

CCO Incentive Measures: Requirements for MY2025 Hybrid Measures

GUIDANCE DOCUMENTATION

Oregon Health Authority

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1. Introduction

The purpose of this document is to provide Coordinated Care Organizations (CCOs) with guidance on fulfilling hybrid data review and submission requirements for quality performance measures for measurement year (MY) 2025. These measures are:

- Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre)
- Prenatal and Postpartum Care: Postpartum Care (PPC-Post)
- Social Determinants of Health (SDOH): Social Needs Screening and Referral Measure

This document describes the hybrid data review process and timelines and provides information on the template for review and data submission.

2. Background

In the first measurement year (2013), only administrative data (claims) were used to calculate the following Healthcare Effectiveness Data and Information Set (HEDIS) measures: Colorectal Cancer Screening (COL), Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-Pre), Prenatal and Postpartum Care: Postpartum Care (PPC-Post).

This resulted in an approach that likely underreported the actual colorectal cancer screening and prenatal and postpartum care provided to CCO members.

Based on stakeholder feedback, the Metrics & Scoring Committee agreed that for the second measurement year (2014), HEDIS hybrid specifications, utilizing administrative and clinical data, would be adopted for the COL and PPC measures. After the successful submission of data using the hybrid method in 2014, this approach has continued in subsequent years.

The reporting for the PPC measures will follow HEDIS MY2025 specifications. As prenatal and postpartum care originate from the same HEDIS measure, and hybrid data review for both the parts can be done at the same time (i.e., the chart or EHR record will already be open/extracted for the member), CCOs must submit data to support both parts of the measure.

CCOs are responsible for conducting the hybrid data review and submitting the results to OHA according to the timeline, process, and specifications outlined in this guidance document.

Measures retired from hybrid reporting:

OHA adopted the HEDIS hybrid reporting specifications for the COL measure in the past, while the Medicaid product line was not specified as an eligible population for the measure. In the updated HEDIS MY2022 specifications, the Medicaid product line has been added to the COL measure as an eligible population, but HEDIS specifies that only the administrative data collection method may be used for reporting the Medicaid population. The COL measure was also retired from the incentive measure set after 2019. Therefore, OHA no longer requires CCOs to report the COL measure using the hybrid method. Instead, OHA will calculate the COL measure using administrative claims data for MY2022 and subsequent years.

The Health Equity Measure: Meaningful Access to Health Care Services Persons with Limited English Proficiency and Persons Who are Deaf or Hard of Hearing (HEM) was developed with a four-year glidepath (beginning MY2021) for CCOs to establish system-wide data collection for quantitative visit-level language access reporting for the measure Component 2 (Component 1 is a qualitative CCO language access self-assessment survey). For MY2022 and MY2023, the HEM used a hybrid reporting method for Component 2 for CCOs to provide in-depth review of a randomly selected sample. This was an interim method before CCOs were required to report the full eligible population (all visits for all members with language access needs) across their delivery systems starting MY2024.

Addition of SDOH Measure:

In recent years, recognition has grown of the profound impact social factors like income, environmental conditions and racism have on a person's health. The goal of the Social Needs Screening and Referral measure is that CCO members have their social needs acknowledged and addressed.

From 2023 to 2025, CCOs are required to submit a self-assessment for component 1 of the measure. Component 1 of the measure assesses CCOs' action plans to ensure social needs screening and referral is implemented in an equitable and trauma-informed manner. It also ensures CCOs lay the groundwork for data sharing and reporting as required in Component 2.

Starting in MY2025, CCOs will report on an OHA-identified sample of members for component 2. Component 2 is intended to measure the percentage of CCO members screened and, as appropriate, referred for services for housing insecurity, food insecurity, and transportation needs.

2.1 2025 Quality Pool Hybrid Measures

CCOs must conduct the hybrid data review and submit results to OHA for the Prenatal and Postpartum Care: Postpartum Care and Social Determinants of Health measure to be eligible for 2025 quality pool funds associated with the measures. Submission of hybrid review data for the Prenatal Care measure is a CCO contract requirement, though is not tied to 2025 quality pool funds.

For 2025, the Metrics & Scoring Committee selected the following benchmark for the quality pool hybrid measures. CCOs must achieve the benchmark or the improvement target to be eligible for the incentive funds associated with the measure for 2025.

Hybrid Review Measure	2025 Benchmark	2025 Improvement target
Postpartum Care	87.0% <i>Source: MY2023 CCO 90th percentile (hybrid)</i>	Minnesota method with 3 percentage point floor
Social Determinants of Health	Report only on the sample with 90% completeness threshold to meet requirement. No benchmark required.	No improvement target required.

Note, for the Postpartum Care rate, CCO members eligible under the non-federally funded Healthier Oregon Program (HOP) Basic Health Plan (BHP) and anytime during the required continuous enrollment period are excluded from the incentive quality rates.

For legislative reporting purposes, HOP and BHP members are still included in the random sampling and the CCOs are required to perform hybrid reporting when HOP or BHP members are sampled. See section 4.3 for the sample size and incentive population compensation method.

For the SDOH measure, CCOs must meet the 90% hybrid reporting completion requirement for entire sampled population, regardless of the eligibility categories.

3. Hybrid data review Process

3.1 Measure Specifications

OHA is utilizing the HEDIS MY2025 specifications for the PPC measure and OHA specifications for the SDOH measure. Measure specifications for the hybrid measures can be found online at:

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

3.2 Deliverables

CCOs are required to conduct the hybrid data review and submit the completed data using OHA's final PPC and SDOH templates to OHA no later than March 31, 2026.

As prenatal and postpartum care originate from the same HEDIS measure, and hybrid data review for both parts can be done at the same time (i.e., the chart or her record will already be open/extracted for the member), CCOs must submit data to support both parts of the measure. OHA will provide CCOs with a sample of members who met the denominator criteria for both the prenatal and postpartum care components of the measure.

CCOs are responsible for conducting the hybrid data review; CCOs can choose to contract with HEDIS Medical Record Review Vendors or conduct the hybrid data review in-house. CCOs can also choose to centrally collect information from an EHR or other data platform (see data sources in section 5 below). It is the CCO's responsibility to ensure that the hybrid data review is conducted in alignment with the measure specifications and guidance outlined here.

The hybrid reporting template for the MY2025 PPC measure remains the same for sections for the CCO to fill out, compared to the MY2024 version. OHA adds new columns at the end of the MY2025 template for input data checks to help the CCO to identify potential typos such as an incorrect year or month. The CCO does not need to enter data in these fields as they contain Excel formulas to calculate the number of days, but the CCO should review the results before the submission to ensure data entry accuracy.

3.3 Process

The HEDIS MY2025 General Guidelines for Data Collection and Reporting describes the hybrid method as follows:

Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who received the service required for the numerator.

For the 2025 hybrid measures, OHA will use administrative (claims and enrollment) data to identify the denominator and to generate the samples for the measures. OHA will provide a preliminary sample for the PPC measure in December 2025, and a final sample in January 2026. The SDOH measure will only have a final sample in January 2026.

It is the CCO's responsibility to identify numerator compliance. CCOs can use both administrative (claims) and medical record data to identify numerator compliance among members included in the sample. See data sources in section 5 below.

For the Prenatal and Postpartum Care measure numerator review:

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS MY2025 administrative specifications for allowable codes and measure logic.¹
- If using medical record data to identify numerator compliance, CCOs must follow HEDIS MY2025 hybrid specifications to conduct the hybrid data review.

Regardless of data source used to identify numerator compliance among members included in the sample, CCOs must populate results in the MY2025 data submission template.

OHA requires that CCOs submit the results of the review for each member included in their sample individually, rather than submitting an aggregated rate. OHA will use the member and visit level data to determine compliance with the measure specifications and will calculate the CCO-specific rates. Therefore, it is important that the CCO follow the directions associated with the template and use codes as directed.

Missing data for an individual member counts negatively in measure calculations as no evidence of the services can be provided; HEDIS and OHA specifications do not exclude members for whom reviewers could not find information from the measures. Likewise, if a provider refuses to share the chart/EHR for a patient in the sample, this counts negatively in measure calculations as no evidence of the services can be provided.

3.4 Timeline

The hybrid data review process will follow the timeline below.

Activity	Projected Timeline
OHA will generate and provide preliminary member-level PPC samples to CCOs for the prenatal and postpartum care measure. (See section below on sampling)	December 19, 2025
Optional: CCOs can use the preliminary samples to have an early start on the hybrid data review process.	Any time after preliminary sample is provided
OHA will provide the final PPC and SDOH samples to CCOs.	No later than January 31, 2026

¹ If using administrative data to identify numerator compliance for prenatal care, for any global (bundled) codes used, CCOs may also need to look at the medical record to identify the date of prenatal care initiation. In many cases, initiation dates are not included on claims when global codes are used and **global codes without an initiation date are not sufficient evidence of numerator compliance** for the prenatal care measure.

Activity	Projected Timeline
CCOs will complete the hybrid data review based on the final sample and complete the data submission template.	Any time after the final sample is confirmed by OHA
CCOs send the completed data submission template to OHA. (See section below on data submission).	No later than March 31, 2026
OHA reviews the data submission templates, follows up with CCOs if any questions or clarifications to submission are needed.	Between March 31 and May 31, 2026
2025 quality pool is distributed to CCOs.	No later than June 30, 2026

4. Sampling

For the Prenatal and Postpartum Care measure, OHA will follow the Guidelines for Calculations and Sampling, Systematic Sampling Methodology as outlined in HEDIS MY2025 Technical Specifications for Health Plans Volume 2.

For the SDOH measure, OHA will sample CCO members based on enrollment data and sampling criteria defined in the measure specifications. Specifications are available on the CCO Quality Incentive Program Resources [page](#).

OHA will provide each CCO with two samples for the Prenatal and Postpartum Care measure – a preliminary sample and the final sample, and one (final) sample for the Social Determinants of Health measure.

4.1 Preliminary Sample – PPC only

OHA will provide CCOs with a preliminary sample by December 19, 2025. CCOs may opt to begin their hybrid data review and complete the data submission template for members included in the preliminary sample; however, **this is not required**. CCOs may wait until OHA provides the final sample in January 2026 to begin the hybrid data review.

The preliminary sample is being provided for CCOs who wish to have more time to complete the hybrid data review, or who wish to align the hybrid data review with other ongoing hybrid data review processes for other lines of business (e.g., Medicare Advantage). The preliminary sample will include member name and Medicaid ID, imbedded in the data submission template.

Members included in the PPC preliminary sample will have met the HEDIS minimum enrollment criteria at the time the preliminary sample is generated (using preliminary member months data available at the

time). The sample will also include the estimated delivery date (EDD) based on delivery claims received by OHA at the time, and qualifying window for a timely first prenatal visit.

As the preliminary sample is being pulled early, the eligible population will not be complete; **members included in the preliminary sample may not be included in the final sample, due to continuous enrollment criteria or other exclusions.**

CCOs that opt to begin hybrid data review based on the preliminary sample may end up conducting hybrid data review on more members than will be included in the final sample – as some members included in the preliminary sample may drop out of the final measure.

Note: when sampling prior to the end of the measurement year, HEDIS guidelines call for oversampling to account for individuals included in the sample who were found to be non-compliant with denominator criteria. OHA is providing CCOs with the preliminary sample at mid- December and it is only intended to allow for additional review time. **The preliminary sample is not being used as the basis for final measurement.** As OHA will provide a final sample using only eligible members, oversampling to accommodate members who might drop out is not necessary, as the established sample size (see section 4.3 below) takes into account any additional members who might drop out due to exclusions.

4.2 Final Sample

OHA will provide CCOs with the final MY2025 samples by January 31st, 2026. CCOs will have about nine weeks to complete the hybrid data review based on the final samples and submit the completed templates back to OHA.

CCOs will not need to run any internal reports or conduct additional analysis on the final sample to determine whether a member is still eligible for inclusion in the measure. OHA will apply all denominator eligibility criteria prior to distributing the final sample to CCOs, using finalized eligibility and claims data at the time.

If the CCO has opted to start the hybrid data review process using the preliminary sample, the CCO is responsible for comparing the denominator members between the two lists and completing and submitting the final data template based on the final sample.

4.3 Sample Size

Prenatal and Postpartum Care Measure

OHA follows the HEDIS sample size guidance to randomly draw 411 cases per CCO for the PPC measure (if the CCO has more than 411 total live births in the intake period) but does not use the optional method to reduce the sample size. OHA does not provide an oversample to account for any exclusions that CCOs might find during the review process – if a CCO has a known error rate in their review, a larger sample size can be requested from OHA in advance.

OHA uses the additional steps below to compensate the Healthier Oregon Program (HOP) and Basic Health Plan (BHP) exclusion from the incentive program rate:

Step1: OHA randomly draws 411 cases for each CCO, across all CCO-paid live birth deliveries (following the HEDIS steps to identify live birth deliveries) to create the initial sample.

Step2: Among the initial sample, OHA identifies the number of HOP and BHP members and samples the same number of additional non-HOP/BHP members to the final sample. The goal is to reach 411 total cases non-HOP/BHP members to use for the incentive rate. The CCO is still responsible for reviewing and reporting PPC measure results for the HOP/BHP members in the initial sample.

For example, if there are 40 HOP/BHP members randomly selected among the CCO's initial sample of 411 cases, OHA will randomly select additional 40 non-HOP/BHP members to CCO's final sample. The CCO is responsible for reviewing and reporting on all 451 cases in the final sample, where only the results from the 411 non-HOP/BHP members are used for the incentive program. If the CCO has fewer than 40 remaining non-HOP/BHP cases after the initial sample, all the remaining non-HOP/BHP cases will be added to the final sample and included in the incentive rate.

If the CCO has 411 or fewer total live birth deliveries in the year, all cases need to be reviewed and reported, with HOP/BHP members being excluded from the incentive rate.

Note that the incentive and non-incentive population substitution method is not related to the HEDIS oversampling guideline.

Social Determinants of Health Measure:

OHA will randomly draw a sample of 1,067 members who met continuous enrollment criteria for each CCO. The sample will be designed to ensure that children and adults are included in roughly the same proportions as in the overall CCO membership; for example, if children compose 40% of that CCO's membership and the sample is 1067, then the sample would include 427 children.

Due to the larger sample size, OHA will not replace or compensate for the Healthier Oregon Program (HOP) and Basic Health Plan (BHP) members that are included in the random sample. However, data from the HOP and BHP members in the sample will be excluded from the measure rates for the incentive program use.

5. Hybrid Methodology

OHA will be using the HEDIS MY2025 hybrid methodology and specifications for the Prenatal and Postpartum Care measures. However, OHA is making some modifications to reduce CCO burden and to align with quality pool timelines. As a result of these considerations, the hybrid data review as described in this document may not meet the requirements for HEDIS data submission.

Measure specifications for the Prenatal and Postpartum Care measure and the Social Determinants of Health Measure can be found online at: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

5.1 Certified Medical Record Review Vendors

OHA is not requiring CCOs to contract with a HEDIS certified vendor. CCOs can choose to contract with a vendor at their discretion or conduct the hybrid data review in-house utilizing any of the appropriate data sources noted below. It is the CCO's responsibility to ensure the hybrid data review is conducted in alignment with the measure specifications and guidance outlined here.

5.2 Medical Record Review Standards

HEDIS hybrid methodology calls for additional processes to determine the validity and integrity of abstracted data, including interrater reliability, quality control, and rater-to-standard tests. OHA is not requiring any of these additional processes as part of the 2025 hybrid data review; however, under Exhibit B, part 8(2)(f) of the CCO contract (Privacy, Security, and Retention of Records), OHA reserves the right to request additional information on the data submission as needed for validation (see section 7 below).

5.3 Data Sources

Prenatal and Postpartum Care Measure:

For the Prenatal and Postpartum Care measure, it is the CCO's responsibility to identify numerator compliance using data sources allowed under the HEDIS hybrid method. Information may be abstracted from administrative data (claims), paper medical records, audited supplemental databases, or from automated systems such as electronic medical records (EMRs), registries or claims systems.

- If using administrative data to identify numerator compliance, CCOs must follow HEDIS MY2025 administrative specifications for allowable codes and measure logic.²
- If using medical record data to identify numerator compliance, CCOs must follow HEDIS MY2025 hybrid specifications to conduct the hybrid data review.

Additional notes on data sources:

- See HEDIS MY2025 Volume 2 General Guidelines for Data Collection and Reporting for additional information on supplemental databases.

² See footnote #1 on page 7 for additional clarification on using global (bundled) codes from administrative data.

- OHA will also accept the use of Uniform Data System (UDS) reports as a supplemental data source to identify Medicaid members who may have received prenatal or postpartum care. Note that CCOs cannot submit the UDS reports in their entirety as a substitute for conducting hybrid data review. Instead, CCOs can utilize the UDS report as part of their hybrid data review by matching Medicaid-eligible individuals within the UDS reports with individuals included in their final sample to determine whether those individuals received appropriate colorectal cancer screenings. CCOs must ensure that the measurement period for the UDS report aligns with OHA's measurement period.
- Laboratory data may not be used to identify an event, disease or condition unless listed in a code table that contains LOINC codes. Using laboratory data to identify members with a disease or condition can result in a high rate of false positives.

Regardless of data source used to identify numerator compliance among members included in the sample, CCOs must populate the 2025 data submission template as directed. **Completed Events** A service may be included if the claim or medical record or EMR contains the date of the service and evidence that the service occurred. Whether reviewing charts, supplemental databases, or automated systems, the reviewer must be able to distinguish between ordered and completed visits, procedures, prescriptions, lab, and radiology tests. Only completed events count toward the measures.

Social Determinants of Health Measure:

The CCO must gather and provide screening and referral information in the sample reporting template provided by OHA. All required fields must be completed in each of the domains to receive credit towards the completeness threshold. This includes confirming if no screening and referrals were made. Unknown will also count towards the completeness threshold if a good faith effort is made. Records where required fields are blank will not count.

Positive or negative results should be calculated based on the instructions in the approved or exempted screening tool. If the result is unknown, the screening is considered incomplete and will not count towards the numerator for Rate 1.

Good Faith Effort

For the SDOH measure, a good faith effort is required when using unknown values to count towards the completeness threshold for each CCO's sample. To meet the requirements of a good faith effort for data collection, each of the four characteristics must be present:

- 1) **CCO must have an established screening and referral process for housing, food, and transportation.** CCOs should have established screening and referral processes by the beginning of MY 2025. Screening only in primary care clinics will not be enough to meet the measure as it progresses and goals set for performance. CCOs should continue to build screening and referral processes that will achieve universal screening of all members once a year

- 2) **CCO must have data collection and workflow protocols to gather screening and referral information aligned with the component 2 template.**
- 3) **CCO must provide and/or support access to a tool or tool that enables screening and referral data to be shared in their network.** CCOs should have established protocols and platforms to track shared data needed for the sample.
- 4) **CCO must gather data from partners with whom they have an established relationship to complete SDOH measure screening and referrals, and from sources internal to the CCO.**
For example, if a CCO has established plans to complete screenings and referrals with a community-based organization and a health care clinic, CCOs will need to make a systematic effort to collect data from those groups. CCOs should be working with screening and referral partners throughout the year to ensure data will be received in the correct format. Establishing automated processes and protocols that streamline data collection can reduce administrative burden on CCOs and their partners

5.4 Documentation

Although OHA does not anticipate conducting a full audit on any given CCO's hybrid data review data submission, in the instance of any follow up questions from OHA or from CMS, CCOs should be prepared to respond to an audit of any records included in the hybrid data review.

OHA recommends CCOs retain the record of the hybrid data review underlying the data submission for three years. Examples of appropriate documentation that would support the hybrid data review in the event of an audit would include PDFs or faxes of the medical records and screen shots, access logs, claim IDs and dates, or query code of records accessed within an EHR or another supplemental database.

OHA will request any supporting documentation that is required to answer questions during the review period, after CCOs submit their data to OHA on March 31, 2026, and prior to calculation of final MY2025 results and quality pool distribution.

6. Data Submission

The complete template and any supporting documentation for MY2025 hybrid measure data review must be submitted to OHA by March 31, 2026. **All data and any supporting documentation must be submitted via secure email to Metrics.Questions@odhsoha.oregon.gov.**

7. Review Process

Once CCOs have submitted the hybrid data review data and any supporting documentation, OHA will review for the following:

- Adherence to the outlined process (i.e., did the CCO follow the data submission process outlined in section 6 above);

- Completeness of submission (i.e., did the CCO complete the review for all required measures; did the CCO complete the review for all members included in their final sample);
- Face validity (i.e., does the data submission appear to include appropriate results, as expected for the population and services; review of any outliers within the data submission, etc.); and
- Adherence to the measure specifications.

In some cases, OHA may require additional information from a CCO or request clarification. Any additional information, questions, or audits will occur after the CCO submits their hybrid data review results to OHA and before final results are calculated for quality pool distribution.

8. Frequently Asked Questions

Do CCOs have to use HEDIS Medical Record Review Vendors?

No. See section 5 above.

Will OHA provide additional funding for CCOs to conduct the hybrid data review?

No. CCOs are responsible for conducting the hybrid data review.

Do CCOs have to complete IRR processes?

No. See section 5 above.

Do CCOs have to identify the sample for the hybrid data review?

No. OHA will identify the sample and provide CCOs with both preliminary and final samples. OHA is responsible for providing the sample (denominator); CCOs are responsible for reviewing records and submitting the data template (numerator). See section 4 above.

What fields will be included in the sample?

The PPC measure sample will include member name and Medicaid ID number, the estimated delivery date (EDD) and qualifying window for the timely first prenatal visit. The SDOH measure sample will include member name, date of birth and Medicaid ID. Additional information may be included. See section 4 and 5 above.

Will OHA be oversampling to account for members dropping out of the measures?

No. For prenatal and postpartum care, HEDIS requires oversampling when pulling the sample early, but OHA's final sample is pulled at the end of January in the reporting year; see section 4.1 above. OHA applies a substitution method to replace members in the non-incentive eligibility categories (see section 4.3 above), which is not related to the HEDIS oversampling guideline. For SDOH metric, the sample is 1067 and will be provided as a once by the end of January in the reporting year.

Can CCOs only include charts for members on EHRs?

No. CCOs must conduct the hybrid data review for all members included in the sample, regardless of whether or not the member record is on an electronic health record.

Can CCOs utilize supplemental databases for the hybrid data review?

Yes, see section 5 above.

Can CCOs utilize administrative data for the hybrid data review?

Yes, see section 5 above.

Can CCOs utilize UDS or other reports available at the clinic or provider level to substitute for the hybrid data review?

CCOs cannot submit Uniform Data System (UDS), Meaningful Use, or other clinic level reports in their entirety as a substitute for conducting hybrid data review. However, CCOs can utilize UDS or other clinic

level reports to determine whether any Medicaid members within these reports that are also included in the sample received appropriate services. In this scenario, if all needed information was available at the individual level within one of these clinic-level reports, a CCO would not also need to open that individual's medical record. See section 5 above.

CCOs must ensure that the measurement period and the specifications for any clinic level reports used align with OHA's measurement period and the HEDIS MY2025 specifications.

Do CCOs need to meet benchmarks or improvement targets for any of the hybrid measures for measurement year 2025?

For the Postpartum care measure, CCOs must meet the benchmark or the improvement target in 2025 to be eligible for the incentive funds associated with it; HOP and BHP enrollees are excluded from the incentive rate. For the SDOH measure, CCOs do not need to meet performance targets (i.e., over 60% of members screened). The measure is report only and CCOs must meet the 90% hybrid reporting completion requirement for the entire sampled population, regardless of the eligibility categories to receive credit for meeting measure.

Additional Information

For questions related to the hybrid data review, measure specifications, or data submission, please contact us at Metrics.Questions@odhsoha.oregon.gov.

Additional information regarding specifications and guidance documents for the 2025 CCO incentive measures is located at <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

Additional information regarding technical assistance for the Social Determinants of Health Measure can be located at: <https://www.oregon.gov/oha/hpa/dsi-tc/pages/sdoh-metric.aspx> and SDOH FAQs can be located at : <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/SDOH-Screening-Metric-FAQ.pdf>