0.8%
- Number of CCOs that improved: 8

Statewide


Benchmark: 90.5%

Eastern OR 84.0% 86.8%
Southern OR 85.9% 86.7%
Central OR 89.6% 90.4%
Willamette Valley 87.9% 88.7%
Tri-County 89.6% 89.9%
Northern Coast 89.6% 89.6%

2019 benchmark: 90.5%
HbA1c testing for members with diabetes in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 90.5%
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (7 DAY)

7 day follow-up ED mental illness

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=9,195)

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

Statewide

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=9,195)

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

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-County</td>
<td>54.0%</td>
<td>63.1%</td>
</tr>
<tr>
<td>Central OR</td>
<td>62.9%</td>
<td>65.6%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>67.8%</td>
<td>70.1%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>54.5%</td>
<td>57.0%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>60.7%</td>
<td>64.5%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>64.5%</td>
<td>68.6%</td>
</tr>
</tbody>
</table>

2019 benchmark: 61.3%

Back to table of contents.
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (7 DAY)

7 day follow-up after ED for mental illness in 2018 and 2019, by CCO.

2019 benchmark: 61.3%
FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (30 DAY)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 90th percentile

2019 data (n=9,195)
- Statewide change since 2018: **+2.1%**
- Number of CCOs that improved: **7**

Statewide

2019 benchmark: 74.5%

2018  2019
72.8%  74.3%

By region

2019 benchmark: 74.5%

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

- **PacificSource Gorge**: 75.5% in 2019, compared to 74.5% benchmark.
- **Health Share of Oregon**: 67.7% in 2019, compared to 74.1% in 2018.
- **Umpqua Health Alliance**: 73.5% in 2019, compared to 79.9% in 2018.
- **Primary Health of Josephine County**: 84.0% in 2019, compared to 86.4% in 2018.
- **Cascade Health Alliance**: 87.7% in 2019, compared to 90.0% in 2018.
- **PacificSource Central**: 71.6% in 2019.
- **Columbia Pacific**: 68.8% in 2019, compared to 69.5% in 2018.
- **Willamette Valley Community Health**: 71.0% in 2019, compared to 71.7% in 2018.
- **Eastern Oregon**: 77.7% in 2019, compared to 79.2% in 2018.
- **Advanced Health**: 86.0% in 2019, compared to 67.9% in 2018.
- **Trillium**: 73.0% in 2019, compared to 76.0% in 2018.
- **Yamhill Community Care**: 73.4% in 2019, compared to 78.4% in 2018.
- **AllCare CCO**: 77.0% in 2019, compared to 82.2% in 2018.
- **InterCommunity Health Network**: 76.3% in 2019, compared to 82.8% in 2018.
- **Jackson Care Connect**: 71.6% in 2019, compared to 81.6% in 2018.

**2019 benchmark: 74.5%**
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

7 day follow-up ED dental

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

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=7,886)

- Statewide change since 2018: -8.9%
- Number of CCOs that improved: 5

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern OR</td>
<td>22.4%</td>
<td>23.9%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>24.0%</td>
<td>27.8%</td>
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<tr>
<td>Eastern OR</td>
<td>26.0%</td>
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</tr>
<tr>
<td>Central OR</td>
<td>22.9%</td>
<td>27.7%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>22.1%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Northern Coast</td>
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</tbody>
</table>

Back to table of contents.
# Follow-up after ED Visit for Non-Traumatic Dental Reasons (7 Day)

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

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018</th>
<th>2019</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Health of Josephine County</td>
<td>35.2%</td>
<td>22.2%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>17.0%</td>
<td>19.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>26.8%</td>
<td>28.7%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>29.2%</td>
<td>29.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>26.5%</td>
<td>26.5%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>24.3%</td>
<td>25.2%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>26.8%</td>
<td>27.8%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>24.0%</td>
<td>26.0%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>20.6%</td>
<td>24.3%</td>
</tr>
<tr>
<td>Trillium</td>
<td>22.0%</td>
<td>26.4%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>22.4%</td>
<td>27.1%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>24.5%</td>
<td>30.4%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>22.1%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>21.1%</td>
<td>29.4%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>19.0%</td>
<td>34.6%</td>
</tr>
</tbody>
</table>

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2019 CCO Metrics Performance Report
September 2020
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (30 DAY)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

2019 data (n=7,886)
- Statewide change since 2018: -13.7%
- Number of CCOs that improved: 3

Statewide

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
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<tbody>
<tr>
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</table>

By region

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

Back to table of contents.
30 day follow-up after ED for non-traumatic dental reasons in 2018 and 2019, by CCO.
Follow-up mental illness

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2017 CCO 75th percentile

2019 data (n=3,779)

- Statewide change since 2018: -5.5%
- Number of CCOs that improved: 6

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

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

By region

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<tr>
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<tbody>
<tr>
<td>Central OR</td>
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<tr>
<td>Willamette Valley</td>
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<tr>
<td>Southern OR</td>
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<tr>
<td>Eastern OR</td>
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<tr>
<td>Tri-County</td>
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<tr>
<td>Northern Coast</td>
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</tbody>
</table>

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

Grey dots represent 2017.
* note small denominator (n<30)

2019 benchmark: 87.1%
ADHD (Initiation)

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

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

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

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

By region

**Southern OR**
- 2019: 65.6%
- 2019 benchmark: 55.9%

**Tri-County**
- 2019: 64.0%
- 2019 benchmark: 55.9%

**Central OR**
- 2019: 64.0%
- 2019 benchmark: 55.9%

**Willamette Valley**
- 2019: 65.8%
- 2019 benchmark: 55.9%

**Eastern OR**
- 2019: 71.0%
- 2019 benchmark: 55.9%

**Northern Coast**
- 2019: 73.3%
- 2019 benchmark: 55.9%
Follow-up care for children prescribed ADHD medication in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 55.9%
Percentage of children (ages 6-12) who remained on attention deficit hyperactivity disorder (ADHD) medication for 210 days after receiving a new prescription and who had at least two follow-up visits with a provider within 270 days after the initiation phase.

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

**2019 data** (n=724)
- Statewide change since 2018: **-1.1%**
- Number of CCOs that improved: 7
Continuing follow-up for children prescribed ADHD medication in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 69.1%
IMMUNIZATIONS FOR ADOLESCENTS—Combo 1

Immunizations for adolescents

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

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

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=15,665)

• Statewide change since 2018: 3.6%
• Number of CCOs that improved: 10

Statewide

By region

2019 benchmark: 85.6%

Northern Coast

Willamette Valley

Southern OR

Tri-County

Central OR

Eastern OR

Back to table of contents.
Immunizations for adolescents in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 85.6%

- Umpqua Health Alliance: 53.8% (2018), 63.6% (2019)
- Columbia Pacific: 64.9% (2018), 71.9% (2019)
- PacificSource Gorge: 70.7% (2018), 76.9% (2019)
- Yamhill Community Care: 74.0% (2018), 78.6% (2019)
- Trillium: 70.7% (2018), 74.8% (2019)
- Willamette Valley Community Health: 64.9% (2018), 68.0% (2019)
- AllCare CCO: 52.1% (2018), 54.2% (2019)
- Health Share of Oregon: 62.9% (2018), 63.9% (2019)
- Advanced Health: 73.6% (2018), 74.6% (2019)
- Cascade Health Alliance: 63.9% (2018), 64.1% (2019)
- InterCommunity Health Network: 59.6% (2018), 60.0% (2019)
- Jackson Care Connect: 63.9% (2018), 64.7% (2019)
- PrimaryHealth of Josephine County: 67.8% (2018), 68.8% (2019)
- Eastern Oregon: 74.7% (2018), 76.2% (2019)
- PacificSource Central: 74.7% (2018), 76.2% (2019)
Immunizations for adolescents

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

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

2019 benchmark source:
2018 national Medicaid 75th percentile

2019 data (n=15,665)

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

This measure will be incentivized beginning in 2020.

Back to table of contents.
IET (Initiation)

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

Data source: Administrative (billing) claims

2019 benchmark source: 2018 national Medicaid median

2019 data (n=30,051)
- Statewide change since 2018: -1.0%
- Number of CCOs that improved: 5

This measure will be incentivized beginning in 2020.

Statewide

- 2018: 38.2%
- 2019: 37.8%

By region

Eastern OR
- 2018: 34.3%
- 2019: 35.6%

Tri-County
- 2018: 38.7%
- 2019: 39.2%

Central OR
- 2018: 35.8%
- 2019: 36.3%

Northern Coast
- 2018: 38.1%
- 2019: 39.0%

Southern OR
- 2018: 35.5%
- 2019: 36.4%

Willamette Valley
- 2018: 38.2%
- 2019: 40.0%
Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2018 and 2019, by CCO.
Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2018 and 2019, by age group.

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

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

- Total: 37.6% in 2018, 38.2% in 2019
- Alcohol: 36.7% in 2018, 37.9% in 2019
- Opioid: 53.0% in 2018, 50.6% in 2019
- Other Drug: 36.5% in 2018, 36.8% in 2019
IET (Engagement)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid median

2019 data (n=30,051)

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

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

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

2019 benchmark: 13.3%
Continuation of treatment for members with alcohol or other drug dependence in 2018 and 2019, by age group.

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

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

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

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

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

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

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

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

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

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

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

This measure will be incentivized beginning in 2020.

Statewide

![Graph showing the percentage of children receiving preventative dental services from 2018 to 2019.]

- 2018: 43.5%
- 2019: 45.2%

By region

- Willamette Valley: 43.4% in 2018, 47.1% in 2019
- Southern OR: 43.2% in 2018, 46.4% in 2019
- Northern Coast: 33.2% in 2018, 35.6% in 2019
- Central OR: 44.6% in 2018, 46.2% in 2019
- Tri-County: 44.0% in 2018, 44.0% in 2019
- Eastern OR: 42.5% in 2018, 44.7% in 2019

Back to table of contents.
Preventive dental services for children ages 1 to 5 in 2018 and 2019, by CCO.
Preventive dental services (ages 6-14)

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

Data source:
Administrative (billing) claims

2019 benchmark source:
N/A

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

This measure will be incentivized beginning in 2020.
Preventive dental services for children ages 6 to 14 in 2018 and 2019, by CCO.

- Primary Health of Josephine County: 55.7% - 60.3%
- PacificSource Central: 56.4% - 60.9%
- AllCare CCO: 59.0% - 62.4%
- Health Share of Oregon: 61.2% - 63.4%
- PacificSource Gorge: 68.6% - 70.5%
- Yamhill Community Care: 64.0% - 65.2%
- Columbia Pacific: 54.6% - 55.7%
- Willamette Valley Community Health: 64.7% - 65.4%
- InterCommunity Health Network: 59.1% - 59.8%
- Trillium: 68.7% - 69.1%
- Eastern Oregon: 62.7% - 62.8%
- Jackson Care Connect: 65.9% - 66.3%
- Umpqua Health Alliance: 65.9% - 66.4%
- Advanced Health: 58.8% - 59.7%
- Cascade Health Alliance: 58.1% - 59.4%
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

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

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

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

Grey dots represent 2017.

2019 benchmark: 200.2

Lower is better

Cascade Health Alliance 91.2
Yamhill Community Care
PacificSource Central
PrimaryHealth of Josephine County 116.4
AllCare CCO 177.1
Jackson Care Connect 169.0
Trillium 220.4
Health Share of Oregon 196.3
Willamette Valley Community Health
Umpqua Health Alliance 200.1
Advanced Health
PacificSource Gorge 113.3
InterCommunity Health Network 158.5
Eastern Oregon 148.6
Columbia Pacific 193.1

Oregon Health Authority
Office of Health Analytics

2019 CCO Metrics Performance Report
September 2020
PQI 05: COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

PQI 5

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

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

Data source:
Administrative (billing) claims

2019 benchmark source:
10 percent reduction from 2018

2019 data (n=2,974,919 member years)

- Statewide change since 2018: -0.4%
- Number of CCOs that improved: 6

Rates are shown per 100,000 member years which means that in one year, there are on average 439.3 visits occurring per 100,000 CCO members.

Lower is better

Back to table of contents.
Hospital admissions for COPD or asthma in older adults in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 396.8

Lower is better

- AllCare CCO: 250.1
- Cascade Health Alliance: 499.3
- Umpqua Health Alliance: 166.1
- Trillium: 487.2
- Willamette Valley Community Health: 461.9
- PacificSource Central: 393.2
- Health Share of Oregon: 416.1
- Advanced Health: 646.1
- Jackson Care Connect: 672.4
- Eastern Oregon: 355.3
- Yamhill Community Care: 424.9
- Columbia Pacific: 356.9
- Primary Health of Josephine County: 476.9
- InterCommunity Health Network: 258.0
- PacificSource Gorge: 179.6

2019 CCO Metrics Performance Report
September 2020

Oregon Health Authority
Office of Health Analytics
PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

PQI 8
Rate of adult members (ages 18 and older) who had a hospital stay because of congestive heart failure. A lower score is better.

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

Data source:
Administrative (billing) claims

2019 benchmark source:
10 percent reduction from 2018

2019 data (n=6,289,173 member years)
- Statewide change since 2018: +9.2%
- Number of CCOs that improved: 5

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

Back to table of contents.
Hospital admissions for congestive heart failure in 2018 and 2019, by CCO.
Grey dots represent 2017.

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

2019 benchmark: 326.4
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

2019 benchmark source:
10 percent reduction from 2018

2019 data (n=3,314,207 member years)

- Statewide change since 2018: +11.9%
- Number of CCOs that improved: 7

Rates are shown per 100,000 member years which means that in one year, there are on average 42.4 visits occurring per 100,000 CCO members.

Back to table of contents.
Hospital admissions for asthma in younger adults in 2018 and 2019, by CCO.

Grey dots represent 2017.

2019 benchmark: 34.1

Lower is better
Timeliness of prenatal care

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

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

**2019 benchmark source:**
2018 national Medicaid 90th percentile

**2019 data** (n=5,056)

- Statewide change since 2018: **-13.0%**
- Number of CCOs that improved: **0**

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

This measure was previously a CCO incentive metric from 2013-2018.
Timeliness of prenatal care in 2018 and 2019, by CCO.
Grey dots represent 2017.

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

2019 benchmark: 90.8%
**Topical fluoride varnish**

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

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

**2019 benchmark source:**
N/A

**2019 data** (n=305,600)

- Statewide change since 2018: **-32.5%**
- Number of CCOs that improved: **0**

**Statewide**

- 2018: 31.7%
- 2019: 21.4%

**By region**

- **Central OR**
  - 2018: 17.2%
  - 2019: 23.7%

- **Northern Coast**
  - 2018: 12.8%
  - 2019: 20.4%

- **Tri-County**
  - 2018: 20.1%
  - 2019: 28.8%

- **Southern OR**
  - 2018: 23.1%
  - 2019: 32.9%

- **Eastern OR**
  - 2018: 22.8%
  - 2019: 34.4%

- **Willamette Valley**
  - 2018: 23.6%
  - 2019: 36.5%
Topical fluoride varnish in 2018 and 2019, by CCO.
WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

Well-child visits

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 National Medicaid 90th percentile

2019 data (n=15,536)
- Statewide change since 2018: 5.4%
- Number of CCOs that improved: 13

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

Back to table of contents.
Well-child visits in the first 15 months of life in 2018 and 2019, by CCO.
Grey dots represent 2017.

2019 benchmark: 75.4%
Well-child visits in the 3rd, 4th, 5th, and 6th years of life

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

Data source:
Administrative (billing) claims

2019 benchmark source:
2018 national Medicaid 75th percentile

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

This measure will be incentivized beginning in 2020.
Well-child visits in the 3rd, 4th, 5th, and 6th years of life in 2018 and 2019, by CCO.
You can get this document in other languages, large print, braille, or a format you prefer. Contact the Oregon Health Authority Director’s Office at 503-947-2340 or OHADirectorsOffice@state.or.us.