



August 24, 2020

Re: Updates to the Children's Health Complexity Data and Reports

We are pleased to share the [latest reports on children's health complexity](#) for children in Medicaid/Children's Health Insurance Program (CHIP) in Oregon. We appreciate your patience as we continue to improve the data, our processes, and our reporting. We are thankful to the Oregon Pediatric Improvement Partnership (OPIP) for their collaboration and technical assistance on this work.

We have been working to ensure that this data helps to achieve our ultimate goal: that all families are equipped with the resources they need for their children to thrive. We are also cognizant of this challenging time amidst a worldwide pandemic and concerned by ongoing health inequities and the disproportionate impacts of COVID-19. We hope that this data can help guide and inform ongoing and timely efforts for children and youth highlighted in these reports.

The reports released in November 2019 had errors in the component related to medical complexity and were later retracted by the OHA. Since then, we have identified and corrected the issues with our implementation of the medical complexity component (the Pediatric Medical Complexity Algorithm). We also have implemented a number of enhancements and improvements to the data.

- The data source for the medical complexity data has been changed. Originally, we used Medicaid data from the Medicaid Management Information System (MMIS); now we are using All Payer All Claims (APAC) data from commercial, Medicaid and Medicare payers, which enables us to assess medical complexity using a more complete set of claims.
- The analysis now includes children ages 0 through 20. Previous analyses included children ages 0 through 17.
- The cohort of this dataset includes all children enrolled in Medicaid/CHIP ages 0 through 20 as of May 31, 2020.
- The cohort included does not have a continuous enrollment criterion, whereas previous reports required children to be enrolled for two months in order to be attributed.

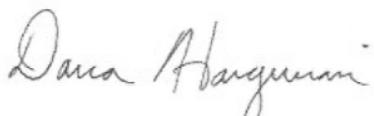
Due to updates and numerous changes in methodology from previous reports, these latest children's health complexity reports are not comparable to those released in previous years; however, we hope that the refinements provide more up-to-date, comprehensive and actionable data.

Currently these reports do not contain analyses by race or ethnicity. HB 2134 (2013) requires the Oregon Department of Human Services (DHS) and the Oregon Health Authority (OHA) to collect Race, Ethnicity, Language, and Disability (REALD) data in a specified way. Although demographic data are now collected using the REALD methodology, many Medicaid members predate this change and do not have REALD compliant data. OHA is exploring promising options to improve the quality of race and ethnicity data among Medicaid members. Data on race and ethnicity is central to OHA's goal to establish a health system that achieves health equity, and this information will be included in future reports.

We would also like to remind you that the system-level data included in the children's health complexity reports are ***limited to enrollment and service utilization***, which represents an incomplete view of the needs of children and families, as well as of their resiliency and self-efficacy. For example, while the social complexity indicators represented in the data may indicate a need for enhanced resources or care coordination, these indicators may also reflect the resiliency and navigation skills of families in seeking and securing the services they need. While the complexity of children and their families' needs cannot be ignored, we encourage you to engage families to better understand their individual and community-level needs and resiliency as you consider how best to respond to these findings.

Please do not hesitate to contact us with questions.

Sincerely,



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