

# 2026 CCO Quality Incentive Program: Measure Summaries

## Measure overview

Each year, coordinated care organizations (CCOs) can earn bonus funds by showing that they have improved care for members of the Oregon Health Plan (OHP). The program through which CCOs can earn these funds is called the CCO Quality Incentive Program (sometimes referred to as the Quality Pool). The program is one of our most effective tools for improving quality for members of the Oregon Health Plan.<sup>1</sup>

Since the program began in 2013, over a billion dollars has been distributed to CCOs through the program. To earn these funds, CCOs must improve on a set of health care quality measures selected by the [Metrics & Scoring Committee](#) each year. The Metrics & Scoring Committee reviews the measure set each year and [may drop or add measures](#) to continue to improve care for members of the Oregon Health Plan.

This document provides information about each of the 2026 CCO incentive measures. Each entry answers three questions:

1. What is being measured?
2. Why is it being measured?
3. How is it being measured?

Technical specifications with details on how each measure is calculated are available [here](#).

## Important considerations about data sources

**Claims or equivalent encounter information.** A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service. [Learn more at CMS >](#)

**Electronic health record (EHR):** An electronic health record is a digital version of a patient's medical history that is kept by clinicians. EHRs can provide helpful information to measure quality, but they also have some drawbacks. When we use data from EHRs, we don't have data about people who see providers that use paper charts, and people who didn't see a provider during the measurement year.

This is important to consider because many people who aren't represented in these data are more likely to experience health disparities as the result of structural racism, which means the measure may not reflect people who need this care the most. In addition,

---

<sup>1</sup>  
<https://www.oregon.gov/oha/HPA/ANALYTICS/Evaluation%20docs/Summative%20Medicaid%20Waiver%20Evaluation%20-%20Final%20Report.pdf>

because data we get from EHRs shows only overall totals from clinics, we can't dig deeper into questions about communities included in those totals.

## CCO Incentive Measures for 2026

*in alphabetical order*

### **Assessments for Children in ODHS Custody**

This measure helps us make sure kids who are entering foster care get the age-appropriate physical, mental, and dental health care they need. The Oregon Department of Human Services notifies CCOs when one of their members enters foster care. The CCO then has 30 days to make sure that child gets physical and dental health care, and 60 days for mental health care.

It's important for us to measure this because timely health assessments are vital to the health and well-being of kids in foster care, according to the American Academy of Pediatrics and the Oregon Department of Human Services.<sup>2</sup>

We measure this by comparing a list of children in foster care who are enrolled in CCOs with CCO claims or equivalent encounter data to see if the children received timely health assessments. A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

### **Child and Adolescent Well-Care Visits - Age 3-6**

We measure the percentage of kids ages 3-6 who have at least one well-care visit during the year. Well-care visits are important because they help providers find concerns early, when it's easier to address any possible problems. This measure is part of a broader effort to make sure children are prepared for kindergarten, which is critical to meeting OHA's health equity goals.

To measure this, we look at medical claims or equivalent encounter data for kids ages 3-6 who are enrolled in a CCO. A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

### **Childhood Immunization Status (Combo 3)**

We measure the percentage of kids who are up to date on vaccines by their second birthday. We look at kids from birth to their second birthday because approximately 300

---

<sup>2</sup> See Child Welfare Policy: [OAR 413-015-0465](https://www.oar.gov/413-015-0465) and American Academy of Pediatrics - see page 22: [https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Ch2\\_PP\\_Primary.pdf#Page=12](https://www.aap.org/en-us/advocacy-and-policy/aap-health-initiatives/healthy-foster-care-america/Documents/Ch2_PP_Primary.pdf#Page=12)

children die from vaccine-preventable illnesses in the United States each year,<sup>3</sup> and vaccines are one of the safest, easiest, and most effective ways to protect kids from disease.<sup>4</sup> Vaccines we look for include:

- diphtheria, tetanus and acellular pertussis (DTaP);
- polio (IPV);
- measles, mumps and rubella (MMR);
- haemophilus influenza type B (HiB);
- hepatitis B (HepB);
- chicken pox (VZV); and
- pneumococcal conjugate (PCV).

To measure this, we:

- check the state's immunization registry ([ALERT Immunization Information System](#)) and see whether children who are two years old and enrolled in a CCO have all their vaccines, and
- look at medical claims submitted by healthcare providers. A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

## **Glycemic Status Assessment for Patients with Diabetes**

This measure looks at the percentages of people ages 18-75 who have diabetes and who have either blood sugar level under control, or poorly controlled high blood sugar level. Diabetes is a leading cause of death and disability in the United States, so it's important to make sure we help people manage their blood sugar.

We measure whether someone's blood sugar is over healthy levels through a test called the Glycemic Status Assessment. If the member's most recent glycemic status is lower than 8%, they are counted as having the blood sugar level under good control; more people in this category is better. If someone's glycemic status result is higher than 9%, they're at higher risk for complications like nerve damage. The fewer people who have a high result, the better. Because it's so important to make sure providers are monitoring the blood sugar of patients with diabetes, if there is no record of a glycemic status test for a patient or there is no test result tracked in the year, that person will also be counted in the metric as blood sugar level poorly controlled.

To measure this, we look at CCO members who've been diagnosed with diabetes and use medical claims and electronic health records (EHR) to see the results of their most recent glycemic status test. A medical claim is a request for payment that a healthcare provider

---

<sup>3</sup> <https://www.ncqa.org/hedis/measures/childhood-immunization-status/>

<sup>4</sup> <https://www.hhs.gov/immunization/get-vaccinated/for-parents/five-reasons/index.html>

submits to a CCO or OHA when a member receives a healthcare service. An electronic health record is a digital version of a patient's medical history that is kept by clinicians.

## Immunization for Adolescents (Combo 2)

We measure the percentage of children who are up to date on their vaccines by their 13th birthday. These vaccines include meningococcal, tetanus, diphtheria toxoids and acellular pertussis (Tdap), and human papillomavirus (HPV).

We measure this because immunizations are one of the safest, easiest, and most effective ways to protect youth from potentially serious and sometimes fatal diseases, including cancer, breathing and heart problems, seizures, and nerve damage.<sup>5</sup> For example, HPV causes more than 45,000 cases of cancer each year,<sup>6</sup> and more than 90% of these cancers are easily preventable with vaccination,<sup>7</sup> but a person needs to get vaccinated *before* they get the virus.

To measure this, we look at the number of thirteen-year-olds who are enrolled in a CCO and see whether they are fully vaccinated using information from the state's immunization registry, [ALERT Immunization Information System](#) and medical claims or equivalent encounter data submitted by healthcare providers. A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

## Initiation and Engagement of Substance Use Disorder Treatment

We measure the percentage of adults who are newly diagnosed with substance use disorder and look at whether they enter and continue in treatment. We measure this because treatment is important because it can improve health and well-being, as well as reduce healthcare spending in the long run.

We measure this by looking at medical claims or equivalent encounter data for adult CCO members who are newly diagnosed with substance use disorder to see whether they:

1. began treatment within 14 days and
2. continued treatment for at least another 34 days.

---

<sup>5</sup> <https://www.ncqa.org/hedis/measures/immunizations-for-adolescents/>

<sup>6</sup> <https://www.cdc.gov/cancer/hpv/cases.html>

<sup>7</sup> [https://www.cdc.gov/hpv/hcp/clinical-overview/?CDC\\_AAref\\_Val=https://www.cdc.gov/hpv/hcp/protecting-patients.html](https://www.cdc.gov/hpv/hcp/clinical-overview/?CDC_AAref_Val=https://www.cdc.gov/hpv/hcp/protecting-patients.html)

A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service. We look at “new episodes” rather than individual OHP members, which means a person could experience more than one substance use disorder episode in a year and be counted in the metric more than once.

## Meaningful Language Access (Health Equity)

This measure was created to ensure people who communicate in languages other than English or are hard of hearing can understand the information in their health care appointment. This means having appointments with either a provider who speaks their preferred language well or an Oregon certified or qualified health care interpreter.

People who communicate in languages other than English or are hard of hearing:

- Face barriers accessing health services,<sup>8</sup>
- Receive lower quality care relative to patients whose preferred language is English,<sup>9</sup> and
- Are at higher risk for medical errors.<sup>10</sup>

Qualified and certified health care interpreters and language providers who speak other languages are vital to increasing access and quality at appointments.

We measure this in two ways:

1. CCOs must complete a self-assessment of the language services they provide. CCOs verify whether they meet minimum requirements and provide higher quality and more robust language services over time.
2. CCOs report whether people can communicate in their preferred language through a certified/qualified interpreter or with a language provider for each health care visit.

## Prenatal and Postpartum Care: Postpartum Care Rate

We measure the percentage of people who have given birth who receive timely postpartum care following the birth. The weeks following birth are critical for long-term health and well-being for the birthing parent and child alike.<sup>11</sup> Postpartum care helps birthing parents address complications, like pain and incontinence, as well social-emotional health needs.

---

<sup>8</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690153/>

<sup>9</sup> <https://pubmed.ncbi.nlm.nih.gov/19179539/>

<sup>10</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5111827/>

<sup>11</sup> <https://www.acog.org/clinical/clinical-guidance/committee-opinion/articles/2018/05/optimizing-postpartum-care>

This measure supports OHA's health equity goals because high-quality postpartum care is also important for addressing the inequitable maternal health outcomes for people of color. For example, American Indian and Alaska Native (AI/AN) and Black people are 2-3 times more likely to die from pregnancy-related causes than white people.<sup>12</sup>

To measure this, we look at CCO members who've given birth in the last year and use medical claims and chart review to see if they had at least one postpartum visit in the one to 12 weeks following the birth. A medical claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

### **Preventive Dental or Oral Health Services - Ages 1 to 5 and Ages 6-14**

This measure looks at the percentage of kids who received preventive dental or oral health care during the measurement year. We focus on oral health because untreated oral health problems can lead to problems eating, speaking, playing, and learning.<sup>13</sup>

The measure is broken into two parts:

1. Ages 1-5 because this is a crucial age in kindergarten readiness, which is important to meeting our health equity goals.
2. Ages 6-14 because we know that poor oral health is one of the leading causes of absences from school.<sup>14</sup>

We measure this by looking at medical and dental claims or equivalent encounter data to see if kids received preventive dental or oral health care. A claim is a request for payment that a healthcare provider submits to a CCO or OHA when a member receives a healthcare service.

### **Screening for Depression and Follow Up Plan**

This measure looks at the percentage of people age 12+ with a health care visit who received a depression screening and, if needed, a plan to address their needs. This measure encourages providers to ask their patients about depression, which is important because depression can have serious and lasting impacts on a person's health.

We see how CCOs do on this measure using information from electronic health records (EHRs). An electronic health record is a digital version of a patient's medical history that is kept by clinicians. EHRs can provide helpful information to measure quality, but they also have some drawbacks. When we use data from EHRs, we don't have data about people

---

<sup>12</sup> <https://www.cdc.gov/media/releases/2019/p0905-racial-ethnic-disparities-pregnancy-deaths.html>

<sup>13</sup> <https://www.cdc.gov/oralhealth/basics/childrens-oral-health/index.html#:~:text=Untreated%20cavities%20can%20cause%20pain,least%20one%20untreated%20decay ed%20tooth>

<sup>14</sup> <https://www.attendanceworks.org/bringing-dental-care-to-schools/>

who see providers that use paper charts, and people who didn't see a provider during the measurement year.

This is important because many people who aren't represented in these data are more likely to experience health disparities as the result of structural racism, which means the measure may not reflect people who need this care the most. In addition, because data we get from EHRs shows only overall totals from clinics, we can't dig deeper into questions about communities included in those totals.

### **Social Determinants of Health: Social Needs Screening & Referral**

This measure looks at the percentage of people who were screened for their social needs and referred (as appropriate) to services. Ensuring people have access to stable housing, good food, and reliable transportation are key components of health and mental well-being.

The measure also requires CCOs to create policies that support social needs screening and referral in a collaborative, trauma informed way. This is important because screenings can cause harm if needs are never identified, or if needs are identified one or more times and never addressed.

We measure progress in two ways:

1. CCOs must complete a self-assessment of the screenings and referrals they provide in partnership with community-based organizations for each need: housing, food, and transportation. CCOs also verify whether they meet the minimum requirements in creating a system that supports the screening and referral process.
2. CCOs must report on the percent of members screened, percent who have a housing, food and/or transportation need, and percent with a need who receive a referral.

### **Young Children Receiving Social-Emotional Issue-Focused Intervention/Treatment Services**

This measure looks at the percentage of children ages 1-5 who received an issue-focused intervention or treatment service to address an identified social emotional health issue. OHA measures this to help ensure young kids get equitable access to behavioral health intervention and treatment services that support their social-emotional development and are the best match for their needs.

This measure is part of a broader effort to make sure children are prepared for kindergarten, which is critical to meeting our health equity goals. In focus groups of Oregon

families, parents reported that the social-emotional health of their children is critical to preparing them for kindergarten.<sup>15</sup>

---

<sup>15</sup> [https://childinst.org/wp-content/uploads/2018/08/KRFG\\_Summary\\_Report\\_with\\_Cover\\_Letter\\_5\\_2\\_18.pdf](https://childinst.org/wp-content/uploads/2018/08/KRFG_Summary_Report_with_Cover_Letter_5_2_18.pdf)