

Oregon Health Authority

2024 Statewide Performance Improvement Project Report

December 2024



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1. Background

As part of two Centers for Medicaid & Medicare Services (CMS) 1115 waivers, coordinated care organizations (CCOs) are required to participate in the Oregon Health Authority (OHA) statewide performance improvement projects (PIPs). In 2023, the CCOs continued the ongoing statewide Integration PIP, *Mental Health Service Access Monitoring*, and the substance use disorder (SUD) PIP, *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders*. OHA has contracted with Health Services Advisory Group, Inc. (HSAG) since July 1, 2018, to review and validate CCO PIPs. This report describes the statewide PIP design components and PIP activities, and summarizes HSAG's validation findings, based on the CCOs' July 2024 submissions for the *Mental Health Service Access Monitoring* PIP and for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP.



Statewide Integration PIP

Topic selection for the statewide Integration PIP began in October 2020 when OHA determined a need to focus on access to behavioral health (BH) services in response to current gaps and priorities identified in part in response to the coronavirus disease 2019 (COVID-19) pandemic. OHA involved the CCOs in statewide PIP topic discussions through the Quality Health and Outcomes Committee (QHOC) monthly meetings. QHOC operates as an open public meeting with input from Medicaid health plans, health systems, dental organizations, and various community stakeholders. In addition to collaborative QHOC meeting discussions, OHA convened additional workgroup meetings with representatives from each CCO and subject matter experts to support selection of the statewide PIP topic.

The CCOs and OHA worked collaboratively on performance indicator selection and design development for the statewide PIP during 2020 and 2021. Like previous statewide PIPs, OHA collected and tabulated CCO-specific and statewide data on the PIP performance indicator, delivering Remeasurement 2 (2023) indicator results to the CCOs in spring 2024. OHA also provides the CCOs with monthly CCO-specific performance indicator data updates to allow monitoring of progress toward improving outcomes for the PIP throughout each measurement period.

The CCOs submitted the Remeasurement 2 *Mental Health Service Access Monitoring* PIP documentation to OHA on July 31, 2024. HSAG conducted PIP validation activities, which included review of the CCOs' initial PIP submissions, providing feedback and technical assistance to the CCOs, and review of the CCOs' PIP resubmissions prior to completing the annual PIP validation in November 2024.



Statewide Substance Use Disorders (SUD) PIP

Topic selection for the statewide SUD PIP began in March 2022, as part of the CMS SUD 1115 demonstration waiver that CMS approved for Oregon in April 2021. This 1115 demonstration waiver will allow Oregon to:

- Expand the continuum of care for people with SUD.
- Improve access to SUD care including outreach, initiation, treatment, and recovery.
- Reduce the use of emergency departments (EDs) and inpatient hospital settings for SUD treatment.
- Reduce preventable and medically inappropriate readmissions.
- Increase rates of identification of SUD and increase rates of initiation and engagement in SUD treatment.
- Expand the SUD treatment care plan to include housing support services.

The CCOs and OHA worked collaboratively on performance indicator selection and design development for the statewide SUD PIP from March through June 2022. OHA involved additional subject matter experts and external stakeholders in potential PIP topic discussions. After considering data analyses, discussions with internal and external partners, the current state of the health care system, and available data sources and metrics, OHA selected a focus on the Healthcare Effectiveness Data and Information Set (HEDIS®)¹ *Initiation and Engagement of Substance Use Disorder Treatment (IET)* measure indicators for the statewide SUD PIP.

The CCOs submitted the Remeasurement 1 results for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP to OHA on July 31, 2024. HSAG conducted PIP validation activities, which included review of the CCOs' initial PIP submissions, providing feedback and technical assistance to the CCOs, and review of the CCOs' PIP resubmissions prior to completing the annual PIP validation in November 2024.



PIP Validation Approach

The purpose of conducting PIPs is to achieve—through ongoing measurements and intervention—significant, sustained improvement in clinical or nonclinical areas. This structured method of assessing and improving health plan processes was designed to have favorable effects on health outcomes and member satisfaction.

The primary objective of PIP validation is to determine each CCO's compliance with requirements set forth in 42 CFR §438.330(d), including:

- Measurement of performance using objective quality indicators.

¹ HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

- Implementation of systematic interventions to achieve improvement in performance.
- Evaluation of the effectiveness of the interventions.
- Planning and initiation of activities for increasing or sustaining improvement.

The goal of HSAG's PIP validation is to ensure that OHA and key stakeholders can have confidence that any reported improvement is related and can be reasonably linked to the quality improvement (QI) strategies and activities the CCO conducted during the PIP. HSAG's scoring methodology evaluated whether the CCO executed a methodologically sound PIP.

HSAG, as the State's EQRO, validated the PIPs through an independent review process. For this year's PIP evaluation and validation, HSAG used CMS' *EQR Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023.²

HSAG's evaluation of each PIP included two key components of the QI process:

1. HSAG evaluated the technical structure of the PIP to ensure the CCO designs, conducts, and reports the PIP in a methodologically sound manner, meeting all State and federal requirements. HSAG's review determines whether the PIP design (e.g., PIP Aim statement, population, sampling techniques, performance indicator, and data collection methodology) is based on sound methodological principles and could reliably measure outcomes. Successful execution of this component ensures that reported PIP results are accurate and capable of measuring sustained improvement.
2. HSAG evaluated the implementation of the PIP. Once designed, a PIP's effectiveness in improving outcomes depends on the systematic data collection process, analysis of data, and the identification of barriers and subsequent development of relevant interventions. Through this component, HSAG evaluated how well the CCO improves indicator results through the implementation of effective processes (i.e., barrier analyses, interventions, and evaluation of results).

HSAG's methodology for PIP validation provided a consistent, structured process and a mechanism for providing the CCOs with specific feedback and recommendations. The CCOs used a standardized PIP submission form to document information on the PIP design, completed PIP activities, and performance indicator results. HSAG evaluated the documentation provided in the PIP submission form to conduct the annual validation. HSAG's PIP submission form allows the CCOs to document the data collection methods used to obtain performance indicator results for monitoring improvement achieved through each PIP.

Using the PIP Validation Tool and standardized scoring, HSAG evaluated each required step on one or more elements that form a valid PIP. The HSAG PIP Review Team scores each evaluation element within a given step as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designates

² Department of Health and Human Services, Centers for Medicare & Medicaid Services. *Protocol 1. Validation of Performance Improvement Projects: A Mandatory EQR-Related Activity*, February 2023. Available at: <https://www.medicaid.gov/sites/default/files/2023-03/2023-eqr-protocols.pdf>. Accessed on: Nov 8, 2024.

evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements must be *Met*.

In alignment with the CMS Protocol 1 2023 update, the PIP Validation Tool no longer assesses whether the CCO documented intervention evaluation results and a narrative summary that demonstrated significant clinical and/or programmatic improvement. Along with this update, there were a total of 26 evaluation elements and 13 critical evaluation elements used for scoring. HSAG assigns two PIP validation ratings, summarizing overall PIP performance. One validation rating reflects HSAG's confidence that the CCO adhered to acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. This validation rating is based on the scores for applicable evaluation elements in Steps 1 through 8 of the PIP Validation Tool. The second validation rating is only assigned for PIPs that have progressed to the Outcomes stage (Step 9) and reflects HSAG's confidence that the PIP's performance indicator results demonstrated evidence of significant improvement. The second validation rating is based on scores from Step 9 in the PIP Validation Tool. For each applicable validation rating, HSAG reports the percentage of applicable evaluation elements that received a *Met* validation score and the corresponding confidence level: *High Confidence*, *Moderate Confidence*, *Low Confidence*, or *No Confidence*. The confidence level definitions for each validation rating are as follows:

1. Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP (Steps 1 Through 8)

- *High Confidence*: High confidence in reported PIP results. All critical evaluation elements were *Met*, and 90 percent to 100 percent of all evaluation elements were *Met* across all steps.
- *Moderate Confidence*: Moderate confidence in reported PIP results. All critical evaluation elements were *Met*, and 80 percent to 89 percent of all evaluation elements were *Met* across all steps.
- *Low Confidence*: Low confidence in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Partially Met*.
- *No Confidence*: No confidence in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were *Met*; or one or more critical evaluation elements were *Not Met*.

2. Overall Confidence That the PIP Achieved Significant Improvement (Step 9)

- *High Confidence*: All performance indicators demonstrated *statistically significant* improvement over the baseline.
- *Moderate Confidence*: One of the three scenarios below occurred:
 - All performance indicators demonstrated improvement over the baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over the baseline.
 - All performance indicators demonstrated improvement over the baseline, **and** none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
 - Some but not all performance indicators demonstrated improvement over baseline, **and** some but not all performance indicators demonstrated *statistically significant* improvement over baseline.

- *Low Confidence*: The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator **or** some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated *statistically significant* improvement over the baseline.
- *No Confidence*: The remeasurement methodology was not the same as the baseline methodology for all performance indicators **or** none of the performance indicators demonstrated improvement over the baseline.

The PIP Validation Tool that HSAG used for validating each PIP is provided in *Appendix A. 2024 PIP Validation Tool*.

2. Statewide Integration PIP



Design

Topic: Mental Health (MH) Service Access Monitoring

Topic selection for the statewide Integration PIP began early in October 2020 when OHA determined that the statewide PIP should address existing health disparities and lack of access to BH services, which were made starkly evident by the COVID-19 pandemic. In March 2021, OHA began convening internal and external stakeholders to further define the statewide PIP topic and select a performance indicator for measuring progress toward improvement. BH access and the BH workforce emerged as the top two preferred PIP topic areas after it was determined that improvement efforts in the third area, BH integration in primary care, had already gained momentum through other statewide activities.

OHA and the CCOs explored potential metrics for measuring improvement in the remaining two topic areas. Specifically, the workgroups researched the Delivery System Network (DSN) reporting system as a measure of the BH network and workforce, and the Washington State Department of Social and Health Services' measure of MH service reach in relation to access to outpatient MH services.³ After careful consideration and consultation with subject matter experts, OHA determined that available measures of the BH network and workforce, such as the DSN, would not meet the requirements of the PIP in their current form since reporting is not standardized across the CCOs. Therefore, OHA moved forward with the statewide PIP topic focused on access to outpatient MH services, adapting the Washington State measure to meet the needs of the Oregon statewide PIP. The CCOs may choose to address workforce development as part of the improvement strategies for improving access to outpatient MH services.

Aim Statement: Do targeted interventions increase the percentage of targeted members who receive outpatient MH services during the measurement year?

OHA defined the Aim statement for the statewide PIP to align with the PIP topic and the performance indicator. The Aim statement focuses on increasing access to MH services among members identified as having a MH service need. For the purpose of the PIP, a MH service need is defined by the occurrence of any of the following conditions within a 24-month identification window including the 12 months of each annual measurement period and the 12 months prior to each annual measurement period:

- Receipt of any MH service encounter meeting the service criteria for the numerator description included below under *Performance Indicator*.

³ Washington State Department of Social and Health Services. *Mental Health Service Penetration Measure Definition, May 12, 2021, Medicaid Version 6.1*. Available at: <https://www.dshs.wa.gov/sites/default/files/rda/reports/cross-system/DSHS-RDA-Medicaid-MH-svc-pen-broad.pdf>. Accessed on: Nov 9, 2021.

- Any diagnosis of mental illness (not restricted to primary) in the mental illness (MI)-diagnosis code set.⁴
- Receipt of any psychotropic medication listed in the Psychotropic-National Drug Code (NDC) code set.⁵

PIP Population: Members 2 years of age and older with receipt of any diagnosis of mental illness (not restricted to primary) in the mental illness (MI)-diagnosis code set in the 24-month identification window.

OHA established criteria for the PIP population after considering input from the CCOs and other stakeholders. The population includes members who have received any diagnosis of mental illness in the MI-diagnosis code set within the 24-month identification window. The PIP population is defined by enrollment and age criteria, as well as encounter data, pharmacy claims data, and diagnostic codes. The inclusion of members as young as 2 years of age reflects Oregon's focus on supporting the early childhood population in obtaining health and social services. The PIP includes all eligible members and sampling is not being used. The following inclusion and exclusion criteria were used to operationally define the PIP population.

Inclusion Criteria and Definitions

- *Oregon Health Plan (OHP) enrollment (Medicaid/Children's Health Insurance Program [CHIP]-enrolled)*: Enrolled in Medicaid or CHIP.
- *Enrollment duration*: Continuously enrolled throughout the 12-month measurement period with no more than one gap of up to 45 days.
 - *12-month measurement period*: January 1 through December 31 of the measurement year.
- *Age*: Medicaid members 2 years of age or older as of December 31 of the measurement year.
- *MH service need*: Members with the occurrence of any of the following conditions during the 24-month identification window:
 - Receipt of any MH service encounter meeting the service criteria for the numerator description included below under *Performance Indicator*.
 - Any diagnosis of mental illness (not restricted to primary) in the MI-diagnosis code set.
 - Receipt of any psychotropic medication listed in the Psychotropic-NDC code set.

Exclusion Criteria

- Members 23 months of age or younger.

⁴ The MI-diagnosis code set is a subset of the International Classification of Diseases, Tenth Edition (ICD-10) codes.

⁵ The Psychotropic-NDC code set is retrieved from the 2021 Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set) *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)* measure instruction and medication list.

Performance Indicator

OHA defined the performance indicator after gathering input from CCO leadership, subject matter experts, and other stakeholders. The performance indicator reflects the level of access to MH services throughout Oregon for members 2 years of age and older. When developing the performance indicator, OHA and the CCOs considered the Washington State Department of Social and Health Services' measure of MH service reach in relation to access to outpatient MH services. OHA and the CCOs adapted the Washington State measure to align with the priorities and needs specific to Oregon. The age criteria were expanded for the statewide PIP to include children 2 to 5 years of age to address an identified need for increased access to BH services for members in this age group.

OHA received input from the CCOs and other subject matter experts to refine the administrative code value sets for the performance indicator, including crosswalks with the Oregon Early Childhood Diagnostic Criteria Crosswalk⁶ and the Oregon Health Evidence Review Commission (HERC) Prioritized List of Health Services.⁷ Table 2-1 provides details of the statewide PIP performance indicator definition.

Table 2-1—Statewide PIP Performance Indicator: The Percentage of Members With a Mental Health Service Need Who Received Mental Health Services

Numerator Description	Total number of members from the denominator with at least one outpatient MH service meeting the criteria during the measurement period.
Denominator Description	Total number of eligible members with a MH service need meeting the criteria in the 24-month identification window.

Members are identified for inclusion in the performance indicator denominator based on the PIP population definition and criteria described in *PIP Population*. To identify members in the eligible population who qualify for inclusion in the numerator of the performance indicator, OHA uses diagnostic, procedure, pharmacy, and applicable taxonomy codes to identify MH services received by members who were eligible for inclusion in the denominator. The same performance indicator definition is used across all CCOs to ensure comparability of performance indicator results.

Data Collection

OHA developed the data collection plan to align with the Aim statement, population description, and performance indicator definition. As with previous statewide PIPs, OHA conducts the collection of performance indicator data and produces performance indicator results for each CCO. OHA will use

⁶ Oregon Health Authority. *Oregon Early Childhood Diagnostic Crosswalk*, updated January 1, 2018. Available at: <https://www.oregon.gov/oha/HPA/dsi-tc/Documents/DevScreeningFollowUp-Oregon-Early-Childhood-Diagnostic-Crosswalk.pdf>. Accessed on: Nov 9, 2021.

⁷ Oregon Health Evidence Review Commission. *Prioritized List of Health Services*, October 1, 2021. Available at: <https://www.oregon.gov/oha/HPA/DSI-HERC/PrioritizedList/10-1-2021%20Prioritized%20List%20of%20Health%20Services.pdf>. Accessed on: Nov 9, 2021.

administrative data collection methods to collect data from the entire eligible population; sampling will not be used. Administrative code sets that will be used for data collection include:

- Receipt of an outpatient service with a procedure code in the MH-Proc1 value set.
- Receipt of an outpatient service with a servicing provider taxonomy code in the MH-Taxonomy value set, procedure code in the MH-Proc2 value set or MH-Proc3 value set, and primary diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a procedure code in the MH-Proc4 value set and any diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a servicing provider taxonomy code in the MH-Taxonomy value set, procedure code in the MH-Proc5 value set, and any diagnosis code in the MI-diagnosis value set.
- Receipt of an outpatient service with a procedure code in the MH-Proc3 value set and primary diagnosis code in the MI-diagnosis value set.

The complete list of administrative codes used to collect data for the performance indicator will be posted to the OHA statewide PIP website.⁸

To calculate performance indicator results, OHA collects Medicaid claims and encounter data from the CCOs through an encrypted system of web-based electronic mailboxes. The State uses the Medicaid Management Information System (MMIS) claims adjudication engine to process the CCO encounter data and transfers data from the MMIS to the Decision Support Surveillance and Utilization Review System (DSSURS) to facilitate data extraction and reporting. The Office of Health Analytics pulls data from DSSURS and applies the continuous enrollment and exclusion criteria to calculate performance indicator results. Once the baseline measurement period is complete, OHA will begin providing monthly performance indicator reports to each CCO.

Table 2-2 summarizes the date ranges that were established to define the annual performance indicator measurement periods for the PIP.

Table 2-2—Statewide Integration PIP Measurement Periods

Measurement Period	Date Range
Baseline	January 1, 2021, through December 31, 2021
Remeasurement 1	January 1, 2022, through December 31, 2022
Remeasurement 2	January 1, 2023, through December 31, 2023

At the end of each measurement period, OHA allows a follow-up period to receive all CCO claims (a follow-up period to collect and process claims is routine practice). OHA posts member-level data on each CCO's secure file transfer protocol (SFTP) site.

⁸ Oregon Health Authority, Office of Delivery Systems Innovation. *Statewide Performance Improvement Project*. Available at: <https://www.oregon.gov/oha/HPA/DSI/Pages/Performance-Improvement-Project.aspx>. Accessed on: Nov 9, 2021.



Implementation

Data Analysis and Interpretation

For this year’s validation cycle, the CCOs reported Remeasurement 2 performance indicator results for the *Mental Health Service Access Monitoring* PIPs. The indicator measures the percentage of members with a MH service need who received MH services during the measurement period. The baseline, Remeasurement 1, and Remeasurement 2 indicator results for each CCO’s PIP are summarized in Table 2-3.

Table 2-3—Performance Indicator Results for the Statewide Integration PIP by CCO

CCO	Baseline 01/01/2021–12/31/2021		Remeasurement 1 01/01/2022–12/31/2022		Remeasurement 2 01/01/2023–12/31/2023	
Advanced Health (AH)	N: 5,300 D: 9,592	55.3%	N: 5,928 D: 10,353	57.3% ▲	N: 6,202 D: 10,414	59.6% ▲
AllCare CCO, Inc. (AllCare)	N: 8,162 D: 16,530	49.4%	N: 9,298 D: 18,146	51.2% ▲	N: 10,300 D: 18,960	54.3% ▲
Cascade Health Alliance, LLC (CHA)	N: 4,556 D: 7,642	59.6%	N: 4,779 D: 8,121	58.9%	N: 5,064 D: 7,978	63.5% ▲
Columbia Pacific CCO, LLC (CPCCO)	N: 5,855 D: 10,672	54.9%	N: 6,469 D: 11,658	55.5%	N: 6,933 D: 11,867	58.4% ▲
Eastern Oregon CCO (EOCCO)	N: 12,272 D: 20,963	58.5%	N: 12,616 D: 22,487	56.1%	N: 13,797 D: 22,588	61.1% ▲
Health Share of Oregon (HSO)	N: 78,806 D: 136,599	57.7%	N: 86,696 D: 148,174	58.5% ▲	N: 90,253 D: 149,791	60.3% ▲
InterCommunity Health Network (IHN)	N: 14,118 D: 24,527	57.6%	N: 15,299 D: 27,156	56.3%	N: 15,988 D: 27,524	58.1%
Jackson Care Connect (JCC)	N: 11,817 D: 20,088	58.8%	N: 12,634 D: 21,607	58.5%	N: 13,511 D: 21,900	61.7% ▲
PacificSource Community Solutions— Central Oregon (PCS- CO)	N: 16,040 D: 25,312	63.4%	N: 17,936 D: 28,380	63.2%	N: 18,782 D: 28,982	64.8% ▲
PacificSource Community Solutions— Columbia Gorge (PCS- CG)	N: 2,476 D: 4,442	55.7%	N: 2,771 D: 5,010	55.3%	N: 3,057 D: 5,162	59.2% ▲

CCO	Baseline 01/01/2021–12/31/2021		Remeasurement 1 01/01/2022–12/31/2022		Remeasurement 2 01/01/2023–12/31/2023	
PacificSource Community Solutions– Lane County (PCS-LN)	N: 18,815	64.5%	N: 21,630	63.4%	N: 23,727	66.9% ▲
	D: 29,183		D: 34,108		D: 35,487	
PacificSource Community Solutions– Marion Polk (PCS-MP)	N: 22,699	57.97%	N: 24,439	56.8%	N: 25,382	58.6%
	D: 39,155		D: 43,017		D: 43,332	
Trillium Community Health Plan, Inc.– Southwest (TCHP-SW)	N: 6,880	58.9%	N: 6,846	58.4%	N: 6,697	59.1%
	D: 11,672		D: 11,714		D: 11,327	
Trillium Community Health Plan, Inc.–Tri- County (TCHP-TC)	N: 1,138	61.1%	N: 2,744	52.1%	N: 4,244	55.1%
	D: 1,863		D: 5,267		D: 7,709	
Umpqua Health Alliance, LLC (UHA)	N: 7,638	60.2%	N: 8,570	62.0% ▲	N: 9,175	63.8% ▲
	D: 12,689		D: 13,827		D: 14,393	
Yamhill Community Care Organization (YCCO)	N: 6,189	58.3%	N: 6,718	58.3%	N: 7,152	61.3% ▲
	D: 10,610		D: 11,517		D: 11,662	
Total–Statewide	N: 222,761	58.4%	N: 245,373	58.3%	N: 260,264	60.7% ▲
	D: 381,539		D: 420,542		D: 429,076	

Green shaded cell represents any improvement over baseline results.

▲ Designates a statistically significant improvement over baseline results ($p < 0.05$).

For the baseline measurement period, calendar year (CY) 2021, the percentage of members with a MH service need who received MH services ranged from a minimum of 49.4 percent (AllCare) to a maximum of 64.5 percent (PCS-Lane). The aggregate statewide baseline percentage across all CCOs was 58.4 percent.

For the Remeasurement 1 period, CY 2022, the percentage of members with a MH service need who received MH services ranged from a minimum of 51.2 percent (AllCare) to a maximum of 63.4 percent (PCS-Lane). Four CCOs (AH, AllCare, Health Share, and UHA) reported Remeasurement 1 results that demonstrated a statistically significant improvement in MH services access over baseline results. Statewide, across all CCOs, the Remeasurement 1 results demonstrated a 0.1 percentage point decline in MH services access from 58.4 percent to 58.3 percent.

For the Remeasurement 2 period, CY 2023, the percentage of members with a MH service need who received MH services ranged from a minimum of 54.3 percent (AllCare) to a maximum of 66.9 percent (PCS-Lane). Twelve CCOs reported Remeasurement 2 results that demonstrated a statistically significant improvement in MH services access over baseline results. Statewide, across all CCOs, the Remeasurement 2 results demonstrated a statistically significant improvement of 2.3 percentage points in MH services access from 58.4 percent to 60.7 percent.

Improvement Strategies

The CCOs also reported improvement strategies carried out in response to the Remeasurement 1 indicator results and ongoing causal/barrier analyses. Table 2-4 summarizes interventions reported by each CCO in the Remeasurement 2 PIP submission.

Table 2-4—Interventions for the Statewide Integration PIP by CCO

CCO	Interventions
AH	<ul style="list-style-type: none"> Promote and financially support recruitment and retention of providers in rural areas and providers representing diverse populations to increase equitable care. Develop and distribute a “Quick Guide” member resource to clearly communicate BH benefits.
AllCare	<ul style="list-style-type: none"> Expanded the number of direct contracts with BH providers to provide member services. Developed a data exchange process with BH providers to increase BH data accuracy. Identified low-performing primary care providers (PCPs) and delivered targeted in-person education via Provider Relations staff to identified PCPs on steps they can take to increase access to BH service for members.
CHA	<ul style="list-style-type: none"> Text message BH education campaign targeting members of all ages.
CPCCO	<ul style="list-style-type: none"> Grant-based program for clinics to expand services (e.g., crisis intervention screening, outreach, skills training) for members waiting to engage in formal BH treatment. Direct contract with telehealth agencies to increase equitable access to care by providing remote BH services for members in rural or frontier geographic areas. Conduct BH provider rate setting and cost study to ensure adequate BH providers who offer culturally, and linguistically specific care are recruited and retained. BH service access dashboard to support coordination of BH care by providing centralized access to member data on BH treatment episodes through the online provider portal.
EOCCO	<ul style="list-style-type: none"> Collaborated with integrated care clinics, pediatric clinics, and the local community mental health provider (CMHP), providing outreach materials to educate and engage members in BH services in the primary care setting. Offered the Unite Us online platform for members to access social services and supports and provide a BH service referral route from social service providers to CMHPs. Launched “Come Care with Us” workforce development campaign, in collaboration with 12 county-based CMHPs, to recruit potential provider candidates by promoting advantages to working in behavioral health and living in eastern Oregon. Provided technical assistance and training to Patient-Centered Primary Care Homes to support accurate coding and reporting of encounter BH services in integrated clinics to ensure claims are submitted and received for all provided services.
HSO	<ul style="list-style-type: none"> Deployment and monitoring of Epic’s Compass Rose as a new care coordination platform for over 200 care coordinators to support daily reporting of care coordination activities for members with MH diagnoses. Primary care provider outreach and collaboration on establishing effective workflows for treating members with new and existing MH diagnoses.

CCO	Interventions
	<ul style="list-style-type: none"> Deployment and monitoring of a MH provider access and capacity dashboard to better understand and improve provider-specific timeliness of care and volume of MH services.
IHN	<ul style="list-style-type: none"> IHC-CCO Health Equity Liaison conducts targeted education for community partners who work with historically marginalized populations to promote and increase engagement in BH care coordination services. Initiated the Behavioral Health Home pilot in east Linn County to provide comprehensive, person-centered, integrated PH and BH health care services in a single facility. Partner with community organizations to increase BH care awareness and access for members 2 to 5 years of age and their parents/caregivers.
JCC	<ul style="list-style-type: none"> Grant-based program for clinics to expand services (e.g., crisis intervention screening, outreach, skills training) for members waiting to engage in formal BH treatment. Direct contract with telehealth agencies to increase equitable access to care by providing remote BH services for members in rural or frontier geographic areas. Conduct BH provider rate setting and cost study to ensure adequate BH providers who offer culturally, and linguistically specific care are recruited and retained. BH service access dashboard to support coordination of BH care by providing centralized access to member data on BH treatment episodes through the online provider portal.
PCS-CO	<ul style="list-style-type: none"> Develop an emotional health campaign to improve outreach and education on BH service benefits and help reduce stigma of mental illness among the Latino/a/x population. Deployed the BH Navigation Team, which identifies available BH providers and appointments, and aids providers and members in accessing and scheduling BH service appointments, referrals, and social determinants of health (SDOH) supports. Engage personal health navigators (PHNs) as part of the care management team for targeted outreach to members 65 years of age and older who have an ED visit with a BH-related diagnosis. The outreach includes depression screening, SDOH screening, and assistance in addressing barriers to follow-up BH care.
PCS-CG	<ul style="list-style-type: none"> Develop an emotional health campaign to improve outreach and education on BH service benefits and help reduce stigma of mental illness among the Latino/a/x population. Partner with CMHPs and PCPs to educate and engage members in the use of non-emergent medical transportation (NEMT) benefits to reduce transportation barriers to BH care access. Deployed the BH Navigation Team, which identifies available BH providers and appointments and aids providers and members in accessing and scheduling BH service appointments, referrals, and SDOH supports. Engage personal health navigators (PHNs) as part of the care management team for targeted outreach to members 65 years of age and older who have an ED visit with a BH-related diagnosis. The outreach includes depression screening, SDOH screening, and assistance in addressing barriers to follow-up BH care.

CCO	Interventions
PCS-LN	<ul style="list-style-type: none"> Develop an emotional health campaign to improve outreach and education on BH service benefits and help reduce stigma of mental illness among the Latino/a/x population. Deployed the BH Navigation Team, which identifies available BH providers and appointments, and aids providers and members in accessing and scheduling MH service appointments, referrals, and SDOH supports. Engage PHNs as part of the care management team for targeted outreach to members 65 years of age and older who have an ED visit with a BH-related diagnosis. The outreach includes depression screening, SDOH screening, and assistance in addressing barriers to follow-up BH care.
PCS-MP	<ul style="list-style-type: none"> Develop an emotional health campaign to improve outreach and education on BH service benefits and help reduce stigma of mental illness among the Latino/a/x population. Collaborate with Willamette Health Council to promote referrals to SBHCs (school-based health centers) to provide BH care access for school-aged members. Deployed the BH Navigation Team, which identifies available BH providers and appointments, and aids providers and members in accessing and scheduling MH service appointments, referrals, and SDOH supports. Engage PHNs as part of the care management team for targeted outreach to members 65 years of age and older who have an ED visit with a BH-related diagnosis. The outreach includes depression screening, SDOH screening, and assistance in addressing barriers to follow-up BH care.
TCHP-SW	<ul style="list-style-type: none"> Developed a CTE (career technical education) program, offering mentoring and career development opportunities, specific to BH careers for BIPOC (black, indigenous, and people of color) students. Increased provider reimbursement rates for MH and SUD services. Initiated an online platform to provide an enhanced closed loop referral process for care managers to better coordinate care and resources for members. Expanded a provider incentive program to provide financial incentives to BH providers for addressing member care gaps. Supported the Oregon Psychiatric Assistance Line (OPAL) to expand provider access to timely psychiatric consultation via telephone, provider education, and connection with MH professionals across the State.
TCHP-TC	<ul style="list-style-type: none"> Initiated an online platform to provide an enhanced closed loop referral process for care managers to better coordinate care and resources for members. Partnered with a contracted provider who specializes in offering culturally specific SUD services for the African-American community. Increased provider reimbursement rates for MH and SUD services. Expanded a provider incentive program to provide financial incentives to BH providers for addressing member care gaps. Offered a CTE program, including mentoring and career development opportunities, specific to BH careers for BIPOC students.

CCO	Interventions
UHA	<ul style="list-style-type: none"> Culturally and linguistically appropriate (CLAS) training and other language access resources offered to peer support specialists and other contracted providers to address the need for MH services among Spanish-speaking members. Expansion of MH telehealth providers with prioritization of providers from diverse backgrounds, culturally specific practices, and language accessibility services. Provide care coordination for children up to 5 years of age with high medical complexity. Partner with the community mental health center (CMHC) to engage members in the criminal justice system with MH and SUD services and reduce ED utilization among these members.
YCCO	<ul style="list-style-type: none"> Establish a contract request process and offer provider training and certification support to expand the MH provider network. Provider trainings on MH service documentation requirements. Expanded MH provider network to include additional providers who speak a language other than English. Increase meaningful language service access by connecting members with culturally appropriate service providers.



Outcomes

For this year’s validation cycle, the CCOs’ *Mental Health Service Access Monitoring* PIPs continued through the Outcomes stage. The CCOs reported Remeasurement 2 performance indicator results and evaluated whether the Remeasurement 2 results demonstrated improvement over the baseline results. HSAG reviewed and evaluated the CCOs’ documentation of improvement in Step 9 of the PIP Validation Tool. The CCOs’ Remeasurement 2 outcomes for the *Mental Health Service Access Monitoring* PIPs are summarized in Table 2-5.

Table 2-5—Remeasurement 2 Outcomes for the Statewide Integration PIP by CCO

CCO	Indicator Results Demonstrated Statistically Significant Improvement*	Indicator Results Demonstrated Sustained Improvement**
AH	Yes	Yes
AllCare	Yes	Yes
CHA	Yes	<i>Not Assessed</i>
CPCCO	Yes	<i>Not Assessed</i>
EOCCO	Yes	<i>Not Assessed</i>
HSO	Yes	Yes
IHN	No	<i>Not Assessed</i>
JCC	Yes	<i>Not Assessed</i>

CCO	Indicator Results Demonstrated Statistically Significant Improvement*	Indicator Results Demonstrated Sustained Improvement**
PCS-CO	Yes	<i>Not Assessed</i>
PCS-CG	Yes	<i>Not Assessed</i>
PCS-LN	Yes	<i>Not Assessed</i>
PCS-MP	No	<i>Not Assessed</i>
TCHP-SW	No	<i>Not Assessed</i>
TCHP-TC	No	<i>Not Assessed</i>
UHA	Yes	Yes
YCCO	Yes	<i>Not Assessed</i>

*Statistically significant ($p < 0.05$, 95 percent confidence interval) improvement in performance indicator results from baseline to Remeasurement 2.

**Sustained improvement: Statistically significant improvement over baseline performance indicator results was demonstrated at Remeasurement 1 and, for a subsequent remeasurement period, at Remeasurement 2.

For the Remeasurement 2 period, CY 2023, 12 CCOs' PIP indicator results demonstrated a statistically significant improvement in MH services access from baseline to Remeasurement 2. Among the remaining four CCOs, three CCOs' (IHN, PCS-MP, TCHP-SW) PIP indicator results demonstrated improvement from baseline to Remeasurement 2 that was not statistically significant and one CCO's (TCHP-TC) indicator results demonstrated a decline in MH services access from baseline to Remeasurement 2.

3. Statewide SUD PIP



Design

Topic: Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders

The statewide SUD PIP was initiated as part of a five-year Medicaid 1115 demonstration waiver approved for Oregon by CMS in April 2021 ([Oregon Health Authority : Substance Use Disorder 1115 Demonstration Waiver : Medicaid Policy : State of Oregon](#)). The waiver will allow Oregon to increase access to treatment services for people with SUD who are covered by OHP. The waiver is effective from April 8, 2021, through March 31, 2026.

Topic selection for the statewide SUD PIP began early in March 2022. Workgroup meetings, which included OHA subject matter experts and CCO staff members, used brainstorming, stakeholder experience, data analyses, and review of available data sources and existing metrics related to care for SUD. Meetings took place during the monthly Quality Health Outcomes Committee (QHOC) sessions in addition to other meetings scheduled specifically for PIP design development. OHA also conducted a survey of the CCOs, OHA staff members, and other stakeholders to determine the interest level of identified potential topics. Initial potential PIP topics identified through group meetings and brainstorming included:

- Access to care for opioid use disorders (OUD)/SUD
- Adolescent OUD/SUD services
- HEDIS *IET* metric
- Medication-assisted treatment (MAT) for OUD/SUD
- Prenatal/postpartum member and OUD/SUD

Ultimately, considering the current health system environment and attention to the broad spectrum of SUD care, OHA chose to focus the statewide SUD PIP on improving performance on the NCQA HEDIS *IET* measure indicators.

Aim Statement: Do targeted interventions increase the percentage of targeted members who initiate and receive SUD treatment?

OHA defined the Aim statement for the statewide SUD PIP to align with the PIP topic and to encompass both performance indicators. The Aim statement focuses on increasing access to SUD treatment, both initiation of treatment services and more long-term engagement in treatment services.

PIP Population: Members 13 years of age or older with a newly identified SUD episode.

The SUD PIP population includes adolescent and adult members with a newly identified SUD episode during the 12-month intake period. The PIP population is defined by enrollment and age criteria, as well as encounter data, pharmacy claims data, and diagnostic codes. The PIP includes all eligible members and sampling is not being used. The following inclusion and exclusion criteria were used to operationally define the PIP population.

Inclusion Criteria and Definitions

- *OHP enrollment* (CCO-A and CCO-B members): Enrolled in OHP with medical, pharmacy, and chemical dependency (inpatient and outpatient) benefits.
- *Enrollment duration*: Continuously enrolled from 194 days prior to the SUD episode date through 47 days after the SUD episode date (242 total days).
 - *12-month intake period*: New SUD episodes identified from November 15 of the year prior to the measurement year through November 14 of the measurement year.
- *Age*: Medicaid members 13 years of age or older as of the SUD episode date.
- *New SUD Episode*: Any new SUD-related encounter during the 12-month intake period that passed the negative diagnosis and medication history test:
 - Outpatient/intensive outpatient visit
 - Partial hospitalization
 - Non-residential treatment facility visit
 - Community MH center visit
 - Telehealth visit
 - SUD service
 - Detoxification/withdrawal management event
 - ED visit
 - Acute or nonacute inpatient discharge
 - Telephone visit
 - E-visit or virtual check-in
 - Opioid treatment (OUD) service

Exclusion Criteria

- Members in hospice
- Members who die any time during the measurement year
- Members with SUD encounters or treatments during the 194-day lookback period prior to the SUD episode date

Performance Indicator

OHA defined the performance indicators after gathering input from CCO leadership, subject matter experts, and other stakeholders. The performance indicators are aligned with the NCQA HEDIS measurement year (MY) 2024 specifications for the *IET* measure indicators. The indicators also align with the OHA *Initiation and Engagement of Substance Use Disorder Treatment* CCO incentive measure ([OHA Internal Measure Steward Information \[oregon.gov\]](#)), which is based on the HEDIS *IET* measure indicators and is part of the CMS Medicaid Adult Core Set ([Adult Core Set Reporting Resources | Medicaid](#)). **OHA made one distinction between the SUD PIP performance indicator definitions and the CCO incentive measure definitions, which was related to age criteria for the eligible population. While the incentive measures include members 18 years of age and older, the PIP performance indicators include members 13 years of age and older.** Table 3-1 summarizes the statewide SUD PIP performance indicator definitions.

Table 3-1—Statewide SUD PIP Performance Indicators

Indicator 1	The percentage of newly identified SUD episodes that were followed by treatment initiation within 14 days
Numerator Description	Total number of newly identified SUD episodes that were followed by treatment initiation within 14 days.
Denominator Description	Total number of newly identified SUD episodes in the 12-month intake period that meet the population eligibility criteria.
Indicator 2	The percentage of newly identified SUD episodes that were followed by treatment engagement within 34 days after treatment initiation.
Numerator Description	Total number of newly identified SUD episodes that were followed by treatment engagement within 34 days after treatment initiation.
Denominator Description	Total number of newly identified SUD episodes in the 12-month intake period that meet the population eligibility criteria.

Members are identified for inclusion in the performance indicator denominators based on the PIP population definition and criteria described in *PIP Population*. To identify members in the eligible population who qualify for inclusion in the numerators of the performance indicators, OHA uses diagnostic, procedure, pharmacy, and applicable taxonomy codes to identify treatment initiation and engagement services following new SUD episodes eligible for inclusion in the denominator. The same performance indicator definitions are used across all CCOs to ensure comparability of performance indicator results.

Data Collection

OHA developed the data collection plan to align with the Aim statement, population description, and performance indicator definitions. As with previous statewide PIPs, OHA conducts the collection of performance indicator data and produces performance indicator results for each CCO. OHA uses administrative data collection methods to collect data from the entire eligible population; sampling is not

used. The detailed value set dictionary and medication list used for data collection are available on the CMS Core Set Reporting Resources page: [Adult Core Set Reporting Resources | Medicaid](#).

To calculate performance indicator results, OHA collects Medicaid claims and encounter data from the CCOs through an encrypted system of web-based electronic mailboxes. The State uses the MMIS claims adjudication engine to process the CCO encounter data and transfers data from the MMIS to DSSURS to facilitate data extraction and reporting. The Office of Health Analytics pulls data from DSSURS and applies the continuous enrollment and exclusion criteria to calculate performance indicator results. Once the baseline measurement period is complete, OHA will begin providing monthly performance indicator reports to each CCO.

In 2024, OHA refined the data collection process to incorporate findings from the NCQA certification process. To ensure comparable results across all measurement periods, OHA distributed recalculated baseline indicator results to all CCOs in June 2024. The CCOs were instructed to report the recalculated baseline indicator results along with the Remeasurement 1 results, which were calculated using the same methodology, for the 2024 PIP validation.

Table 3-2 summarizes the date ranges that were established to define the annual performance indicator measurement periods for the PIP.

Table 3-2—Statewide SUD PIP Measurement Periods

Measurement Period	Date Range
Baseline	January 1, 2022, through December 31, 2022
Remeasurement 1	January 1, 2023, through December 31, 2023
Remeasurement 2	January 1, 2024, through December 31, 2024

At the end of each measurement period, OHA allows a follow-up period to receive all CCO claims (a follow-up period to collect and process claims is routine practice). OHA posts member-level data on each CCO's SFTP site.



Implementation

Data Analysis and Interpretation

For this year's validation cycle, the CCOs reported Remeasurement 1 performance indicator results for the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP's two performance indicators. The first performance indicator measures the percentage of newly identified SUD episodes that were followed by initiation of SUD treatment within 14 days and the second performance indicator measures the percentage of SUD episodes that were followed by engagement in SUD treatment within 34 days of initiation. The baseline and Remeasurement 1 indicator results for each CCO's PIP are summarized in Table 3-3 and Table 3-4. The baseline results presented in Table 3-3 have

been updated from the 2023 Statewide PIP Report to reflect the recalculated baseline results OHA released to the CCOs in June 2024.

Table 3-3—Results for Performance Indicator 1—Rate of SUD Treatment Initiation by CCO

CCO	Baseline* 01/01/2022–12/31/2022		Remeasurement 1 01/01/2023–12/31/2023		Remeasurement 2 01/01/2024–12/31/2024	
AH	N: 520	34.1%	N: 594	37.2%		
	D: 1,526		D: 1,598			
AllCare	N: 962	35.1%	N: 1,132	37.7% ▲		
	D: 2,740		D: 3,003			
CHA	N: 453	45.0%	N: 445	46.7%		
	D: 1,007		D: 952			
CPCCO	N: 585	40.2%	N: 592	37.2%		
	D: 1,456		D: 1,593			
EOCCO	N: 933	37.8%	N: 933	37.1%		
	D: 2,468		D: 2,514			
HSO	N: 7,542	42.5%	N: 8,355	45.7% ▲		
	D: 17,731		D: 18,271			
IHN	N: 1,443	39.6%	N: 1,323	37.8%		
	D: 3,644		D: 3,503			
JCC	N: 1,017	39.2%	N: 1,046	41.0%		
	D: 2,595		D: 2,551			
PCS-CO	N: 1,172	39.7%	N: 1,265	42.1%		
	D: 2,950		D: 3,008			
PCS-CG	N: 190	41.6%	N: 209	39.4%		
	D: 457		D: 531			
PCS-LN	N: 1,808	43.8%	N: 1,955	41.5%		
	D: 4,132		D: 4,706			
PCS-MP	N: 1,949	40.8%	N: 2,197	41.3%		
	D: 4,781		D: 5,320			
TCHP-SW	N: 985	42.2%	N: 1,039	42.5%		
	D: 2,336		D: 2,443			
TCHP-TC	N: 324	40.9%	N: 589	45.7% ▲		
	D: 792		D: 1,289			
UHA	N: 761	39.9%	N: 775	39.3%		
	D: 1,905		D: 1,970			

CCO	Baseline*		Remeasurement 1		Remeasurement 2	
	01/01/2022–12/31/2022		01/01/2023–12/31/2023		01/01/2024–12/31/2024	
YCCO	N: 548	41.3%	N: 552	42.0%		
	D: 1,328		D: 1,313			
Total–Statewide	N: 21,192	40.9%	N: 23,001	42.2% ▲		
	D: 51,848		D: 54,565			

*Baseline results recalculated in June 2024 to incorporate findings from the NCQA certification process.

Green shaded cell represents any improvement over baseline results.

▲ Designates a statistically significant improvement over baseline results ($p < 0.05$).

Gray shaded cell represents future data that will be reported when Remeasurement 2 is complete.

For the baseline measurement period, CY 2022, the percentage of new SUD episodes followed by initiation of SUD treatment within 14 days ranged from a minimum of 34.1 percent (AH) to a maximum of 45.0 percent (CHA). The aggregate statewide baseline percentage across all CCOs was 40.9 percent.

For the Remeasurement 1 period, CY 2023, the percentage of new SUD episodes followed by initiation of SUD treatment within 14 days ranged from a minimum of 37.1 percent (EOCCO) to a maximum of 46.7 percent (CHA). Three CCOs (AllCare, HSO, and TCHP-TC) reported Remeasurement 1 results that demonstrated a statistically significant improvement in initiation of SUD treatment services over baseline results. Statewide, across all CCOs, the Remeasurement 1 results demonstrated a statistically significant improvement in initiation of SUD treatment services of 1.3 percentage points, from 40.9 percent to 42.2 percent. The CCOs will report Remeasurement 2 indicator results for CY 2024, and the Remeasurement 2 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year’s validation cycle.

Table 3-4—Results for Performance Indicator 2—Rate of SUD Treatment Engagement by CCO

	Baseline*		Remeasurement 1		Remeasurement 2	
	01/01/2022–12/31/2022		01/01/2023–12/31/2023		01/01/2024–12/31/2024	
AH	N: 180	11.8%	N: 190	11.9%		
	D: 1,526		D: 1598			
AllCare	N: 376	13.7%	N: 446	14.9%		
	D: 2,740		D: 3003			
CHA	N: 237	23.5%	N: 216	22.7%		
	D: 1,007		D: 952			
CPCCO	N: 202	13.9%	N: 224	14.1%		
	D: 1,456		D: 1593			
EOCCO	N: 363	14.7%	N: 354	14.1%		
	D: 2,468		D: 2,514			
HSO	N: 2,713	15.3%	N: 3,136	17.2% ▲		
	D: 17,731		D: 18,271			

	Baseline* 01/01/2022–12/31/2022		Remeasurement 1 01/01/2023–12/31/2023		Remeasurement 2 01/01/2024–12/31/2024	
IHN	N: 718	19.7%	N: 659	18.8%		
	D: 3,644		D: 3,503			
JCC	N: 377	14.5%	N: 385	15.1%		
	D: 2,595		D: 2,551			
PCS-CO	N: 493	16.7%	N: 509	16.9%		
	D: 2,950		D: 3,008			
PCS-CG	N: 69	15.1%	N: 78	14.7%		
	D: 457		D: 531			
PCS-LN	N: 738	17.9%	N: 805	17.1%		
	D: 4,132		D: 4,706			
PCS-MP	N: 871	18.2%	N: 1,029	19.3%		
	D: 4,781		D: 5,320			
TCHP-SW	N: 385	16.5%	N: 400	16.4%		
	D: 2,336		D: 2,443			
TCHP-TC	N: 121	15.3%	N: 230	17.8%		
	D: 792		D: 1,289			
UHA	N: 314	16.5%	N: 294	14.9%		
	D: 1,905		D: 1,970			
YCCO	N: 221	16.6%	N: 206	15.7%		
	D: 1,328		D: 1,313			
Total– Statewide	N: 8,378	16.2%	N: 9,161	16.8% ▲		
	D: 51,848		D: 54,565			

*Baseline results recalculated in June 2024 to incorporate findings from the NCQA certification process.

Green shaded cell represents any improvement over baseline results.

▲ Designates a statistically significant improvement over baseline results ($p < 0.05$).

Gray shaded cells represent future data that will be updated for Remeasurement 2.

For the baseline measurement period, CY 2022, the percentage of new SUD episodes followed by engagement in SUD treatment within 34 days of initiation ranged from a minimum of 11.8 percent (AH) to a maximum of 23.5 percent (CHA). The aggregate statewide baseline percentage across all CCOs was 16.2 percent.

For the Remeasurement 1 period, CY 2023, the percentage of new SUD episodes followed by engagement in SUD treatment within 34 days of initiation ranged from a minimum of 11.9 percent (AH) to a maximum of 22.7 percent (CHA). One CCO (HSO) reported Remeasurement 1 results that demonstrated a statistically significant improvement in SUD treatment engagement over baseline results. Statewide, across all CCOs, the Remeasurement 1 results demonstrated a statistically significant

improvement of 0.6 percentage points in SUD treatment engagement, from 16.2 percent to 16.8 percent. The CCOs will report Remeasurement 2 indicator results for CY 2024, and the Remeasurement 2 results will be evaluated for demonstrating statistically significant improvement over baseline results, during next year’s validation cycle.

Improvement Strategies

The CCOs also reported improvement strategies initiated in response to the baseline indicator results and ongoing causal/barrier analyses for this year’s validation cycle. Table 3-5 summarizes interventions reported by each CCO in the Remeasurement 1 PIP submission.

Table 3-5—Interventions for the Statewide SUD PIP by CCO

CCO	Interventions
AH	<ul style="list-style-type: none"> Targeted outreach to members with SUD diagnoses and high ED utilization by care management staff to support and facilitate re-engagement in SUD treatment. Integration of peer support specialists to facilitate SUD treatment in alternative settings targeting services for youth, elderly, and members without stable housing. Development of Coos Sobering Center—a safe place for members to receive housing if needed and to initiate and engage in SUD treatment.
AllCare	<ul style="list-style-type: none"> Identifying members who have received SUD assessment services but have not initiated treatment and are waiting on access to residential treatment services. Partnering with SUD agencies to engage these members in accessing available SUD treatment options while they are waiting for access to higher levels of care. Offering incentives through AllCare’s alternative payment model (APM) for primary care and BH agencies that improve performance in SUD treatment initiation and engagement through member outreach, peer support services, and “warm handoff” referrals for SUD treatment. Enhanced provider outreach to offer support to provider offices in improving SUD treatment initiation and engagement performance by providing care gap lists, providing SUD treatment agency resources, and educating on available referral pathways for SUD treatment services.
CHA	<ul style="list-style-type: none"> Established an automated system to notify primary care providers when members have an SUD diagnosis event.
CPCCO	<ul style="list-style-type: none"> Partnering with community mental health programs, public health agencies, and SUD treatment programs to increase prescribing of medication-assisted treatment for opioid use disorder and alcohol use disorder. Partnering with hospitals, EDs, and providers to develop a workflow for increasing initiation of SUD treatment after an SUD-related ED visit.

CCO	Interventions
EOCCO	<ul style="list-style-type: none"> Weekly targeted provider outreach to coordinate SUD treatment initiation services for members who have a new SUD diagnosis. Facilitated a provider learning collaborative that included information on how SUD treatment initiation and engagement performance is measured, as well as shared strategies for improving provider performance on measures, including provider outreach and peer sharing of successful treatment referral workflows.
HSO	<ul style="list-style-type: none"> Development, distribution, and monitoring of an IET dashboard for monitoring of initiation and engagement services for SUD treatment by HSO plan partners. Provided technical assistance on best practices for SUD treatment and medication-assisted opioid use disorder treatment to ED providers. Expanded ED SUD pilot focusing on initiation of medications for opioid use disorder (MOUD) in the ED combined with peer support services. Dissemination of an alcohol use disorder (AUD) tip sheet for providers and clinics. Expanded access to the Addiction Consult Service, an integrated care team imbedded in inpatient facilities to support addiction treatment.
IHN	<ul style="list-style-type: none"> Initiated the Behavioral Health Home pilot in east Linn County to provide comprehensive, person-centered, integrated PH and BH health care services in a single facility. Expand provider education on IET measure requirements, SUD treatment modalities that meet the requirements for the measure, and best practices for supporting member access to SUD treatment. Partner with Affect Therapeutics to provide structured, individualized SUD treatment for members, which includes telehealth, medication management, group and individual therapy, and a digital app for monitoring treatment
JCC	<ul style="list-style-type: none"> Partnering with community mental health programs, public health agencies, and SUD treatment programs to increase prescribing of medication-assisted treatment for opioid use disorder and alcohol use disorder. Developing an “SUD in the ED” pilot program that offers training and technical assistance to ED providers on SUD treatment best practices and medication-assistant treatment options. The program also provides funding for SUD treatment navigators to be based in local hospitals. Partnering with the Oasis Center of the Rogue Valley, a community clinic that supports parents with SUD and their young children, JCC provides incentives to members who are engaged in medication-assisted treatment for opiate use disorder.
PCS-CO	<ul style="list-style-type: none"> Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services.

CCO	Interventions
	<ul style="list-style-type: none"> • Providing an OHA-approved qualified health care interpreter (QHCI) training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
PCS-CG	<ul style="list-style-type: none"> • Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
PCS-LN	<ul style="list-style-type: none"> • Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.
PCS-MP	<ul style="list-style-type: none"> • Provider education to increase provider confidence in discussing initiation of SUD treatment with members and connecting members to appropriate treatment services. • A live, staffed telephone service available to members, community-based organizations, and providers seeking assistance in connecting members with SUD treatment services. • Providing an OHA-approved QHCI training program to increase availability of QHCIs for facilitating SUD treatment options for members speaking a language other than English. • Provider education, coaching, and resources to increase provider knowledge of appropriate coding for SUD treatment initiation and engagement services.

CCO	Interventions
TCHP-SW	<ul style="list-style-type: none"> Collaborate with health care and education community partners to develop a CTE program, offering mentoring and career development opportunities specific to BH careers for BIPOC students. Increased reimbursement rates for BH services, including SUD treatment services. Provider incentive program for closing SUD treatment care gaps for members, and provider outreach promoting the program. Member outreach conducted by case management staff to address members' SUD treatment needs. Provide funding for members to continue staying at a sober living facility to allow stabilization of recovery and ongoing engagement in SUD treatment. Implementing Health Assistance, Linkage, and Outreach (HALO), a quality-based integrated care model focused on identifying and supporting members with SUD treatment needs through collaborative provider-community partnerships. Launched Connect Oregon/Unite Us online platform to provide an enhanced closed-loop referral process for care managers to better coordinate SUD treatment services and resources for members.
TCHP-TC	<ul style="list-style-type: none"> Collaborate with health care and education community partners to develop a CTE program, offering mentoring and career development opportunities specific to BH careers for BIPOC students. Increased reimbursement rates for BH services, including SUD treatment services. Provider incentive program for closing SUD treatment care gaps for members, and provider outreach promoting the program. Member outreach conducted by case management staff to address members' SUD treatment needs. Provide funding for members to continue staying at a sober living facility to allow stabilization of recovery and ongoing engagement in SUD treatment. Implementing HALO, a quality-based integrated care model focused on identifying and supporting members with SUD treatment needs through collaborative provider-community partnerships. Launched Connect Oregon/Unite Us online platform to provide an enhanced closed-loop referral process for care managers to better coordinate SUD treatment services and resources for members.
UHA	<ul style="list-style-type: none"> Promote and incentivize provider use of PointClickCare (PCC), an electronic health information exchange platform that allows providers to identify when their patients have an ED visit or hospitalization, to facilitate initiation and engagement in SUD treatment. Partner with a local hospital and CMHC to facilitate effective SUD treatment referral pathways.

CCO	Interventions
	<ul style="list-style-type: none"> Provider and member education on peer-delivered SUD treatment services in partnership with Adapt Peer Support Specialists and Rely Health Patient Care Navigators. Funding a scholarship for providers and staff to complete the OHA-approved QHCI training program to address the need for care that is provided in languages other than English.
YCCO	<ul style="list-style-type: none"> Partnership with the Center for Addictions Triage and Treatment (CATT) project to increase access to higher-level SUD care. Enhanced SUD service directory based on lessons learned from the service director pilot program. Provider education on SUD treatment initiation and engagement timeliness and measure requirements.



Outcomes

For this year's validation cycle, the CCOs' SUD PIPs progressed to evaluating improvement in the Outcomes stage. The CCOs reported Remeasurement 1 performance indicator results and evaluated whether the Remeasurement 1 results demonstrated improvement over the baseline results. HSAG reviewed and evaluated the CCOs' documentation of improvement in Step 9 of the PIP Validation Tool. The CCOs' Remeasurement 1 outcomes for the SUD PIPs are summarized in Table 3-6.

Table 3-6—Remeasurement 1 Outcomes for the SUD PIP by CCO

CCO	Indicator Results Demonstrated Statistically Significant Improvement* for Performance Indicator 1	Indicator Results Demonstrated Statistically Significant Improvement* for Performance Indicator 2	Indicator Results Demonstrated Sustained Improvement**
AH	No	No	<i>Not Assessed</i>
AllCare	Yes	No	<i>Not Assessed</i>
CHA	No	No	<i>Not Assessed</i>
CPCCO	No	No	<i>Not Assessed</i>
EOCCO	No	No	<i>Not Assessed</i>
HSO	Yes	Yes	<i>Not Assessed</i>
IHN	No	No	<i>Not Assessed</i>
JCC	No	No	<i>Not Assessed</i>
PCS-CO	No	No	<i>Not Assessed</i>
PCS-CG	No	No	<i>Not Assessed</i>

CCO	Indicator Results Demonstrated Statistically Significant Improvement* for Performance Indicator 1	Indicator Results Demonstrated Statistically Significant Improvement* for Performance Indicator 2	Indicator Results Demonstrated Sustained Improvement**
PCS-LN	No	No	<i>Not Assessed</i>
PCS-MP	No	No	<i>Not Assessed</i>
TCHP-SW	No	No	<i>Not Assessed</i>
TCHP-TC	Yes	No	<i>Not Assessed</i>
UHA	No	No	<i>Not Assessed</i>
YCCO	No	No	<i>Not Assessed</i>

*Statistically significant ($p < 0.05$, 95 percent confidence interval) improvement in performance indicator results from baseline to Remeasurement 1.

**Sustained Improvement: Statistically significant improvement over baseline performance indicator results was demonstrated at Remeasurement 1 and, for a subsequent remeasurement period, at Remeasurement 2.

For the Remeasurement 1 period, CY 2023, three CCOs' (AllCare, HSO, and TCHP-TC) PIP indicator results demonstrated a statistically significant improvement from baseline to Remeasurement 1 for Indicator 1 (Rate of SUD Treatment Initiation). The remaining 13 CCOs' PIP indicator results demonstrated either improvement from baseline to Remeasurement 1 that was not statistically significant or no improvement in SUD treatment initiation rates from baseline to Remeasurement 1. For Indicator 2 (Rate of SUD Treatment Engagement), one CCO's (HSO) PIP indicator results demonstrated a statistically significant improvement from baseline to Remeasurement 1 for Indicator 2 (Rate of SUD treatment engagement). The remaining 15 CCOs' PIP indicator results demonstrated either improvement from baseline to Remeasurement 1 that was not statistically significant or no improvement in SUD treatment engagement from baseline to Remeasurement 1.

4. Statewide PIP Validation Findings

Statewide Integration PIP Validation Results—Steps 1 through 9: Design Implementation, and Outcomes Stages

HSAG validated the CCOs' statewide Integration PIP submissions from August 2024 through October 2024. This year was the fourth year each CCO submitted the *Mental Health Service Access Monitoring* PIP for validation. In alignment with the CMS Protocol 1 2023 update, OHA approved HSAG's updated PIP Validation Tool for this year's validation. The 2024 PIP Validation Tool included a total of 26 evaluation elements and 13 critical evaluation elements used for scoring. Compared to the validation tool HSAG used the previous three years, the 2024 validation tool was streamlined to include five fewer evaluation elements, which included removal of the evaluation element related to significant clinical and/or programmatic improvement tied to an intervention. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Using the scores for each evaluation element, HSAG assigned a confidence level for two validation ratings for each PIP. The PIP Validation Tool used to validate the CCOs' PIP design submissions is provided in Appendix A.

Table 4-1 displays the validation scores and confidence levels for two validation ratings HSAG assigned to each CCO's PIP submission. The validation results include the percentage of applicable evaluation elements that received a *Met* validation score and the two PIP validation ratings HSAG assigned to each CCO's PIP submission. Validation Rating 1 assesses the CCOs performance on accurately documenting the design of the statewide *Mental Health Service Access Monitoring* PIP, clearly and accurately reporting performance indicator results, and developing appropriate improvement strategies. Validation Rating 2 assesses whether the CCOs' reported indicator results demonstrated improvement over baseline at the second remeasurement.

Table 4-1—2024 Statewide Integration PIP Validation Results by CCO

CCO	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
AH	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
AllCare	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
CHA	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
CPCCO	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
EOCCO	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
HSO	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
IHN	100%	100%	<i>High Confidence</i>	67%	100%	<i>Moderate Confidence</i>
JCC	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
PCS-CO	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
PCS-CG	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>

CCO	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
PCS-LN	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
PCS-MP	100%	100%	<i>High Confidence</i>	67%	100%	<i>Moderate Confidence</i>
TCHP-SW	100%	100%	<i>High Confidence</i>	67%	100%	<i>Moderate Confidence</i>
TCHP-TC	100%	100%	<i>High Confidence</i>	33%	100%	<i>No Confidence</i>
UHA	100%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>
YCCO	93%	100%	<i>High Confidence</i>	100%	100%	<i>High Confidence</i>

¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

³ **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

The validation findings demonstrate strong performance across all CCOs for Validation Rating 1, adhering to acceptable methodology for all phases of the *Mental Health Service Access Monitoring* PIP through Remeasurement 2, with all 16 CCOs receiving a *High Confidence* level. There was increased variation in performance among the CCOs for Validation Rating 2, achieving significant improvement. Most (12 of 16) CCOs received a *High Confidence* level for Validation Rating 2 by reporting performance indicator results that demonstrated statistically significant improvement over baseline at Remeasurement 2. Three of the remaining CCOs (IHN, PCS-MP, and TCHP-SW) received a *Moderate Confidence* level for Validation Rating 2; for these three CCOs' PIPs, the Remeasurement 2 indicator results demonstrated improvement over baseline performance, but the improvement was not statistically

significant. One other remaining CCO (TCHP-TC) received a *No Confidence* level for Validation Rating 2 because the CCO's reported Remeasurement 2 indicator results demonstrated a decline in performance from baseline.

Statewide SUD PIP Validation Results—Steps 1 through 9: Design, Implementation, and Outcomes Stages

HSAG validated the CCOs' statewide SUD PIP design submissions from August 2024 through October 2024. This year was the third year each CCO submitted the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP for validation. In alignment with the 2023 updated CMS Protocol 1, OHA approved HSAG's updated PIP Validation Tool for this year's validation. The 2024 PIP Validation Tool included a total of 26 evaluation elements and 13 critical evaluation elements used for scoring. Compared to the validation tool HSAG used the previous two years, the 2024 validation tool was streamlined to include five fewer evaluation elements, which included removal of the evaluation element related to significant clinical and/or programmatic improvement tied to an intervention. The HSAG PIP Review Team scored each evaluation element within a given activity as *Met*, *Partially Met*, *Not Met*, *Not Applicable*, or *Not Assessed*. HSAG designated some of the evaluation elements pivotal to the PIP process as critical elements. For a PIP to produce valid and reliable results, all critical elements had to be *Met*. Using the scores for each evaluation element, HSAG assigned a confidence level for two validation ratings for each PIP. The PIP Validation Tool used to validate the CCOs' PIP design submissions is provided in Appendix A.

Table 4-2 displays the validation scores and confidence levels HSAG assigned to each CCO's PIP submission. The validation results include the percentage of applicable evaluation elements that received a *Met* validation score and the two PIP validation ratings HSAG assigned to each CCO's PIP submission. Validation Rating 1 assesses the CCOs performance on accurately documenting the design of the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP, clearly and accurately reporting performance indicator results, and developing appropriate improvement strategies. Validation Rating 2 assesses whether the CCOs' reported indicator results demonstrated improvement over baseline at the first remeasurement.

Table 4-2—2024 Statewide SUD PIP Validation Results by CCO

CCO	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements Met ¹	Percentage Score of Critical Elements Met ²	Confidence Level ³	Percentage Score of Evaluation Elements Met ¹	Percentage Score of Critical Elements Met ²	Confidence Level ³
AH	100%	100%	High Confidence	67%	100%	Moderate Confidence
AllCare	100%	100%	High Confidence	67%	100%	Moderate Confidence
CHA	100%	100%	High Confidence	33%	100%	Low Confidence
CPCCO	100%	100%	High Confidence	33%	100%	Low Confidence
EOCCO	100%	100%	High Confidence	33%	100%	No Confidence
HSO	100%	100%	High Confidence	100%	100%	High Confidence
IHN	100%	100%	High Confidence	33%	100%	No Confidence
JCC	100%	100%	High Confidence	67%	100%	Moderate Confidence
PCS-CO	100%	100%	High Confidence	67%	100%	Moderate Confidence
PCS-CG	100%	100%	High Confidence	33%	100%	No Confidence

CCO	Validation Rating 1			Validation Rating 2		
	Overall Confidence of Adherence to Acceptable Methodology for All Phases of the PIP			Overall Confidence That the PIP Achieved Significant Improvement		
	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³	Percentage Score of Evaluation Elements <i>Met</i> ¹	Percentage Score of Critical Elements <i>Met</i> ²	Confidence Level ³
PCS-LN	100%	100%	<i>High Confidence</i>	33%	100%	<i>No Confidence</i>
PCS-MP	100%	100%	<i>High Confidence</i>	67%	100%	<i>Moderate Confidence</i>
TCHP-SW	100%	100%	<i>High Confidence</i>	33%	100%	<i>Low Confidence</i>
TCHP-TC	100%	100%	<i>High Confidence</i>	67%	100%	<i>Moderate Confidence</i>
UHA	100%	100%	<i>High Confidence</i>	33%	100%	<i>No Confidence</i>
YCCO	100%	100%	<i>High Confidence</i>	33%	100%	<i>Low Confidence</i>

¹ **Percentage Score of Evaluation Elements *Met***—The percentage score is calculated by dividing the total elements *Met* (critical and non-critical) by the sum of the total elements of all categories (*Met*, *Partially Met*, and *Not Met*).

² **Percentage Score of Critical Elements *Met***—The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

³ **Confidence Level**—Based on the scores assigned for individual evaluation elements and the confidence level definitions provided in the PIP Validation Tool.

The validation findings demonstrate strong performance across all CCOs for Validation Rating 1, adhering to acceptable methodology for all phases of the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP through Remeasurement 1, with all 16 CCOs receiving a *High Confidence* level. CCO performance varied for Validation Rating 2, achieving significant improvement. Only one CCO (HSO) received a *High Confidence* level for achieving statistically significant improvement across both performance indicators at Remeasurement 1. Six CCOs (AH, AllCare, JCC, PCS-CO, PCS-MP, and TCHP-TC) received a *Moderate Confidence* level, four CCOs (CHA, CPCCO, TCHP-SW, and YCCO) received a *Low Confidence* level, and the remaining five CCOs (EOCCO, IHN, PCS-CG, PCS-LN, and UHA) received a *No Confidence* level for Validation Rating 2. The Validation Rating 2

confidence level HSAG assigned to each CCO's PIP depended on whether the Remeasurement 1 results for the two performance indicators demonstrated statistically significant improvement, any improvement, or no improvement over baseline results. The detailed confidence level definitions for both validation ratings are provided in *Appendix A. 2024 PIP Validation Tool*.

5. Conclusions and Recommendations



Conclusions

HSAG's validation findings support the conclusion that the CCOs, in collaboration with OHA, developed methodologically sound designs for both statewide PIPs. Through monthly statewide collaborative meetings and other statewide communications, the CCOs and OHA worked together to develop and monitor relevant and community-driven improvement projects. The *Mental Health Service Access Monitoring* statewide PIP responds to member needs identified as priorities for the state in response to the COVID-19 pandemic. The *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP allows the CCOs to further focus efforts on improving treatment for members with SUD as part of the broader efforts encompassed by the new 1115 SUD demonstration waiver.

The CCOs continued the Implementation and Outcomes stages of the *Mental Health Service Access Monitoring* PIPs for this year's validation, reporting Remeasurement 2 results and evaluating those results for improvement over baseline performance. HSAG's validation findings suggest that the CCOs conducted accurate and complete data analyses and interpretation of Remeasurement 2 indicator results. In addition, the CCOs carried out methodologically sound improvement strategies. In the Outcomes stage, 12 of 16 CCOs reported statistically significant improvement of performance indicator results from baseline to Remeasurement 2. The remaining four CCOs had opportunities for improvement in the Outcomes stage, reporting Remeasurement 2 indicator results that did not demonstrate statistically significant improvement over baseline results.

The CCOs continued the Implementation stage and progressed to the Outcomes stage of the *Initiation, Engagement and Treatment of Alcohol and Other Drug Use Disorders* PIP for this year's annual validation, reporting Remeasurement 1 results and evaluating those results for improvement over baseline performance. HSAG's validation findings suggest that the CCOs conducted accurate and complete data analyses and interpretation of Remeasurement 1 indicator results. In addition, the CCOs carried out methodologically sound improvement strategies. In the Outcomes stage, however, most of the CCOs had opportunities for improvement, with only one of the 16 CCOs achieving statistically significant improvement from baseline to Remeasurement 1 for both performance indicators.



Recommendations

- OHA should continue to foster a collaborative environment for the CCOs and continue providing regular opportunities for the CCOs to exchange ideas and work together to identify barriers to improving access to MH services and SUD treatment for members with an identified need.
- OHA should provide the CCOs access to CCO-specific performance indicator data at the earliest opportunity so that the CCOs may use community-level data to guide root cause analyses, identify high-priority barriers to improvement, and develop innovative and appropriate interventions.

- OHA should ensure that indicator data updates are clearly communicated to the CCOs to facilitate effective, data-driven assessment of progress toward achieving improvement.
- OHA, with support from HSAG, should provide technical assistance and training to the CCOs on robust QI tools and processes for root cause analysis, barrier prioritization, intervention selection, and intervention evaluation. Technical assistance should be targeted to those CCOs that have not achieved significant improvement of PIP outcomes.
- OHA, with support from HSAG, should facilitate the CCOs' use of timely intervention-specific evaluation results to guide decisions about continuing, revising, or discontinuing interventions to promote effective resource use and achievement of improvement goals. The CCOs should conduct intervention-specific evaluations throughout the measurement year to allow mid-course corrections and drive improvement, prior to the end of each annual measurement period.

Appendix A. 2024 PIP Validation Tool

The PIP Validation Tool used to validate the CCOs' 2024 PIP submissions is provided below.



Appendix A: State of Oregon 2024 PIP Validation Tool
<PIP Topic>
for <CCO Name>



Demographic Information	
CCO Name: <u><CCO Name></u>	
Project Leader Name: _____	Title: _____
Telephone Number: _____	Email Address: _____
PIP Title: <u><PIP Topic></u>	
Submission Date: _____	
Resubmission Date: _____	

Appendix A: State of Oregon 2024 PIP Validation Tool
<PIP Topic>
for <CCO Name>

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
1.	Review the Selected PIP Topic: The PIP topic should be selected based on data that identify an opportunity for improvement. The topic may also be required by the State. The PIP topic:								
C*	1. Was selected following collection and analysis of data. N/A is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 1									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.
 ** This is the total number of all evaluation elements for this step.
 *** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
2.	Review the PIP Aim Statement(s): Defining the statement(s) helps maintain the focus of the PIP and sets the framework for data collection, analysis, and interpretation. The statement:								
C*	1. Stated the area in need of improvement in clear, concise, and measurable terms. N/A is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 2									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
1	0	0	0	0	1	0	0	0	0

* “C” in this column denotes a critical evaluation element.
 ** This is the total number of all evaluation elements for this step.
 *** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
3.	Review the Identified PIP Population: The PIP population must be clearly defined to represent the population to which the PIP Aim statement and indicator(s) apply, without excluding members with special healthcare needs. The PIP population:								
C*	1. Was accurately and completely defined and captured all members to whom the PIP Aim statement(s) applied. <i>N/A is not applicable to this element for scoring.</i>	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 3									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
1	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.
 ** This is the total number of all evaluation elements for this step.
 *** This is the total number of critical evaluation elements for this step.

Appendix A: State of Oregon 2024 PIP Validation Tool
<PIP Topic>
for <CCO Name>

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
4.	Review the Sampling Method: (If sampling was not used, each evaluation element will be scored <i>Not Applicable [N/A]</i>. If sampling was used to select members in the population, proper sampling methods are necessary to provide valid and reliable results. Sampling methods:								
	1. Included the sampling frame size for each indicator.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
C*	2. Included the sample size for each indicator.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
	3. Included the margin of error and confidence level for each indicator.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
	4. Described the method used to select the sample.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
C*	5. Allowed for the generalization of results to the population.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 4									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
5	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** This is the total number of all evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
5.	Review the Selected Performance Indicator(s): A performance indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event or a status that is to be measured. The selected indicator(s) must track performance or improvement over time. The indicator(s) must be objective, clearly, and unambiguously defined, and based on current clinical knowledge or health services research. The indicator(s) of performance:								
C*	1. Were well-defined, objective, and measured changes in health or functional status, member satisfaction, or valid process alternatives.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
	2. Included the basis on which the indicator(s) was developed, if internally developed.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 5									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
2	0	0	0	0	1	0	0	0	0

* “C” in this column denotes a critical evaluation element.
 ** This is the total number of all evaluation elements for this step.
 *** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations
Performance Improvement Project Validation			
6.	Review the Data Collection Procedures: The data collection process must ensure that the data collected on the indicator(s) were valid and reliable. Validity is an indication of the accuracy of the information obtained. Reliability is an indication of the repeatability or reproducibility of a measurement. Data collection procedures included:		
	1. Clearly defined sources of data and data elements collected for the indicator(s). <i>N/A</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
C*	2. A clearly defined and systematic process for collecting baseline and remeasurement data for the indicator(s). <i>N/A</i> is not applicable to this element for scoring.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
C*	3. A manual data collection tool that ensured consistent and accurate collection of data according to indicator specifications.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	4. The percentage of reported administrative data completeness at the time the data are generated, and the process used to calculate the percentage.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	

Results for Step 6									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
4	0	0	0	0	2	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** This is the total number of all evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations						
Performance Improvement Project Validation									
7.	Review Data Analysis and Interpretation of Results: Clearly present the results for each indicator. Describe the data analysis performed, the results of the statistical analysis, and a narrative interpretation for each indicator. Through data analysis and interpretation, real improvement, as well as sustained improvement, can be determined. The data analysis and interpretation of the indicator outcomes:								
C*	1. Included accurate, clear, consistent, and easily understood information in the data table.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
	2. Included a narrative interpretation of results that addressed all requirements.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
	3. Addressed factors that threatened the validity of the data reported and ability to compare the initial measurement with the remeasurement.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>							
Results for Step 7									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
3	0	0	0	0	1	0	0	0	0

* “C” in this column denotes a critical evaluation element.

** This is the total number of all evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/Recommendations
Performance Improvement Project Validation			
8.	Assess the Improvement Strategies: Interventions were developed to address causes/barriers identified through a continuous cycle of data measurement and data analysis. The improvement strategies were developed from an ongoing quality improvement process that included:		
C*	1. A causal/barrier analysis with a clearly documented team, process/steps, and quality improvement tools.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
C*	2. Interventions that were logically linked to identified barriers and have the potential to impact indicator outcomes.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	3. Interventions that were implemented in a timely manner to allow for impact of indicator outcomes.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
C*	4. An evaluation of effectiveness for each individual intervention.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	5. Interventions that were adopted, adapted, abandoned, or continued based on evaluation data.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	

Results for Step 8									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
5	0	0	0	0	3	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** This is the total number of all evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Evaluation Elements		Scoring	Comments/ Recommendations
Performance Improvement Project Validation			
9.	Assess the likelihood that Significant and Sustained Improvement Occurred: Improvement in performance is evaluated based on evidence that there was improvement over baseline indicator performance. Sustained improvement is assessed after improvement over baseline indicator performance has been demonstrated. Sustained improvement is achieved when repeated measurements over comparable time periods demonstrate continued improvement over baseline indicator performance.		
C*	1. The remeasurement methodology was the same as the baseline methodology.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	2. There was improvement over baseline performance across all performance indicators.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	3. There was statistically significant improvement (95 percent confidence level, $p < 0.05$) over the baseline across all performance indicators.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	
	4. Sustained statistically significant improvement over baseline indicator performance across all indicators was demonstrated through repeated measurements over comparable time periods.	<input type="checkbox"/> <i>Met</i> <input type="checkbox"/> <i>Partially Met</i> <input type="checkbox"/> <i>Not Met</i> <input type="checkbox"/> <i>N/A</i>	

Results for Step 9									
Total Evaluation Elements					Critical Elements				
Total Evaluation Elements**	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>	Critical Elements***	<i>Met</i>	<i>Partially Met</i>	<i>Not Met</i>	<i>N/A (Not Applicable)</i>
4	0	0	0	0	1	0	0	0	0

* "C" in this column denotes a critical evaluation element.

** This is the total number of all evaluation elements for this step.

*** This is the total number of critical evaluation elements for this step.

Appendix A: State of Oregon 2024 PIP Validation Tool
<PIP Topic>
for <CCO Name>

Table 1—2024 PIP Validation Tool Scores
for <PIP Topic> for <CCO Name>

Review Step	Total Possible Evaluation Elements (Including Critical Elements)	Total Met	Total Partially Met	Total Not Met	Total N/A	Total Possible Critical Elements	Total Critical Elements Met	Total Critical Elements Partially Met	Total Critical Elements Not Met	Total Critical Elements N/A
1. Review the Selected PIP Topic	1					1				
2. Review the PIP Aim Statement(s)	1					1				
3. Review the Identified PIP Population	1					1				
4. Review the Sampling Method	5					2				
5. Review the Selected Performance Indicator(s)	2					1				
6. Review the Data Collection Procedures	4					2				
7. Review Data Analysis and Interpretation of Results	3					1				
8. Assess the Improvement Strategies	5					3				
9. Assess the Likelihood that Significant and Sustained Improvement Occurred	4					1				
Totals for All Steps	26					13				

Appendix A: State of Oregon 2024 PIP Validation Tool
<PIP Topic>
for <CCO Name>

Table 2—2024 Overall Confidence of Adherence to Acceptable Methodology for All Phases of PIP (Step 1 through Step 8). for <PIP Topic> for <CCO Name>	
Percentage Score of Evaluation Elements <i>Met</i> *	%
Percentage Score of Critical Elements <i>Met</i> **	%
Confidence Level***	<High Confidence, Moderate Confidence, Low Confidence, No Confidence>

Table 3—2024 Overall Confidence That the PIP Achieved Significant Improvement (Step 9). for <PIP Topic> for <CCO Name>	
Percentage Score of Evaluation Elements <i>Met</i> *	%
Percentage Score of Critical Elements <i>Met</i> **	%
Confidence Level***	<High Confidence, Moderate Confidence, Low Confidence, No Confidence>

The *Not Assessed* and *Not Applicable (N/A)* scores have been removed from the scoring calculations.

* The percentage score of evaluation elements *Met* is calculated by dividing the total *Met* by the sum of all evaluation elements *Met*, *Partially Met*, and *Not Met*.

** The percentage score of critical elements *Met* is calculated by dividing the total critical elements *Met* by the sum of the critical elements *Met*, *Partially Met*, and *Not Met*.

*** Confidence Level: See confidence level definitions on next page.

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the CCO's PIP based on CMS Protocol 1 to determine whether the CCO adhered to an acceptable methodology for all phases of design and data collection and conducted accurate data analysis and interpretation of PIP results. HSAG's validation of the PIP determined the following:

High Confidence:	<i>High confidence</i> in reported PIP results. All critical evaluation elements were <i>Met</i> , and 90 percent to 100 percent of all evaluation elements were <i>Met</i> across all steps.
Moderate Confidence:	<i>Moderate confidence</i> in reported PIP results. All critical evaluation elements were <i>Met</i> , and 80 percent to 89 percent of all evaluation elements were <i>Met</i> across all steps.
Low Confidence:	<i>Low confidence</i> in reported PIP results. Across all steps, 65 percent to 79 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Partially Met</i> .
No Confidence:	<i>No confidence</i> in reported PIP results. Across all steps, less than 65 percent of all evaluation elements were <i>Met</i> ; or one or more critical evaluation elements were <i>Not Met</i> .

Confidence Level for Acceptable Methodology: <High Confidence, Moderate Confidence, Low Confidence, No Confidence>

EVALUATION OF THE OVERALL VALIDITY AND RELIABILITY OF PIP RESULTS

HSAG assessed the CCO's PIP based on CMS Protocol 1 and determined whether the CCO produced evidence of significant improvement. HSAG's validation of the PIP determined the following:

High Confidence:	All performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
	To receive <i>Moderate Confidence</i> for significant improvement, one of the three scenarios below occurred:
Moderate Confidence:	<ol style="list-style-type: none"> 1. All performance indicators demonstrated improvement over the baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over the baseline. 2. All performance indicators demonstrated improvement over the baseline, and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline. 3. Some but not all performance indicators demonstrated improvement over baseline, and some but not all performance indicators demonstrated <i>statistically significant</i> improvement over baseline.
Low Confidence:	The remeasurement methodology was not the same as the baseline methodology for at least one performance indicator or some but not all performance indicators demonstrated improvement over the baseline and none of the performance indicators demonstrated <i>statistically significant</i> improvement over the baseline.
No Confidence:	The remeasurement methodology was not the same as the baseline methodology for all performance indicators or none of the performance indicators demonstrated improvement over the baseline.

Confidence Level for Significant Improvement: <High Confidence, Moderate Confidence, Low Confidence, No Confidence>