

October 2021

Re: 2021 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 want to thank the Oregon Pediatric Improvement Partnership (OPIP) for their on-going collaboration and technical assistance in support of this work. These data are intended to support Coordinated Care Organizations (CCOs), providers, and communities in efforts to equip all families with the resources they need for their children to thrive. We hope that these data can help guide and inform ongoing and timely efforts for children and youth highlighted in these reports.

Children's Health Complexity uses health care claims and other system-level data to identify children with medical and social complexity to determine their health complexity. Medical complexity uses the Pediatric Medical Complexity Algorithm (PMCA) to identify diagnoses and utilization, generating three categories of complexity: no chronic disease/healthy, non-complex chronic condition, and complex chronic condition. Social complexity considers child and family factors, including extreme poverty, foster care, parent death, parent incarceration, child and parent mental health services, child and parent substance use services, child abuse or neglect, potential language barrier, and parent disability.

The reports represent data for the time period 2000–2021, depending on the medical or social complexity factor. Given this time period, the data have been shaped by the COVID-19 pandemic and its impacts on health systems and communities. Some COVID-related impacts on Children's Health Complexity data include:

- In response to the COVID-19 pandemic, OHA implemented temporary policy changes to help existing OHP members keep their coverage and to simplify the application process for Oregonians newly eligible for OHP, resulting in increased enrollment.
- COVID-19 may have impacted access to health care and utilization of services.
- As school and community interactions moved online, social factors were impacted. For example, the volume of child welfare reports decreased from 2019 to 2020.

The 2021 Children's Health Complexity data and reports incorporate the following updates:

- These data reflect children enrolled in Medicaid/CHIP through August 2021 and looks at claims from January 1, 2018 through December 31, 2020 for calculation of the PMCA.
- Social complexity factors use data from one year prior to a child's birth to May 2021 and may look back as far as 2000, when applicable.
- For 2021 reports, we used the PMCA Version 3.2. This version adds 17 new ICD 10 codes to the algorithm.
- OHA contracted with a new All Payer All Claims (APAC) data vendor. After a competitive procurement process, OHA contracted with Human Services Research Institute (HSRI) to collect and maintain APAC data starting January 2021. Because of the vendor

transition and different processes and systems, there may be longitudinal differences in the PMCA results. For more information, see “APAC Vendor Transition” here:

<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/APAC-Data-Requests.aspx>

- In previous years, OHA supported technical assistance to help CCOs in using the reports. Technical assistance hours were granted to all CCOs and were used through December 31, 2020. OHA no longer provides technical assistance support for this work; however, resources can be found <https://www.oregon.gov/oha/HPA/dsi-tc/Pages/Child-Health-Complexity-Data.aspx>. Questions or data requests can be directed to OHA’s Children’s Health Policy Team at HealthComplexity.Program@dhsoha.state.or.us.

Currently these reports do not contain analyses by Race, Ethnicity, Language and Disability (REALD) because there is a high proportion of missing and incomplete information for these data elements. These data are central to OHA’s goal to establish a health system that achieves health equity, so OHA is working to improve the quality of REALD data among Medicaid members and will incorporate these data into future reports.

We also want to acknowledge some of the limitations to using system-level data. These data capture enrollment and service utilization, which provides an incomplete view of the needs of children and families. System-level data cannot capture all needs, nor can it reflect the resiliency and self-efficacy families use to navigate systems and access services. We encourage you to engage families to better understand their needs and resiliency and determine how to best use these findings to support your efforts.

We also want to highlight some cautions for comparing 2021 Children’s Health Complexity data with reports and data from previous years. The data included in these reports come from multiple sources and are collected by insurers and other entities for a variety of purposes, primarily to issuing coverage and making payments. We do not always have insight into changes that are made in collecting, processing, or transforming data from various sources. This limits our ability to interpret data changes across time periods – any changes could be due to technical or methodological differences, rather than changes in population factors or outcomes.

Sincerely,

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