Managed Care Program Annual Report (MCPAR) for Oregon: Oregon Health Plan 2024 Coordinated Care Organizations

Due date	Last edited	Edited by	Status
06/29/2025	08/11/2025	Thomas Wunderbro	Submitted

	Indicator	Response
	Exclusion of CHIP from MCPAR Enrollees in separate CHIP programs funded under Title XXI should not be reported in the MCPAR. Please check this box if the state is unable to remove information about Separate CHIP enrollees from its reporting on this program.	Not Selected
	Did you submit or do you plan on submitting a Network Adequacy and Access Assurances (NAAAR) Report for this program for this reporting period through the MDCT online tool? If “No”, please complete the following questions under	

Indicator	Response
each plan.	

Section A: Program Information

Point of Contact

Number	Indicator	Response
A1	**State name** Auto-populated from your account profile.	Oregon
A2a	**Contact name** First and last name of the contact person. States that do not wish to list a specific individual on the report are encouraged to use a department or program-wide email address that will allow anyone with questions to quickly reach someone who can provide answers.	Tom Wunderbro
A2b	**Contact email address** Enter email address. Department or program-wide email addresses ok.	thomas.wunderbro@oha.oregon.gov
A3a	**Submitter name** CMS receives this data upon submission of this MCPAR report.	Thomas Wunderbro
A3b	**Submitter email address** CMS receives this data upon submission of this MCPAR report.	thomas.wunderbro@oha.oregon.gov
A4	**Date of report submission** CMS receives this date upon submission of this MCPAR report.	08/11/2025

Reporting Period

Number	Indicator	Response
A5a	**Reporting period start date** Auto-populated from report dashboard.	01/01/2024
A5b	**Reporting period end date** Auto-populated from report dashboard.	12/31/2024
A6	**Program name** Auto-populated from report dashboard.	Oregon Health Plan 2024 Coordinated Care Organizations

Add plans (A.7)

Enter the name of each plan that participates in the program for which the state is reporting data.

Indicator	Response
Plan name	Advanced Health
	AllCare CCO
	Cascade Health Alliance
	Columbia Pacific CCO
	Eastern Oregon CCO
	Health Share of Oregon
	InterCommunity Health Network CCO
	Jackson Care Connect
	Pacific Source - Central Oregon Region
	Pacific Source - Columbia Gorge Region
	Pacific Source - Lane
	Pacific Source - Marion/Polk
	Trillium Community Health Plan - Southwest
	Trillium Community Health Plan - Tri-County
	Umpqua Health Alliance
	Yamhill Community Care

Add BSS entities (A.8)

Enter the names of Beneficiary Support System (BSS) entities that support enrollees in the program for which the state is reporting data. Learn more about BSS entities at 42 CFR 438.71. See Glossary in Excel Workbook for the definition of BSS entities.

Examples of BSS entity types include a: State or Local Government Entity, Ombudsman Program, State Health Insurance Program (SHIP), Aging and Disability Resource Network (ADRN), Center for Indepedent Living (CIL), Legal Assistance Organization, Community-based Organization, Subcontractor, Enrollment Broker, Consultant, or Academic/Research Organization.

	Indicator	Response
	BSS entity name	Ombudsman Program

Add In Lieu of Services and Settings (A.9)

> ⚠ **Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.**

This section must be completed if any ILOSs *other than short term stays in an Institution for Mental Diseases (IMD)* are authorized for this managed care program. **Enter the name of each ILOS offered as it is identified in the managed care plan contract(s).** Guidance on In Lieu of Services on Medicaid.gov.

Indicator	Response
ILOS name	Peer and Qualified Mental Health Associate Services - Alternative Setting Community Health Worker Services - Alternative Setting Online Diabetes Self-Management Programs National Diabetes Prevention Program - Alternative Setting Chronic Disease Self-Management Education Programs - Alternative Setting Infant Mental Health Pre- & Post-Testing Services Lactation Consultations – Alternative Setting STI, Including HIV, Testing and Treatment Services – Alternative Setting Traditional Health Worker Services for HIV/STI Disease Management – Alternative Setting

Section B: State-Level Indicators

Topic I. Program Characteristics and Enrollment

Number	Indicator	Response
BI.1	**Statewide Medicaid enrollment** Enter the average number of individuals enrolled in Medicaid per month during the reporting year (i.e., average member months). Include all FFS and managed care enrollees and count each person only once, regardless of the delivery system(s) in which they are enrolled.	1,440,436
BI.2	**Statewide Medicaid managed care enrollment** Enter the average number of individuals enrolled in any type of Medicaid managed care per month during the reporting year (i.e., average member months). Include all managed care programs and count each person only once, even if they are enrolled in multiple managed care programs or plans.	1,292,231

Topic III. Encounter Data Report

Number	Indicator	Response
BIII.1	**Data validation entity** Select the state agency/division or contractor tasked with evaluating the validity of encounter data submitted by MCPs. Encounter data validation includes verifying the accuracy, completeness, timeliness, and/or consistency of encounter data records submitted to the state by Medicaid managed care plans. Validation steps may include pre-acceptance edits and post-acceptance analyses. See Glossary in Excel Workbook for more information.	State Medicaid agency staff State actuaries EQRO

Topic X: Program Integrity

Number	Indicator	Response
BX.1	**Payment risks between the state and plans** Describe service-specific or other focused PI activities that the state conducted during the past year in this managed care program. Examples include analyses focused on use of long-term services and supports (LTSS) or prescription drugs or activities that focused on specific payment issues to identify, address, and prevent fraud, waste or abuse. Consider data analytics, reviews of under/overutilization, and other activities. If no PI activities were performed, enter “No PI activities were performed during the reporting period” as your response. “N/A” is not an acceptable response.	The state's Office of Program Integrity (OPI) oversees multiple PI activities. Beginning in 2022, OPI piloted a standardized form for the CCOs to simultaneously report suspected fraud, abuse and waste to OHA and DOJ Medicaid Fraud Control Unit (MFCU). This pilot was positively received by CCOs and CCOs have continued to use the form. Also beginning in 2022, OHA Office of Program Integrity implemented a Statistical Analysis System (SAS) platform and continues to improve the quality of the data analysis and data anomaly alerts (a.k.a. fraud alerts) this program provides to OHA OPI. In 2023, OPI Special Investigations Unit (SIU) began hosting quarterly calls with CCOs' compliance officers to foster communication, greater partnership between the CCOs and OPI in their efforts to detect and prevent fraud and abuse, and coordinate open investigations into providers who receive payments through both Oregon Health Plan (OHP) Fee-for-services (FFS) and managed care.
BX.2	**Contract standard for overpayments** Does the state allow plans to retain overpayments, require the return of overpayments, or has established a hybrid system? Select one.	Allow plans to retain overpayments
BX.3	**Location of contract provision stating overpayment standard** Describe where the overpayment standard in the previous indicator is located in plan contracts, as required by 42 CFR 438.608(d)(1)(i).	Exh. B, Part 9, Sec. 14.e&f and Sec. 15.
BX.4	**Description of overpayment contract standard** Briefly describe the overpayment standard (for example, details on whether the state allows plans to retain overpayments, requires the plans to return overpayments, or administers a hybrid system) selected in indicator B.X.2.	When a Plan investigates or conducts audits of its Providers, Subcontractor(s), or any other third-party and overpayments made to such parties are identified as the result of Fraud, Waste, or Abuse, Contractor may collect and retain such Overpayments as set forth in Sec. 14 of Ex. B, Part 9. The Plan must adjust, void or replace, as appropriate, each Encounter claim to reflect the Valid Encounter claim once Contractor has recovered Overpayment within

		thirty (30) days of identifying the Overpayment in accordance with OAR 410-141-3570 and Secs. 11-13 of Ex. B, Part 8. If a CCO conducts audits and identifies FWA, these overpayments must be reported on a specific line item within their CCO Contractual Financial Reports (Exhibit L).
BX.5	**State overpayment reporting monitoring** Describe how the state monitors plan performance in reporting overpayments to the state, e.g. does the state track compliance with this requirement and/or timeliness of reporting? The regulations at 438.604(a)(7), 608(a)(2) and 608(a)(3) require plan reporting to the state on various overpayment topics (whether annually or promptly). This indicator is asking the state how it monitors that reporting.	The state monitors Plans' reporting through two of the required quarterly and annual contract deliverables and the direct reporting of suspected or potential fraud, abuse and waste. Contract deliverable #1 (the FWA Audit Reports) are uploaded by Plans to the state via a secure OHA platform/portal (CCO Contract Ex. B, Part 9, Sec. 17). The OHA monitors for timely submission and performs an annual compliance review to monitor whether each report meets the contract requirements. Contract deliverable #2 (the Financial Reports) require Plans to report their recovered overpayments through OHA's SFTP site (CCO Contract Ex. L, Sec. 3). The OHA monitors for timely submission and evaluates these reports annually. In addition to these two contract deliverables, the contract requires Plans who self-identify an overpayment made by the OHA to the Plan to report the overpayment to the OHA within 60 days (Ex. B, Part 9, Sec. 11.b.15). In addition, any overpayment suspected by the Plan to be fraud, abuse or waste must be reported by the Plan to the OHA and DOJ Medicaid Fraud Control Unit (MFCU) within 7-days of identification (Ex. B, Part 9 Sec. 17.d&e. and Sec. 11.b.16.b). These direct reports of potential fraud, abuse or waste are be sent by Plans via mail, secure email, or fax (secure email is the most common method). The OHA Office of Program Integrity monitors and investigates each referral/report received from a Plan.
BX.6	**Changes in beneficiary circumstances** Describe how the state ensures timely and accurate reconciliation of enrollment files between the state and plans to ensure appropriate payments for enrollees experiencing a change in status (e.g., incarcerated, deceased, switching plans).	The state sends enrollment files to CCOs daily. When the state eligibility systems ("source systems") are updated regarding beneficiary circumstances, the state sends that update to the CCOs the following business day.

BX.7a	**Changes in provider circumstances: Monitoring plans** Does the state monitor whether plans report provider "for cause" terminations in a timely manner under 42 CFR 438.608(a)(4)? Select one.	No
BX.8a	**Federal database checks: Excluded person or entities** During the state's federal database checks, did the state find any person or entity excluded? Select one. Consistent with the requirements at 42 CFR 455.436 and 438.602, the State must confirm the identity and determine the exclusion status of the MCO, PIHP, PAHP, PCCM or PCCM entity, any subcontractor, as well as any person with an ownership or control interest, or who is an agent or managing employee of the MCO, PIHP, PAHP, PCCM or PCCM entity through routine checks of Federal databases.	No
BX.9a	**Website posting of 5 percent or more ownership control** Does the state post on its website the names of individuals and entities with 5% or more ownership or control interest in MCOs, PIHPs, PAHPs, PCCMs and PCCM entities and subcontractors? Refer to 42 CFR 438.602(g)(3) and 455.104.	Yes
BX.9b	**Website posting of 5 percent or more ownership control: Link** What is the link to the website? Refer to 42 CFR 602(g)(3).	https://www.oregon.gov/oha/hsd/ohp/pages/coordinated-care-organizations.aspx
BX.10	**Periodic audits** If the state conducted any audits during the contract year to determine the accuracy, truthfulness, and completeness of the encounter and financial data submitted by the plans, provide the link(s) to the audit results. Refer to 42 CFR 438.602(e). If no audits were	There were no formal audits conducted during the reporting years. For each Subject Month (which is based on date of service), the state analyzes the month and looks at any claims that hit an error and ensures it is corrected within the timeframe required by contract. That is done 6 months after the end of the subject month. Additionally, the state ensures that all encounter claims that hit a critical error are

	conducted, please enter "No such audits were conducted during the reporting year" as your response. "N/A" is not an acceptable response.	corrected within 63 days of posting the critical error. Pursuant to 42 CFR §438.242, OHA must ensure that each of its CCOs maintains a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollment. Furthermore, OHA must review and validate encounter data collected, maintained, and submitted by the CCOs, including encounter data submitted via their subcontracted vendors, to ensure that these data are a complete and accurate representation of the services provided to its Medicaid members. Please see pages 3-36 through 3-40, 4-76, and pages 5-1 through 5-232 of the 2024 EQR Technical Report which includes the results from the Encounter Data Validation activity carried out. The report can be found at: https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/OR2024_EQR_Technical_Report_F1_508c.pdf

Topic XIII. Prior Authorization

> ⚠ **Beginning June 2026, Indicators B.XIII.1a-b–2a-b must be completed. Submission of this data before June 2026 is optional.**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?**	Not reporting data

Section C: Program-Level Indicators

Topic I: Program Characteristics

Number	Indicator	Response
C1I.1	**Program contract** Enter the title of the contract between the state and plans participating in the managed care program.	Oregon Health Plan Amended and Restated Health Plan Services Contract • Coordinated Care Organization
N/A	Enter the date of the contract between the state and plans participating in the managed care program.	01/01/2024
C1I.2	**Contract URL** Provide the hyperlink to the model contract or landing page for executed contracts for the program reported in this program.	https://www.oregon.gov/oha/HSD/OHP/CCO/2024-M-CCO-Contract-Template.pdf
C1I.3	**Program type** What is the type of MCPs that contract with the state to provide the services covered under the program? Select one.	Managed Care Organization (MCO)
C1I.4a	**Special program benefits** Are any of the four special benefit types covered by the managed care program: (1) behavioral health, (2) long-term services and supports, (3) dental, and (4) transportation, or (5) none of the above? Select one or more. Only list the benefit type if it is a covered service as specified in a contract between the state and managed care plans participating in the program. Benefits available to eligible program enrollees via fee-for-service should not be listed here.	Behavioral health Dental Transportation
C1I.4b	**Variation in special benefits** What are any variations in the availability of special benefits within the program (e.g. by service area or population)? Enter “N/A” if not applicable.	No
C1I.5	**Program enrollment** Enter the average number of individuals enrolled in this managed care program per	1,292,231

	month during the reporting year (i.e., average member months).	
C1I.6	**Changes to enrollment or benefits** Briefly explain any major changes to the population enrolled in or benefits provided by the managed care program during the reporting year. If there were no major changes, please enter “There were no major changes to the population or benefits during the reporting year” as your response. “N/A” is not an acceptable response.	All scheduled cycles of Public Health Emergency period unwinding renewals were completed, with several thousand remaining clean-up cases to conclude in 2025. Oregon implemented a new non-Medicaid Bridge Program which includes managed care coverage for individuals up to 200% of FPL who lack access to other affordable coverage. Oregon began the first phase of implementing HRSN benefits (rent, utility or storage assistance; home modification and tenancy support services) with the goal of preventing homelessness and increasing health and safety within the home.

Topic III: Encounter Data Report

Number	Indicator	Response
C1III.1	**Uses of encounter data** For what purposes does the state use encounter data collected from managed care plans (MCPs)? Select one or more. Federal regulations require that states, through their contracts with MCPs, collect and maintain sufficient enrollee encounter data to identify the provider who delivers any item(s) or service(s) to enrollees (42 CFR 438.242(c)(1)).	Rate setting Quality/performance measurement Monitoring and reporting Policy making and decision support Other, specify – Rebate Claiming, Member Utilization
C1III.2	**Criteria/measures to evaluate MCP performance** What types of measures are used by the state to evaluate managed care plan performance in encounter data submission and correction? Select one or more. Federal regulations also require that states validate that submitted enrollee encounter data they receive is a complete and accurate representation of the services provided to enrollees under the contract between the state and the MCO, PIHP, or PAHP. 42 CFR 438.242(d).	Timeliness of initial data submissions Timeliness of data corrections Timeliness of data certifications Use of correct file formats Provider ID field complete Overall data accuracy (as determined through data validation)
C1III.3	**Encounter data performance criteria contract language** Provide reference(s) to the contract section(s) that describe the criteria by which managed care plan performance on encounter data submission and correction will be measured. Use contract section references, not page numbers.	Exhibit B, Part 8, Sections 10, 11, 12, 13 and 14

C1III.4	**Financial penalties contract language** Provide reference(s) to the contract section(s) that describes any financial penalties the state may impose on plans for the types of failures to meet encounter data submission and quality standards. Use contract section references, not page numbers.	Exhibit B, Part 8, Section 14 (c) (4) and (5)
C1III.5	**Incentives for encounter data quality** Describe the types of incentives that may be awarded to managed care plans for encounter data quality. Reply with “N/A” if the plan does not use incentives to award encounter data quality.	Exhibit B, Part 9, Sections 1-9
C1III.6	**Barriers to collecting/validating encounter data** Describe any barriers to collecting and/or validating managed care plan encounter data that the state has experienced during the reporting year. If there were no barriers, please enter “The state did not experience any barriers to collecting or validating encounter data during the reporting year” as your response. “N/A” is not an acceptable response.	Encounter data regarding HRSN services specifically was challenging due to the inclusion of atypical providers. Outside of the HRSN services, there were no barriers experienced to collecting or validating encounter data during the reporting year.

Topic IV. Appeals, State Fair Hearings & Grievances

Number	Indicator	Response
C1IV.1	**State's definition of "critical incident", as used for reporting purposes in its MLTSS program** If this report is being completed for a managed care program that covers LTSS, what is the definition that the state uses for "critical incidents" within the managed care program? Respond with "N/A" if the managed care program does not cover LTSS.	N/A
C1IV.2	**State definition of "timely" resolution for standard appeals** Provide the state's definition of timely resolution for standard appeals in the managed care program. Per 42 CFR §438.408(b)(2), states must establish a timeframe for timely resolution of standard appeals that is no longer than 30 calendar days from the day the MCO, PIHP or PAHP receives the appeal.	For standard resolution of an appeal and notice to the affected parties, the MCE shall establish a timeframe that is no longer than 16 days from the day the MCE receives the appeal: (a) If an MCE fails to adhere to the notice and timing requirements in 42 CFR § 438.408, the member is considered to have exhausted the MCE's appeals process. In this case, the member may initiate a contested case hearing; (b) The MCE may extend the timeframes by up to 14 days if: (A) The member requests the extension; or (B) The MCE shows to the satisfaction of the Authority upon its request that there is need for additional information and how the delay is in the member's interest
C1IV.3	**State definition of "timely" resolution for expedited appeals** Provide the state's definition of timely resolution for expedited appeals in the managed care program. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal.	For expedited resolution of an appeal and notice to affected parties, the MCE shall complete the review of the expedited appeal in a timeframe that is no longer than 72 hours after the MCE receives the appeal. The MCE shall: (a) Inform the member of the limited time available for receipt of materials or documentation for the review; (b) Make reasonable efforts to call the member and the provider to tell them of the resolution within 72 hours after receiving the request; (c) Mail written confirmation of the resolution to the member within three days; (d) Extend the timeframes by up to 14 days if: (A) The member requests the extension; or (B) The MCE shows (to the satisfaction of the Authority upon its request) that there is need for additional information and how the delay is in the member's interest.

C1IV.4	**State definition of "timely" resolution for grievances** Provide the state's definition of timely resolution for grievances in the managed care program. Per 42 CFR §438.408(b)(1), states must establish a timeframe for timely resolution of grievances that is no longer than 90 calendar days from the day the MCO, PIHP or PAHP receives the grievance.	For standard resolution of a grievance, the MCE shall resolve each grievance and provide notice of the disposition as expeditiously as the member's health condition requires. The MCE shall: (a) Within five business days from the date of the MCEs receipt of the grievance, notify the member in their preferred language that a decision on the grievance has been made and what that decision is; or (b) Promptly, but in no event more than five business days after the date of the MCE's receipt of the grievance, notify the member in their preferred language that there shall be a delay in the MCE's decision of up to 30 days from the date on which the grievance was received by the MCE. The written notice shall specify why the additional time is necessary.

Topic V. Availability, Accessibility and Network Adequacy

Network Adequacy

Number	Indicator	Response
C1V.1	**Gaps/challenges in network adequacy** What are the state's biggest challenges? Describe any challenges MCPs have maintaining adequate networks and meeting access standards. If the state and MCPs did not encounter any challenges, please enter "No challenges were encountered" as your response. "N/A" is not an acceptable response.	Provider workforce recruitment and retention was a primary challenge across the managed care landscape in Oregon in 2024. While compliance with state time and distance standards was high in 2024, with multiple MCEs exceeding the percentage threshold standard of 95% of members access within established time and distance standards, challenges were identified in meeting timely appointment standards for primary care and outpatient substance use disorder treatment. These challenges were identified via an EQRO-conducted revealed shopper survey with results disseminated towards the end of the calendar year. Another challenge that persists was the validity and accuracy of the provider data.
C1V.2	**State response to gaps in network adequacy** How does the state work with MCPs to address gaps in network adequacy?	In 2023 directed payments were implemented to be paid by MCEs to behavioral health providers providing culturally or linguistically specific care and those providing treatment for co-occurring disorders. OHA observed increases in the counts of mental health providers contracted with MCEs after the implementation of these directed payments. OHA worked throughout 2024 to develop a similar directed payment framework for oral health providers. The intent of these directed payments is to enhance oral health provider recruitment and retention. These payments were developed and implemented in response to difficulties recruiting and retaining oral health providers serving Medicaid-beneficiaries. In response to challenges surrounding network data quality and reporting on MCE networks, OHA allocated additional resources to network data analytics, with a focus on data quality and reporting. OHA also provided technical assistance to MCEs in 2024 related to data quality and reporting. These technical assistance sessions also included a focus on strategies and interventions to close identified network adequacy gaps as well as effective monitoring of member need for those service or provider types where a gap exists. Effective January 1, 2025, OHA implemented more meaningful time and distance standards and clarified network monitoring requirements of

	MCEs described in Oregon Administrative Rule. These expanded standards included additional provider types and clarified expectations related to monitoring of services for adult members and pediatric members.

Access Measures

Describe the measures the state uses to monitor availability, accessibility, and network adequacy. Report at the program level.

Revisions to the Medicaid managed care regulations in 2016 and 2020 built on existing requirements that managed care plans maintain provider networks sufficient to ensure adequate access to covered services by: (1) requiring states to develop quantitative network adequacy standards for at least eight specified provider types if covered under the contract, and to make these standards available online; (2) strengthening network adequacy monitoring requirements; and (3) addressing the needs of people with long-term care service needs (42 CFR 438.66; 42 CFR 438.68).

42 CFR 438.66(e) specifies that the MCPAR must provide information on and an assessment of the availability and accessibility of covered services within the MCO, PHIP, or PAHP contracts, including network adequacy standards for each managed care program.

Access measure total count: 90

Complete

C2.V.3 Standard type: Maximum time or distance

1 / 90

C2.V.2 Measure standard

95% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary Care Dentist (PCD)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Mental Health Provider (MH Provider)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Substance use Disorder Provider (SUD Provider)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

5 / 90

C2.V.2 Measure standard

95% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pharmacy (Rx)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	All MCE enrollees. No stratification by age.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

6 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Cardiology (CRD)	Large Urban: Conjoined urban	Adult and pediatric

areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

7 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Neurology (NEUR)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a	Adult and pediatric

population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

8 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Obstetrics/Gynecology (OB/GYN)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area	All MCE enrollees. No stratification by age.

with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

9 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Occupational Therapy (OT)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a	Adult and pediatric

city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

10 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Medical Oncology (M-ONC)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban	Adult and pediatric

area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiation Oncology (R-ONC)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer	Adult and pediatric

people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Opthalmology (OPH)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Optometry (OPT)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Physical Therapy (PT)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Podiatry (POD)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Psychiatry (PSYC)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

17 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Speech Language Pathology (SLP)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum distance to travel

18 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Durable Medical Equipment (DME)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	All MCE enrollees. No stratification by age.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

19 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hospital	Large Urban: Conjoined urban	All MCE enrollees. No stratification by

areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

age.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

20 / 90

C2.V.2 Measure standard

95% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Methadone Clinic (MTD)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a	All MCE enrollees. No stratification by age.

population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

21 / 90

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Allergy & Immunology (ALIM)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area	Adult and pediatric

with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

22 / 90

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dermatology (DERM)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An	Adult and pediatric

area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Endocrinology (END)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme	Adult and pediatric

Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

24 / 90

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Gastroenterology (GST)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer	Adult and pediatric

people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hematology (HEM)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Nephrology (NEPH)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Otolaryngology (OTO)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pulmonology (PULM)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Rheumatology (RHEUM)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

30 / 90

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Urology (URO)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

31 / 90

C2.V.2 Measure standard

95% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Skilled Nursing Provider (SNF)	Large Urban: Conjoined urban areas with a total population of at least 1 million people or with a population density greater than 1,000 people per square mile. Urban: An area with greater than 40,000 people within a 10-mile radius of a city center. Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	All MCE enrollees. No stratification by age.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Appointment wait time

32 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment either immediately or referred to an emergency department depending on the member's condition

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Emergency Care	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

33 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 72 hours

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Urgent Care	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Appointment wait time

34 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 4 weeks

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Well Care	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Appointment wait time

35 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 24 hours

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dental Emergency	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

36 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 2 weeks

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Urgent Dental Care	Statewide	Adult and pediatric (not pregnant)

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

37 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 8 weeks

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Routine Oral Care	Statewide	Adult and pediatric (not pregnant)

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

38 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 1 week

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Urgent Dental Care	Statewide	Pregnant Individuals

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

39 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 4 weeks

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Routine Oral Care	Statewide	Pregnant Individuals

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

40 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment within 24 hours

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Urgent Behavioral Health	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

41 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for an appointment immediately, or placed on a waitlist and provided interim services within 72 hours and care must commence within 120 days from placement on a waitlist

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
	Statewide	

Specialty Behavioral Health		Priority Populations: Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or tuberculosis, individuals at the risk of first episode psychosis and the I/DD population

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

42 / 90

C2.V.2 Measure standard

Members shall be seen, treated, or referred for assessment and entry with admission for treatment in a residential level of care within 14 days, or within 120 days from placement on a waitlist

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty Behavioral Health	Statewide	IV Drug Users

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

C2.V.2 Measure standard

Members shall receive assessment and entry within 72 hours

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty Behavioral Health - Opioid use disorder	Statewide	Priority Populations: Pregnant women, veterans and their families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or tuberculosis, individuals at the risk of first episode psychosis and the I/DD population

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

C2.V.2 Measure standard

Members shall receive assessment and entry as quickly as possible, not to exceed 72 hours

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Specialty Behavioral Health - Medication assisted treatment	Statewide	Priority Populations: Pregnant women, veterans and their

families, women with children, unpaid caregivers, families, and children ages birth through five years, individuals with HIV/AIDS or tuberculosis, individuals at the risk of first episode psychosis and the I/DD population

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Appointment wait time

45 / 90

C2.V.2 Measure standard

Members shall receive assessment within 7 days of the request with 2nd appointment occuring as clinically appropriate

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Routine behavioral health	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Hours of operation

46 / 90

C2.V.2 Measure standard

Providers offer hours of operation to Members that are no less than those offered to non-Members.

C2.V.1 General category

General quantitative availability and accessibility standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
All provider types	Statewide	Adult and pediatric

C2.V.7 Monitoring Methods

Other, specify

C2.V.8 Frequency of oversight methods

Less than annually

Complete

C2.V.3 Standard type: Maximum time or distance

47 / 90

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Allergy & Immunology	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

48 / 90

C2.V.2 Measure standard

43% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Allergy & Immunology	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

49 / 90

C2.V.2 Measure standard

92% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Cardiology (CRD)	MCE: AllCare CCO Rural: An area greater than 10 miles from the	Adult and pediatric

center of an urban area.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

50 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Cardiology (CRD)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

51 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Cardiology (CRD)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

52 / 90

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Dermatology (DERM)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Endocrinology (END)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Endocrinology (END)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

55 / 90

C2.V.2 Measure standard

92% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Gastroenterology (GST)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

56 / 90

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Gastroenterology (GST)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

57 / 90

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Gastroenterology (GST)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

92% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hematology (HEM)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hematology (HEM)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

60 / 90

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Hematology (HEM)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

61 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Medical Oncology (M-ONC)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

62 / 90

C2.V.2 Measure standard

0% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Medical Oncology (M-ONC)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

63 / 90

C2.V.2 Measure standard

90% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Mental Health Provider (MH Provider)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

64 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Methadone Clinic (MTD)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

65 / 90

C2.V.2 Measure standard

55% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Methadone Clinic (MTD)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

66 / 90

C2.V.2 Measure standard

40% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Methadone Clinic (MTD)	MCE: Pacific Source - Columbia Gorge Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

67 / 90

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Nephrology (NEPH)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

C2.V.3 Standard type: Maximum time or distance

68 / 90

Complete

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Nephrology (NEPH)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

69 / 90

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Nephrology (NEPH)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

70 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Neurology (NEUR)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

71 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Neurology (NEUR)	MCE: Advanced Health Rural: An area	Pediatric

greater than 10 miles from the center of an urban area.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

72 / 90

C2.V.2 Measure standard

84% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Neurology (NEUR)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

C2.V.3 Standard type: Maximum time or distance

73 / 90

Complete

C2.V.2 Measure standard

90% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Otolaryngology (OTO)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

74 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Physical Therapy (PT)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban	Adult and pediatric

area. Extreme Access: County with a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

75 / 90

C2.V.2 Measure standard

86% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Podiatry (POD)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

88% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary Care Dentist (PCD)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

C2.V.2 Measure standard

94% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Primary care	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with	Adult and pediatric

a population density of 10 or fewer people per square mile.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

78 / 90

C2.V.2 Measure standard

92% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Psychiatry (PSYC)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

79 / 90

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban

area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pulmonology (PULM)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

80 / 90

C2.V.2 Measure standard

70% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Pulmonology (PULM)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

81 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiation Oncology (R-ONC)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

82 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population

Radiation Oncology (R-ONC)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

83 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiation Oncology (R-ONC)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

84 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Radiation Oncology (R-ONC)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

85 / 90

C2.V.2 Measure standard

66% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Rheumatology (RHEUM)	MCE: AllCare CCO Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

86 / 90

C2.V.2 Measure standard

0% of member access within: 30 minutes or 15 miles (if member resides in Large Urban area); 45 minutes or 30 miles (if member resides in Urban area); 110 minutes or 90 miles (if member resides in Rural area); or 140 minutes or 125 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Rheumatology (RHEUM)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

87 / 90

C2.V.2 Measure standard

85% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Speech Language Pathology (SLP)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Adult

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

88 / 90

C2.V.2 Measure standard

90% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Speech Language Pathology (SLP)	MCE: Advanced Health Rural: An area greater than 10 miles from the center of an urban area.	Pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

89 / 90

C2.V.2 Measure standard

84% of member access within: 20 minutes or 10 miles (if member resides in Large Urban area); 30 minutes or 20 miles (if member resides in Urban area); 75 minutes or 60 miles (if member resides in Rural area); or 95 minutes or 85 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Speech Language Pathology (SLP)	MCE: Eastern Oregon CCO Rural: An area greater than 10 miles from the center of an urban area. Extreme Access: County with a population density of 10 or fewer people per square mile.	Adult and pediatric

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Complete

C2.V.3 Standard type: Maximum time or distance

90 / 90

C2.V.2 Measure standard

65% of member access within: 10 minutes or 5 miles (if member resides in Large Urban area); 25 minutes or 15 miles (if member resides in Urban area); 30 minutes or 20 miles (if member resides in Rural area); or 40 minutes or 30 miles (if member resides in Extreme Access Area)

C2.V.1 General category

Exception to quantitative standard

C2.V.4 Provider	C2.V.5 Region	C2.V.6 Population
Substance Use Disorder Provider (SUD Provider)	MCE: Advanced Health Rural: An area greater than 10 miles from the	Adult and pediatric

center of an urban area.

C2.V.7 Monitoring Methods

Geomapping

C2.V.8 Frequency of oversight methods

Annually

Topic IX: Beneficiary Support System (BSS)

Number	Indicator	Response
C1IX.1	**BSS website** List the website(s) and/or email address(es) that beneficiaries use to seek assistance from the BSS through electronic means. Separate entries with commas.	OHA.OmbudsOffice@odhsoha.oregon.gov OHA.OmbudsOffice@odhsoha.oregon.gov 1-877-642-0450 - Message line only TTY 711 FAX: 1-503-934-5023 Language Access OHA Ombuds Program 500 Summer Street NE, E20 Salem, OR 97301
C1IX.2	**BSS auxiliary aids and services** How do BSS entities offer services in a manner that is accessible to all beneficiaries who need their services, including beneficiaries with disabilities, as required by 42 CFR 438.71(b)(2))? CFR 438.71 requires that the beneficiary support system be accessible in multiple ways including phone, Internet, in-person, and via auxiliary aids and services when requested.	Phone line recorded message has 14 languages; website info available in 14 languages ASL, Vietnamese, Spanish, Arabic speakers on team. Phone interpreters used for other languages. Clients are asked their preferred communication form (language and method). Additional communication needs documented and implemented based on client need and/or preference.
C1IX.3	**BSS LTSS program data** How do BSS entities assist the state with identifying, remediating, and resolving systemic issues based on a review of LTSS program data such as grievances and appeals or critical incident data? Refer to 42 CFR 438.71(d)(4).	Ombuds Program is statutorily required to produce quarterly reports with Ombuds Program data and recommendations for systems improvement. These can be found on the Ombuds website. https://www.oregon.gov/oha/erd/pages/ombuds-reports.aspx
C1IX.4	**State evaluation of BSS entity performance** What are steps taken by the state to evaluate the quality, effectiveness, and efficiency of the BSS entities' performance?	The state uses the Ombuds quarterly reports to evaluate quality, effectiveness, and efficiency.

Topic X: Program Integrity

Number	Indicator	Response
C1X.3	**Prohibited affiliation disclosure** Did any plans disclose prohibited affiliations? If the state took action, enter those actions under D: Plan-level Indicators, Section VIII - Sanctions (Corresponds with Tab D3 in the Excel Workbook). Refer to 42 CFR 438.610(d).	No

Topic XII. Mental Health and Substance Use Disorder Parity

Number	Indicator	Response
C1XII.4	**Does this program include MCOs?** If "Yes", please complete the following questions.	Yes
C1XII.5	**Are ANY services provided to MCO enrollees by a PIHP, PAHP, or FFS delivery system?** (i.e. some services are delivered via fee for service (FFS), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) delivery system)	No
C1XII.6	**Did the State or MCOs complete the most recent parity analysis(es)?**	State
C1XII.7a	**Have there been any events in the reporting period that necessitated an update to the parity analysis(es)?** (e.g. changes in benefits, quantitative treatment limits (QTLs), non-quantitative treatment limits (NQTLs), or financial requirements; the addition of a new managed care plan (MCP) providing services to MCO enrollees; and/or deficiencies corrected)	No
C1XII.8	**When was the last parity analysis(es) for this program completed?** States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state completed its most recent summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date any MCO sent the state its parity analysis (the state may have multiple reports, one for each MCO).	12/20/2024
C1XII.9	**When was the last parity analysis(es) for this program**	04/30/2025

	submitted to CMS? States with ANY services provided to MCO enrollees by an entity other than an MCO should report the date the state's most recent summary parity analysis report was submitted to CMS. States with NO services provided to MCO enrollees by an entity other than an MCO should report the most recent date the state submitted any MCO's parity report to CMS (the state may have multiple parity reports, one for each MCO).	
C1XII.10a	**In the last analysis(es) conducted, were any deficiencies identified?**	Yes
C1XII.10b	**In the last analysis(es) conducted, describe all deficiencies identified.**	HSAG was unable to assess HSO for compliance with MHP requirements due to the lack of sufficient documentation from a subcontractor, resulting in a Partially Compliant rating. HSO was found to be Partially Compliant with the Pharmacy Management - formulary design NQTL Requirement. The CCO did not provide documentation related to its rationale for the assignment of the NQTL (i.e., prescription drug formulary), procedures used for the development of the formulary (e.g., individuals involved in formulary development, professional guidelines used, and how often the formulary is reviewed and updated or by whom), or how frequently or strictly the NQTL is applied (e.g., ability of the provider to request an exception).
C1XII.11a	**As of the end of this reporting period, have these deficiencies been resolved for all plans?**	No

C1XII.11b	**If deficiencies have not been resolved, select all that apply.**	Other, specify – HSO had lack of sufficient documentation from a subcontractor. They will need to provide supporting documentation to identify processes, strategies, evidentiary standards, and other factors that are used in formulary design and the application for prescription drugs. This documentation should be provided with their 2025 submission.
C1XII.12a	**Has the state posted the current parity analysis(es) covering this program on its website?** The current parity analysis/analyses must be posted on the state Medicaid program website. States with ANY services provided to MCO enrollees by an entity other than MCO should have a single state summary parity analysis report. States with NO services provided to MCO enrollees by an entity other than the MCO may have multiple parity reports (by MCO), in which case all MCOs' separate analyses must be posted. A "Yes" response means that the parity analysis for either the state or for ALL MCOs has been posted.	Yes
C1XII.12b	**Provide the URL link(s).** Response must be a valid hyperlink/URL beginning with "http://" or "https://". Separate links with commas.	https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/2024-MHP-Report.pdf,https://www.oregon.gov/oha/HSD/OHP/DataReportsDocs/2024-MHP-Report0425.pdf

Section D: Plan-Level Indicators

Topic I. Program Characteristics & Enrollment

Number	Indicator	Response

D1I.1	**Plan enrollment** Enter the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months).	**Advanced Health** 26,585 **AllCare CCO** 62,743 **Cascade Health Alliance** 25,454 **Columbia Pacific CCO** 35,559 **Eastern Oregon CCO** 74,651 **Health Share of Oregon** 434,053 **InterCommunity Health Network CCO** 80,212 **Jackson Care Connect** 63,363 **Pacific Source - Central Oregon Region** 73,333 **Pacific Source - Columbia Gorge Region** 17,766 **Pacific Source - Lane** 89,028 **Pacific Source - Marion/Polk** 147,501 **Trillium Community Health Plan - Southwest** 33,810 **Trillium Community Health Plan - Tri-County** 55,929 **Umpqua Health Alliance** 37,176 **Yamhill Community Care** 35,069
D1I.2	**Plan share of Medicaid**	**Advanced Health**

What is the plan enrollment (within the specific program) as a percentage of the state's total Medicaid enrollment?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid enrollment (B.I.1)

1.8%

AllCare CCO

4.4%

Cascade Health Alliance

1.8%

Columbia Pacific CCO

2.5%

Eastern Oregon CCO

5.2%

Health Share of Oregon

30.1%

InterCommunity Health Network CCO

5.6%

Jackson Care Connect

4.4%

Pacific Source - Central Oregon Region

5.1%

Pacific Source - Columbia Gorge Region

1.2%

Pacific Source - Lane

6.2%

Pacific Source - Marion/Polk

10.2%

Trillium Community Health Plan - Southwest

2.3%

Trillium Community Health Plan - Tri-County

3.9%

Umpqua Health Alliance

2.6%

Yamhill Community Care

2.4%

D1I.3

Plan share of any Medicaid managed care

Advanced Health

2.1%

What is the plan enrollment (regardless of program) as a percentage of total Medicaid enrollment in any type of managed care?

- Numerator: Plan enrollment (D1.I.1)
- Denominator: Statewide Medicaid managed care enrollment (B.I.2)

AllCare CCO

4.9%

Cascade Health Alliance

2%

Columbia Pacific CCO

2.8%

Eastern Oregon CCO

5.8%

Health Share of Oregon

33.6%

InterCommunity Health Network CCO

6.2%

Jackson Care Connect

4.9%

Pacific Source - Central Oregon Region

5.7%

Pacific Source - Columbia Gorge Region

1.4%

Pacific Source - Lane

6.9%

Pacific Source - Marion/Polk

11.4%

Trillium Community Health Plan - Southwest

2.6%

Trillium Community Health Plan - Tri-County

4.3%

Umpqua Health Alliance

2.9%

Yamhill Community Care

2.7%

Topic II. Financial Performance

Number	Indicator	Response

D1II.1a	**Medical Loss Ratio (MLR)** What is the MLR percentage? Per 42 CFR 438.66(e)(2)(i), the Managed Care Program Annual Report must provide information on the Financial performance of each MCO, PIHP, and PAHP, including MLR experience. If MLR data are not available for this reporting period due to data lags, enter the MLR calculated for the most recently available reporting period and indicate the reporting period in item D1.II.3 below. See Glossary in Excel Workbook for the regulatory definition of MLR. Write MLR as a percentage: for example, write 92% rather than 0.92.	**Advanced Health** 96.15% **AllCare CCO** 99.92% **Cascade Health Alliance** 92.84% **Columbia Pacific CCO** 96.79% **Eastern Oregon CCO** 95.74% **Health Share of Oregon** 96.64% **InterCommunity Health Network CCO** 99.7% **Jackson Care Connect** 95.29% **Pacific Source - Central Oregon Region** 93.71% **Pacific Source - Columbia Gorge Region** 96.49% **Pacific Source - Lane** 91.9% **Pacific Source - Marion/Polk** 90.74% **Trillium Community Health Plan - Southwest** 92.45% **Trillium Community Health Plan - Tri-County** 80.89% **Umpqua Health Alliance** 91.3% **Yamhill Community Care** 95.76%
D1II.1b	**Level of aggregation**	**Advanced Health**

What is the aggregation level that best describes the MLR being reported in the previous indicator? Select one.
As permitted under 42 CFR 438.8(i), states are allowed to aggregate data for reporting purposes across programs and populations.

Statewide all programs & populations

AllCare CCO

Statewide all programs & populations

Cascade Health Alliance

Statewide all programs & populations

Columbia Pacific CCO

Statewide all programs & populations

Eastern Oregon CCO

Statewide all programs & populations

Health Share of Oregon

Statewide all programs & populations

InterCommunity Health Network CCO

Statewide all programs & populations

Jackson Care Connect

Statewide all programs & populations

Pacific Source - Central Oregon Region

Statewide all programs & populations

Pacific Source - Columbia Gorge Region

Statewide all programs & populations

Pacific Source - Lane

Statewide all programs & populations

Pacific Source - Marion/Polk

Statewide all programs & populations

Trillium Community Health Plan - Southwest

Statewide all programs & populations

Trillium Community Health Plan - Tri-County

Statewide all programs & populations

Umpqua Health Alliance

Statewide all programs & populations

Yamhill Community Care

Statewide all programs & populations

D1II.2	**Population specific MLR description** Does the state require plans to submit separate MLR calculations for specific populations served within this program, for example, MLTSS or Group VIII expansion enrollees? If so, describe the populations here. Enter "N/A" if not applicable. See glossary for the regulatory definition of MLR.	**Advanced Health** N/A **AllCare CCO** N/A **Cascade Health Alliance** N/A **Columbia Pacific CCO** N/A **Eastern Oregon CCO** N/A **Health Share of Oregon** N/A **InterCommunity Health Network CCO** N/A **Jackson Care Connect** N/A **Pacific Source - Central Oregon Region** N/A **Pacific Source - Columbia Gorge Region** N/A **Pacific Source - Lane** N/A **Pacific Source - Marion/Polk** N/A **Trillium Community Health Plan - Southwest** N/A **Trillium Community Health Plan - Tri-County**

N/A

Umpqua Health Alliance

N/A

Yamhill Community Care

N/A

D1II.3

MLR reporting period discrepancies

Does the data reported in item D1.II.1a cover a different time period than the MCPAR report?

Advanced Health

Yes

AllCare CCO

Yes

Cascade Health Alliance

Yes

Columbia Pacific CCO

Yes

Eastern Oregon CCO

Yes

Health Share of Oregon

Yes

InterCommunity Health Network CCO

Yes

Jackson Care Connect

Yes

Pacific Source - Central Oregon Region

Yes

Pacific Source - Columbia Gorge Region

Yes

Pacific Source - Lane

Yes

		Pacific Source - Marion/Polk Yes **Trillium Community Health Plan - Southwest** Yes **Trillium Community Health Plan - Tri-County** Yes **Umpqua Health Alliance** Yes **Yamhill Community Care** Yes
N/A	Enter the start date.	**Advanced Health** 01/01/2023 **AllCare CCO** 01/01/2023 **Cascade Health Alliance** 01/01/2023 **Columbia Pacific CCO** 01/01/2023 **Eastern Oregon CCO** 01/01/2023 **Health Share of Oregon** 01/01/2023 **InterCommunity Health Network CCO** 01/01/2023 **Jackson Care Connect** 01/01/2023 **Pacific Source - Central Oregon Region** 01/01/2023 **Pacific Source - Columbia Gorge Region** 01/01/2023 **Pacific Source - Lane**

		01/01/2023 **Pacific Source - Marion/Polk** 01/01/2023 **Trillium Community Health Plan - Southwest** 01/01/2023 **Trillium Community Health Plan - Tri-County** 01/01/2023 **Umpqua Health Alliance** 01/01/2023 **Yamhill Community Care** 01/01/2023
N/A	Enter the end date.	**Advanced Health** 12/31/2023 **AllCare CCO** 12/31/2023 **Cascade Health Alliance** 12/31/2023 **Columbia Pacific CCO** 12/31/2023 **Eastern Oregon CCO** 12/31/2023 **Health Share of Oregon** 12/31/2023 **InterCommunity Health Network CCO** 12/31/2023 **Jackson Care Connect** 12/31/2023 **Pacific Source - Central Oregon Region** 12/31/2023 **Pacific Source - Columbia Gorge Region** 12/31/2023 **Pacific Source - Lane** 12/31/2023

Pacific Source - Marion/Polk

12/31/2023

Trillium Community Health Plan - Southwest

12/31/2023

Trillium Community Health Plan - Tri-County

12/31/2023

Umpqua Health Alliance

12/31/2023

Yamhill Community Care

12/31/2023

Topic III. Encounter Data

Number	Indicator	Response
D1III.1	**Definition of timely encounter data submissions** Describe the state's standard for timely encounter data submissions used in this program. If reporting frequencies and standards differ by type of encounter within this program, please explain.	**Advanced Health** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **AllCare CCO** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Cascade Health Alliance** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Columbia Pacific CCO** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Eastern Oregon CCO** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Health Share of Oregon** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **InterCommunity Health Network CCO** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Jackson Care Connect** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Pacific Source - Central Oregon Region** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Pacific Source - Columbia Gorge Region** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Pacific Source - Lane** Encounter Data must be submitted within 45 days of the date of adjudication of the claim. **Pacific Source - Marion/Polk** Encounter Data must be submitted within 45 days of the date of adjudication of the claim.

Trillium Community Health Plan - Southwest

Encounter Data must be submitted within 45 days of the date of adjudication of the claim.

Trillium Community Health Plan - Tri-County

Encounter Data must be submitted within 45 days of the date of adjudication of the claim.

Umpqua Health Alliance

Encounter Data must be submitted within 45 days of the date of adjudication of the claim.

Yamhill Community Care

Encounter Data must be submitted within 45 days of the date of adjudication of the claim.

D1III.2

Share of encounter data submissions that met state's timely submission requirements

What percent of the plan's encounter data file submissions (submitted during the reporting year) met state requirements for timely submission? If the state has not yet received any encounter data file submissions for the entire contract year when it submits this report, the state should enter here the percentage of encounter data submissions that were compliant out of the file submissions it has received from the managed care plan for the reporting year.

Advanced Health

99%

AllCare CCO

99%

Cascade Health Alliance

99%

Columbia Pacific CCO

99%

Eastern Oregon CCO

98%

Health Share of Oregon

99%

InterCommunity Health Network CCO

99%

Jackson Care Connect

99%

Pacific Source - Central Oregon Region

99%

Pacific Source - Columbia Gorge Region

99%

Pacific Source - Lane

99%

Pacific Source - Marion/Polk

99%

Trillium Community Health Plan - Southwest

99%

Trillium Community Health Plan - Tri-County

99%

Umpqua Health Alliance

99%

Yamhill Community Care

99%

D1III.3

Share of encounter data submissions that were HIPAA compliant

What percent of the plan's encounter data submissions (submitted during the reporting year) met state requirements for HIPAA compliance?
If the state has not yet received encounter data submissions for the entire contract period when it submits this report, enter here percentage of encounter data submissions that were compliant out of the proportion received from the managed care plan for the reporting year.

Advanced Health

100%

AllCare CCO

100%

Cascade Health Alliance

100%

Columbia Pacific CCO

100%

Eastern Oregon CCO

100%

Health Share of Oregon

100%

InterCommunity Health Network CCO

100%

Jackson Care Connect

100%

Pacific Source - Central Oregon Region

100%

Pacific Source - Columbia Gorge Region

100%

Pacific Source - Lane

100%

Pacific Source - Marion/Polk

100%

Trillium Community Health Plan - Southwest

100%

Trillium Community Health Plan - Tri-County

100%

Umpqua Health Alliance

100%

Yamhill Community Care

100%

Topic IV. Appeals, State Fair Hearings & Grievances

> ⚠ **Beginning June 2025, Indicators D1.IV.1a-c must be completed. Submission of this data before June 2025 is optional; if you choose not to respond prior to June 2025, enter "N/A".**

Appeals Overview

Number	Indicator	Response

D1IV.1	**Appeals resolved (at the plan level)** Enter the total number of appeals resolved during the reporting year. An appeal is "resolved" at the plan level when the plan has issued a decision, regardless of whether the decision was wholly or partially favorable or adverse to the beneficiary, and regardless of whether the beneficiary (or the beneficiary's representative) chooses to file a request for a State Fair Hearing or External Medical Review.	**Advanced Health** 211 **AllCare CCO** 433 **Cascade Health Alliance** 240 **Columbia Pacific CCO** 112 **Eastern Oregon CCO** 600 **Health Share of Oregon** 1,604 **InterCommunity Health Network CCO** 887 **Jackson Care Connect** 291 **Pacific Source - Central Oregon Region** 506 **Pacific Source - Columbia Gorge Region** 93 **Pacific Source - Lane** 818 **Pacific Source - Marion/Polk** 880 **Trillium Community Health Plan - Southwest** 340 **Trillium Community Health Plan - Tri-County** 378 **Umpqua Health Alliance** 273 **Yamhill Community Care** 140
D1IV.1a	**Appeals denied**	**Advanced Health**

		Enter the total number of appeals resolved during the reporting period (D1.IV.1) that were denied (adverse) to the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.	8 **AllCare CCO** 18 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 14 **Eastern Oregon CCO** 162 **Health Share of Oregon** 85 **InterCommunity Health Network CCO** 2 **Jackson Care Connect** 15 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 4 **Pacific Source - Lane** 33 **Pacific Source - Marion/Polk** 1 **Trillium Community Health Plan - Southwest** 9 **Trillium Community Health Plan - Tri-County** 7 **Umpqua Health Alliance** 15 **Yamhill Community Care** 6
D1IV.1b	**Appeals resolved in partial favor of enrollee**		**Advanced Health** 5

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in partial favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.

AllCare CCO

2

Cascade Health Alliance

0

Columbia Pacific CCO

3

Eastern Oregon CCO

1

Health Share of Oregon

34

InterCommunity Health Network CCO

19

Jackson Care Connect

9

Pacific Source - Central Oregon Region

7

Pacific Source - Columbia Gorge Region

2

Pacific Source - Lane

3

Pacific Source - Marion/Polk

12

Trillium Community Health Plan - Southwest

2

Trillium Community Health Plan - Tri-County

11

Umpqua Health Alliance

4

Yamhill Community Care

2

D1IV.1c

Appeals resolved in favor of enrollee

Enter the total number of appeals (D1.IV.1) resolved during the reporting period in

Advanced Health

64

AllCare CCO

favor of the enrollee. If you choose not to respond prior to June 2025, enter “N/A”.

161

Cascade Health Alliance

126

Columbia Pacific CCO

54

Eastern Oregon CCO

274

Health Share of Oregon

664

InterCommunity Health Network CCO

393

Jackson Care Connect

133

Pacific Source - Central Oregon Region

123

Pacific Source - Columbia Gorge Region

23

Pacific Source - Lane

238

Pacific Source - Marion/Polk

214

Trillium Community Health Plan - Southwest

229

Trillium Community Health Plan - Tri-County

246

Umpqua Health Alliance

119

Yamhill Community Care

73

D1IV.2

Active appeals

Enter the total number of appeals still pending or in process (not yet resolved) as of the end of the reporting year.

Advanced Health

0

AllCare CCO

0

Cascade Health Alliance

0

Columbia Pacific CCO

0

Eastern Oregon CCO

0

Health Share of Oregon

0

InterCommunity Health Network CCO

0

Jackson Care Connect

0

Pacific Source - Central Oregon Region

0

Pacific Source - Columbia Gorge Region

0

Pacific Source - Lane

0

Pacific Source - Marion/Polk

0

Trillium Community Health Plan - Southwest

0

Trillium Community Health Plan - Tri-County

0

Umpqua Health Alliance

0

Yamhill Community Care

0

D1IV.3

Appeals filed on behalf of LTSS users

Enter the total number of appeals filed during the reporting year by or on behalf of LTSS users. Enter "N/A" if not applicable.
An LTSS user is an enrollee who received at least one LTSS

Advanced Health

N/A

AllCare CCO

N/A

Cascade Health Alliance

service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the appeal was filed).

N/A

Columbia Pacific CCO

N/A

Eastern Oregon CCO

N/A

Health Share of Oregon

N/A

InterCommunity Health Network CCO

N/A

Jackson Care Connect

N/A

Pacific Source - Central Oregon Region

N/A

Pacific Source - Columbia Gorge Region

N/A

Pacific Source - Lane

N/A

Pacific Source - Marion/Polk

N/A

Trillium Community Health Plan - Southwest

N/A

Trillium Community Health Plan - Tri-County

N/A

Umpqua Health Alliance

N/A

Yamhill Community Care

N/A

D1IV.4

Number of critical incidents filed during the reporting year by (or on behalf of) an LTSS user who previously filed an appeal

For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who

Advanced Health

N/A

AllCare CCO

N/A

Cascade Health Alliance

N/A

previously filed appeals in the reporting year. If the managed care plan does not cover LTSS, enter "N/A".
Also, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, enter "N/A".
The appeal and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the appeal need to have been filed in relation to delivery of LTSS — they may have been filed for any reason, related to any service received (or desired) by an LTSS user.
To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed an appeal during the reporting year, and whether the filing of the appeal preceded the filing of the critical incident.

Columbia Pacific CCO

N/A

Eastern Oregon CCO

N/A

Health Share of Oregon

N/A

InterCommunity Health Network CCO

N/A

Jackson Care Connect

N/A

Pacific Source - Central Oregon Region

N/A

Pacific Source - Columbia Gorge Region

N/A

Pacific Source - Lane

N/A

Pacific Source - Marion/Polk

N/A

Trillium Community Health Plan - Southwest

N/A

Trillium Community Health Plan - Tri-County

N/A

Umpqua Health Alliance

N/A

Yamhill Community Care

N/A

D1IV.5a

Standard appeals for which timely resolution was provided

Enter the total number of standard appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(2) for requirements related to timely resolution of standard appeals.

Advanced Health

206

AllCare CCO

413

Cascade Health Alliance

239

Columbia Pacific CCO

111

Eastern Oregon CCO

599

Health Share of Oregon

1,582

InterCommunity Health Network CCO

529

Jackson Care Connect

290

Pacific Source - Central Oregon Region

503

Pacific Source - Columbia Gorge Region

89

Pacific Source - Lane

799

Pacific Source - Marion/Polk

837

Trillium Community Health Plan - Southwest

336

Trillium Community Health Plan - Tri-County

375

Umpqua Health Alliance

272

Yamhill Community Care

137

D1IV.5b

Expedited appeals for which timely resolution was provided

Enter the total number of expedited appeals for which timely resolution was provided by plan within the reporting year.
See 42 CFR §438.408(b)(3) for requirements related to timely resolution of standard appeals.

Advanced Health

19

AllCare CCO

7

Cascade Health Alliance

49

Columbia Pacific CCO

14

Eastern Oregon CCO

107

Health Share of Oregon

164

InterCommunity Health Network CCO

34

Jackson Care Connect

46

Pacific Source - Central Oregon Region

63

Pacific Source - Columbia Gorge Region

15

Pacific Source - Lane

110

Pacific Source - Marion/Polk

109

Trillium Community Health Plan - Southwest

73

Trillium Community Health Plan - Tri-County

96

Umpqua Health Alliance

33

Yamhill Community Care

3

D1IV.6a	**Resolved appeals related to denial of authorization or limited authorization of a service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of authorization for a service not yet rendered or limited authorization of a service. (Appeals related to denial of payment for a service already rendered should be counted in indicator D1.IV.6c).	**Advanced Health** 166 **AllCare CCO** 360 **Cascade Health Alliance** 271 **Columbia Pacific CCO** 86 **Eastern Oregon CCO** 495 **Health Share of Oregon** 1,180 **InterCommunity Health Network CCO** 162 **Jackson Care Connect** 272 **Pacific Source - Central Oregon Region** 278 **Pacific Source - Columbia Gorge Region** 25 **Pacific Source - Lane** 389 **Pacific Source - Marion/Polk** 571 **Trillium Community Health Plan - Southwest** 303 **Trillium Community Health Plan - Tri-County** 353 **Umpqua Health Alliance** 307 **Yamhill Community Care** 91

D1IV.6b	**Resolved appeals related to reduction, suspension, or termination of a previously authorized service** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's reduction, suspension, or termination of a previously authorized service.	**Advanced Health** 0 **AllCare CCO** 7 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 0 **Health Share of Oregon** 1 **InterCommunity Health Network CCO** 6 **Jackson Care Connect** 0 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 0 **Pacific Source - Marion/Polk** 0 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

D1IV.6c	**Resolved appeals related to payment denial** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial, in whole or in part, of payment for a service that was already rendered.	**Advanced Health** 50 **AllCare CCO** 12 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 26 **Eastern Oregon CCO** 90 **Health Share of Oregon** 416 **InterCommunity Health Network CCO** 142 **Jackson Care Connect** 72 **Pacific Source - Central Oregon Region** 548 **Pacific Source - Columbia Gorge Region** 63 **Pacific Source - Lane** 632 **Pacific Source - Marion/Polk** 658 **Trillium Community Health Plan - Southwest** 37 **Trillium Community Health Plan - Tri-County** 24 **Umpqua Health Alliance** 9 **Yamhill Community Care** 49

D1IV.6d	**Resolved appeals related to service timeliness** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to provide services in a timely manner (as defined by the state).	**Advanced Health** 0 **AllCare CCO** 0 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 1 **Health Share of Oregon** 0 **InterCommunity Health Network CCO** 1 **Jackson Care Connect** 0 **Pacific Source - Central Oregon Region** 5 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 2 **Pacific Source - Marion/Polk** 1 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

D1IV.6e	**Resolved appeals related to lack of timely plan response to an appeal or grievance** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's failure to act within the timeframes provided at 42 CFR §438.408(b)(1) and (2) regarding the standard resolution of grievances and appeals.	**Advanced Health** 0 **AllCare CCO** 2 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 0 **Health Share of Oregon** 0 **InterCommunity Health Network CCO** 0 **Jackson Care Connect** 0 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 0 **Pacific Source - Marion/Polk** 0 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

D1IV.6f	**Resolved appeals related to plan denial of an enrollee's right to request out-of-network care** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to exercise their right, under 42 CFR §438.52(b)(2)(ii), to obtain services outside the network (only applicable to residents of rural areas with only one MCO).	**Advanced Health** 3 **AllCare CCO** 47 **Cascade Health Alliance** 28 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 0 **Health Share of Oregon** 16 **InterCommunity Health Network CCO** 6 **Jackson Care Connect** 1 **Pacific Source - Central Oregon Region** 22 **Pacific Source - Columbia Gorge Region** 4 **Pacific Source - Lane** 24 **Pacific Source - Marion/Polk** 51 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 1 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

D1IV.6g	**Resolved appeals related to denial of an enrollee's request to dispute financial liability** Enter the total number of appeals resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request to dispute a financial liability.	**Advanced Health** 0 **AllCare CCO** 0 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 0 **Health Share of Oregon** 0 **InterCommunity Health Network CCO** 0 **Jackson Care Connect** 1 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 0 **Pacific Source - Marion/Polk** 0 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

Appeals by Service

Number of appeals resolved during the reporting period related to various services. Note: A single appeal may be related to multiple service types and may therefore be counted in multiple categories.

Number	Indicator	Response

D1IV.7a	**Resolved appeals related to general inpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include appeals related to inpatient behavioral health services – those should be included in indicator D1.IV.7c. If the managed care plan does not cover general inpatient services, enter “N/A”.	**Advanced Health** 3 **AllCare CCO** 0 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 5 **Health Share of Oregon** 16 **InterCommunity Health Network CCO** 0 **Jackson Care Connect** 10 **Pacific Source - Central Oregon Region** 10 **Pacific Source - Columbia Gorge Region** 1 **Pacific Source - Lane** 22 **Pacific Source - Marion/Polk** 26 **Trillium Community Health Plan - Southwest** 11 **Trillium Community Health Plan - Tri-County** 5 **Umpqua Health Alliance** 0 **Yamhill Community Care** 4

D1IV.7b	**Resolved appeals related to general outpatient services** Enter the total number of appeals resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Please do not include appeals related to outpatient behavioral health services – those should be included in indicator D1.IV.7d. If the managed care plan does not cover general outpatient services, enter “N/A”.	**Advanced Health** 6 **AllCare CCO** 5 **Cascade Health Alliance** 16 **Columbia Pacific CCO** 8 **Eastern Oregon CCO** 39 **Health Share of Oregon** 165 **InterCommunity Health Network CCO** 4 **Jackson Care Connect** 16 **Pacific Source - Central Oregon Region** 240 **Pacific Source - Columbia Gorge Region** 24 **Pacific Source - Lane** 218 **Pacific Source - Marion/Polk** 246 **Trillium Community Health Plan - Southwest** 9 **Trillium Community Health Plan - Tri-County** 7 **Umpqua Health Alliance** 63 **Yamhill Community Care** 13

D1IV.7c	**Resolved appeals related to inpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover inpatient behavioral health services, enter “N/A”.	**Advanced Health** 0 **AllCare CCO** 0 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 0 **Health Share of Oregon** 0 **InterCommunity Health Network CCO** 1 **Jackson Care Connect** 0 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 0 **Pacific Source - Marion/Polk** 0 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 0

D1IV.7d	**Resolved appeals related to outpatient behavioral health services** Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover outpatient behavioral health services, enter “N/A”.	**Advanced Health** 2 **AllCare CCO** 8 **Cascade Health Alliance** 7 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 10 **Health Share of Oregon** 44 **InterCommunity Health Network CCO** 18 **Jackson Care Connect** 2 **Pacific Source - Central Oregon Region** 57 **Pacific Source - Columbia Gorge Region** 10 **Pacific Source - Lane** 72 **Pacific Source - Marion/Polk** 136 **Trillium Community Health Plan - Southwest** 10 **Trillium Community Health Plan - Tri-County** 41 **Umpqua Health Alliance** 7 **Yamhill Community Care** 10

D1IV.7e	**Resolved appeals related to covered outpatient prescription drugs** Enter the total number of appeals resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover outpatient prescription drugs, enter “N/A”.	**Advanced Health** 23 **AllCare CCO** 168 **Cascade Health Alliance** 94 **Columbia Pacific CCO** 36 **Eastern Oregon CCO** 211 **Health Share of Oregon** 464 **InterCommunity Health Network CCO** 297 **Jackson Care Connect** 98 **Pacific Source - Central Oregon Region** 82 **Pacific Source - Columbia Gorge Region** 12 **Pacific Source - Lane** 116 **Pacific Source - Marion/Polk** 138 **Trillium Community Health Plan - Southwest** 101 **Trillium Community Health Plan - Tri-County** 145 **Umpqua Health Alliance** 82 **Yamhill Community Care** 31

D1IV.7f	**Resolved appeals related to skilled nursing facility (SNF) services** Enter the total number of appeals resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover skilled nursing services, enter “N/A”.	**Advanced Health** 0 **AllCare CCO** 0 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 2 **Eastern Oregon CCO** 1 **Health Share of Oregon** 14 **InterCommunity Health Network CCO** 0 **Jackson Care Connect** 5 **Pacific Source - Central Oregon Region** 0 **Pacific Source - Columbia Gorge Region** 0 **Pacific Source - Lane** 2 **Pacific Source - Marion/Polk** 0 **Trillium Community Health Plan - Southwest** 0 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 1

D1IV.7g	**Resolved appeals related to long-term services and supports (LTSS)** Enter the total number of appeals resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover LTSS services, enter “N/A”.	**Advanced Health** N/A **AllCare CCO** N/A **Cascade Health Alliance** N/A **Columbia Pacific CCO** N/A **Eastern Oregon CCO** N/A **Health Share of Oregon** N/A **InterCommunity Health Network CCO** N/A **Jackson Care Connect** N/A **Pacific Source - Central Oregon Region** N/A **Pacific Source - Columbia Gorge Region** N/A **Pacific Source - Lane** N/A **Pacific Source - Marion/Polk** N/A **Trillium Community Health Plan - Southwest** N/A **Trillium Community Health Plan - Tri-County** N/A **Umpqua Health Alliance** N/A **Yamhill Community Care** N/A

D1IV.7h	**Resolved appeals related to dental services** Enter the total number of appeals resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover dental services, enter “N/A”.	**Advanced Health** 43 **AllCare CCO** 49 **Cascade Health Alliance** 34 **Columbia Pacific CCO** 19 **Eastern Oregon CCO** 28 **Health Share of Oregon** 159 **InterCommunity Health Network CCO** 35 **Jackson Care Connect** 52 **Pacific Source - Central Oregon Region** 80 **Pacific Source - Columbia Gorge Region** 6 **Pacific Source - Lane** 109 **Pacific Source - Marion/Polk** 119 **Trillium Community Health Plan - Southwest** 20 **Trillium Community Health Plan - Tri-County** 15 **Umpqua Health Alliance** 41 **Yamhill Community Care** 34

D1IV.7i	**Resolved appeals related to non-emergency medical transportation (NEMT)** Enter the total number of appeals resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover NEMT, enter “N/A”.	**Advanced Health** 9 **AllCare CCO** 11 **Cascade Health Alliance** 1 **Columbia Pacific CCO** 0 **Eastern Oregon CCO** 6 **Health Share of Oregon** 11 **InterCommunity Health Network CCO** 12 **Jackson Care Connect** 12 **Pacific Source - Central Oregon Region** 2 **Pacific Source - Columbia Gorge Region** 1 **Pacific Source - Lane** 73 **Pacific Source - Marion/Polk** 2 **Trillium Community Health Plan - Southwest** 14 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 0 **Yamhill Community Care** 2

D1IV.7j	**Resolved appeals related to other service types** Enter the total number of appeals resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.7a-i paid primarily by Medicaid, enter “N/A”.	**Advanced Health** 114 **AllCare CCO** 100 **Cascade Health Alliance** 105 **Columbia Pacific CCO** 28 **Eastern Oregon CCO** 105 **Health Share of Oregon** 429 **InterCommunity Health Network CCO** 136 **Jackson Care Connect** 63 **Pacific Source - Central Oregon Region** 242 **Pacific Source - Columbia Gorge Region** 36 **Pacific Source - Lane** 282 **Pacific Source - Marion/Polk** 351 **Trillium Community Health Plan - Southwest** 38 **Trillium Community Health Plan - Tri-County** 32 **Umpqua Health Alliance** 106 **Yamhill Community Care** 34

State Fair Hearings

Number	Indicator	Response

D1IV.8a	**State Fair Hearing requests** Enter the total number of State Fair Hearing requests filed during the reporting year with the plan that issued an adverse benefit determination.	**Advanced Health** 36 **AllCare CCO** 60 **Cascade Health Alliance** 14 **Columbia Pacific CCO** 14 **Eastern Oregon CCO** 42 **Health Share of Oregon** 387 **InterCommunity Health Network CCO** 72 **Jackson Care Connect** 30 **Pacific Source - Central Oregon Region** 97 **Pacific Source - Columbia Gorge Region** 25 **Pacific Source - Lane** 126 **Pacific Source - Marion/Polk** 155 **Trillium Community Health Plan - Southwest** 27 **Trillium Community Health Plan - Tri-County** 28 **Umpqua Health Alliance** 28 **Yamhill Community Care** 20

D1IV.8b

State Fair Hearings resulting in a favorable decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were partially or fully favorable to the enrollee.

Advanced Health

6

AllCare CCO

6

Cascade Health Alliance

2

Columbia Pacific CCO

3

Eastern Oregon CCO

9

Health Share of Oregon

31

InterCommunity Health Network CCO

10

Jackson Care Connect

5

Pacific Source - Central Oregon Region

1

Pacific Source - Columbia Gorge Region

7

Pacific Source - Lane

9

Pacific Source - Marion/Polk

10

Trillium Community Health Plan - Southwest

2

Trillium Community Health Plan - Tri-County

8

Umpqua Health Alliance

2

Yamhill Community Care

1

D1IV.8c

State Fair Hearings resulting in an adverse decision for the enrollee

Enter the total number of State Fair Hearing decisions rendered during the reporting year that were adverse for the enrollee.

Advanced Health

5

AllCare CCO

10

Cascade Health Alliance

3

Columbia Pacific CCO

0

Eastern Oregon CCO

5

Health Share of Oregon

39

InterCommunity Health Network CCO

11

Jackson Care Connect

3

Pacific Source - Central Oregon Region

4

Pacific Source - Columbia Gorge Region

3

Pacific Source - Lane

8

Pacific Source - Marion/Polk

16

Trillium Community Health Plan - Southwest

0

Trillium Community Health Plan - Tri-County

2

Umpqua Health Alliance

1

Yamhill Community Care

1

D1IV.8d	**State Fair Hearings retracted prior to reaching a decision** Enter the total number of State Fair Hearing decisions retracted (by the enrollee or the representative who filed a State Fair Hearing request on behalf of the enrollee) during the reporting year prior to reaching a decision.	**Advanced Health** 9 **AllCare CCO** 14 **Cascade Health Alliance** 3 **Columbia Pacific CCO** 6 **Eastern Oregon CCO** 4 **Health Share of Oregon** 64 **InterCommunity Health Network CCO** 9 **Jackson Care Connect** 2 **Pacific Source - Central Oregon Region** 7 **Pacific Source - Columbia Gorge Region** 5 **Pacific Source - Lane** 13 **Pacific Source - Marion/Polk** 22 **Trillium Community Health Plan - Southwest** 3 **Trillium Community Health Plan - Tri-County** 0 **Umpqua Health Alliance** 6 **Yamhill Community Care** 0

D1IV.9a	**External Medical Reviews resulting in a favorable decision for the enrollee** If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were partially or fully favorable to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**Advanced Health** n/a **AllCare CCO** n/a **Cascade Health Alliance** n/a **Columbia Pacific CCO** n/a **Eastern Oregon CCO** n/a **Health Share of Oregon** n/a **InterCommunity Health Network CCO** n/a **Jackson Care Connect** n/a **Pacific Source - Central Oregon Region** n/a **Pacific Source - Columbia Gorge Region** n/a **Pacific Source - Lane** n/a **Pacific Source - Marion/Polk** n/a **Trillium Community Health Plan - Southwest** n/a **Trillium Community Health Plan - Tri-County** n/a **Umpqua Health Alliance** n/a **Yamhill Community Care** n/a

D1IV.9b	**External Medical Reviews resulting in an adverse decision for the enrollee** If your state does offer an external medical review process, enter the total number of external medical review decisions rendered during the reporting year that were adverse to the enrollee. If your state does not offer an external medical review process, enter "N/A". External medical review is defined and described at 42 CFR §438.402(c)(i)(B).	**Advanced Health** n/a **AllCare CCO** n/a **Cascade Health Alliance** n/a **Columbia Pacific CCO** n/a **Eastern Oregon CCO** n/a **Health Share of Oregon** n/a **InterCommunity Health Network CCO** n/a **Jackson Care Connect** n/a **Pacific Source - Central Oregon Region** n/a **Pacific Source - Columbia Gorge Region** n/a **Pacific Source - Lane** n/a **Pacific Source - Marion/Polk** n/a **Trillium Community Health Plan - Southwest** n/a **Trillium Community Health Plan - Tri-County** n/a **Umpqua Health Alliance** n/a **Yamhill Community Care** n/a

Grievances Overview

Number	Indicator	Response

D1IV.10	**Grievances resolved** Enter the total number of grievances resolved by the plan during the reporting year. A grievance is "resolved" when it has reached completion and been closed by the plan.	**Advanced Health** 527 **AllCare CCO** 241 **Cascade Health Alliance** 163 **Columbia Pacific CCO** 301 **Eastern Oregon CCO** 886 **Health Share of Oregon** 7,544 **InterCommunity Health Network CCO** 863 **Jackson Care Connect** 567 **Pacific Source - Central Oregon Region** 750 **Pacific Source - Columbia Gorge Region** 141 **Pacific Source - Lane** 2,107 **Pacific Source - Marion/Polk** 1,872 **Trillium Community Health Plan - Southwest** 684 **Trillium Community Health Plan - Tri-County** 549 **Umpqua Health Alliance** 424 **Yamhill Community Care** 265
D1IV.11	**Active grievances**	**Advanced Health**

		Enter the total number of grievances still pending or in process (not yet resolved) as of the end of the reporting year.	0 **AllCare CCO** 1 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 2 **Eastern Oregon CCO** 6 **Health Share of Oregon** 394 **InterCommunity Health Network CCO** 4 **Jackson Care Connect** 0 **Pacific Source - Central Oregon Region** 40 **Pacific Source - Columbia Gorge Region** 4 **Pacific Source - Lane** 23 **Pacific Source - Marion/Polk** 64 **Trillium Community Health Plan - Southwest** 13 **Trillium Community Health Plan - Tri-County** 9 **Umpqua Health Alliance** 0 **Yamhill Community Care** 7
D1IV.12	**Grievances filed on behalf of LTSS users**		**Advanced Health** N/A

	Enter the total number of grievances filed during the reporting year by or on behalf of LTSS users. An LTSS user is an enrollee who received at least one LTSS service at any point during the reporting year (regardless of whether the enrollee was actively receiving LTSS at the time that the grievance was filed). If this does not apply, enter N/A.	**AllCare CCO** N/A **Cascade Health Alliance** N/A **Columbia Pacific CCO** N/A **Eastern Oregon CCO** N/A **Health Share of Oregon** N/A **InterCommunity Health Network CCO** N/A **Jackson Care Connect** N/A **Pacific Source - Central Oregon Region** N/A **Pacific Source - Columbia Gorge Region** N/A **Pacific Source - Lane** N/A **Pacific Source - Marion/Polk** N/A **Trillium Community Health Plan - Southwest** N/A **Trillium Community Health Plan - Tri-County** N/A **Umpqua Health Alliance** N/A **Yamhill Community Care** N/A
D1IV.13	**Number of critical incidents filed during the reporting period by (or on behalf of) an LTSS user who previously filed a grievance**	**Advanced Health** N/A **AllCare CCO**

	For managed care plans that cover LTSS, enter the number of critical incidents filed within the reporting year by (or on behalf of) LTSS users who previously filed grievances in the reporting year. The grievance and critical incident do not have to have been "related" to the same issue - they only need to have been filed by (or on behalf of) the same enrollee. Neither the critical incident nor the grievance need to have been filed in relation to delivery of LTSS - they may have been filed for any reason, related to any service received (or desired) by an LTSS user. If the managed care plan does not cover LTSS, the state should enter "N/A" in this field. Additionally, if the state already submitted this data for the reporting year via the CMS readiness review appeal and grievance report (because the managed care program or plan were new or serving new populations during the reporting year), and the readiness review tool was submitted for at least 6 months of the reporting year, the state can enter "N/A" in this field. To calculate this number, states or managed care plans should first identify the LTSS users for whom critical incidents were filed during the reporting year, then determine whether those enrollees had filed a grievance during the reporting year, and whether the filing of the grievance preceded the filing of the critical incident.	N/A **Cascade Health Alliance** N/A **Columbia Pacific CCO** N/A **Eastern Oregon CCO** N/A **Health Share of Oregon** N/A **InterCommunity Health Network CCO** N/A **Jackson Care Connect** N/A **Pacific Source - Central Oregon Region** N/A **Pacific Source - Columbia Gorge Region** N/A **Pacific Source - Lane** N/A **Pacific Source - Marion/Polk** N/A **Trillium Community Health Plan - Southwest** N/A **Trillium Community Health Plan - Tri-County** N/A **Umpqua Health Alliance** N/A **Yamhill Community Care** N/A
D1IV.14	**Number of grievances for which timely resolution was provided**	**Advanced Health** 516 **AllCare CCO**

Enter the number of grievances for which timely resolution was provided by plan during the reporting year. See 42 CFR §438.408(b)(1) for requirements related to the timely resolution of grievances.	239 **Cascade Health Alliance** 162 **Columbia Pacific CCO** 296 **Eastern Oregon CCO** 872 **Health Share of Oregon** 7,491 **InterCommunity Health Network CCO** 857 **Jackson Care Connect** 565 **Pacific Source - Central Oregon Region** 694 **Pacific Source - Columbia Gorge Region** 134 **Pacific Source - Lane** 1,994 **Pacific Source - Marion/Polk** 1,774 **Trillium Community Health Plan - Southwest** 684 **Trillium Community Health Plan - Tri-County** 547 **Umpqua Health Alliance** 422 **Yamhill Community Care** 262

Grievances by Service

Report the number of grievances resolved by plan during the reporting period by service.

Number	Indicator	Response
D1IV.15a	**Resolved grievances related to general inpatient services** Enter the total number of grievances resolved by the plan during the reporting year that were related to general inpatient care, including diagnostic and laboratory services. Do not include grievances related to inpatient behavioral health services — those should be included in indicator D1.IV.15c. If the managed care plan does not cover this type of service, enter "N/A".	**Advanced Health** 52 **AllCare CCO** 14 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 19 **Eastern Oregon CCO** 11 **Health Share of Oregon** 157 **InterCommunity Health Network CCO** 12 **Jackson Care Connect** 29 **Pacific Source - Central Oregon Region** 12 **Pacific Source - Columbia Gorge Region** 1 **Pacific Source - Lane** 9 **Pacific Source - Marion/Polk** 20 **Trillium Community Health Plan - Southwest** 14 **Trillium Community Health Plan - Tri-County** 30 **Umpqua Health Alliance** 6

Yamhill Community Care

4

D1IV.15b

Resolved grievances related to general outpatient services

Enter the total number of grievances resolved by the plan during the reporting year that were related to general outpatient care, including diagnostic and laboratory services. Do not include grievances related to outpatient behavioral health services — those should be included in indicator D1.IV.15d. If the managed care plan does not cover this type of service, enter "N/A".

Advanced Health

88

AllCare CCO

0

Cascade Health Alliance

0

Columbia Pacific CCO

4

Eastern Oregon CCO

47

Health Share of Oregon

326

InterCommunity Health Network CCO

74

Jackson Care Connect

5

Pacific Source - Central Oregon Region

41

Pacific Source - Columbia Gorge Region

4

Pacific Source - Lane

74

Pacific Source - Marion/Polk

77

Trillium Community Health Plan - Southwest

54

Trillium Community Health Plan - Tri-County

107

Umpqua Health Alliance

15

Yamhill Community Care

4

D1IV.15c	**Resolved grievances related to inpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that were related to inpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	**Advanced Health** NR **AllCare CCO** NR **Cascade Health Alliance** NR **Columbia Pacific CCO** NR **Eastern Oregon CCO** NR **Health Share of Oregon** NR **InterCommunity Health Network CCO** NR **Jackson Care Connect** NR **Pacific Source - Central Oregon Region** NR **Pacific Source - Columbia Gorge Region** NR **Pacific Source - Lane** NR **Pacific Source - Marion/Polk** NR **Trillium Community Health Plan - Southwest** NR **Trillium Community Health Plan - Tri-County** NR **Umpqua Health Alliance** NR

Yamhill Community Care

NR

D1IV.15d	**Resolved grievances related to outpatient behavioral health services** Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient mental health and/or substance use services. If the managed care plan does not cover this type of service, enter "N/A".	**Advanced Health** 8 **AllCare CCO** 36 **Cascade Health Alliance** 3 **Columbia Pacific CCO** 12 **Eastern Oregon CCO** 28 **Health Share of Oregon** 94 **InterCommunity Health Network CCO** 23 **Jackson Care Connect** 12 **Pacific Source - Central Oregon Region** 6 **Pacific Source - Columbia Gorge Region** 8 **Pacific Source - Lane** 35 **Pacific Source - Marion/Polk** 48 **Trillium Community Health Plan - Southwest** 14 **Trillium Community Health Plan - Tri-County** 5 **Umpqua Health Alliance** 51

Yamhill Community Care

3

D1IV.15e

Resolved grievances related to coverage of outpatient prescription drugs

Enter the total number of grievances resolved by the plan during the reporting year that were related to outpatient prescription drugs covered by the managed care plan. If the managed care plan does not cover this type of service, enter "N/A".

Advanced Health

4

AllCare CCO

1

Cascade Health Alliance

2

Columbia Pacific CCO

4

Eastern Oregon CCO

35

Health Share of Oregon

141

InterCommunity Health Network CCO

38

Jackson Care Connect

2

Pacific Source - Central Oregon Region

19

Pacific Source - Columbia Gorge Region

1

Pacific Source - Lane

23

Pacific Source - Marion/Polk

36

Trillium Community Health Plan - Southwest

9

Trillium Community Health Plan - Tri-County

16

Umpqua Health Alliance

7

Yamhill Community Care

8

D1IV.15f

Resolved grievances related to skilled nursing facility (SNF) services

Enter the total number of grievances resolved by the plan during the reporting year that were related to SNF services. If the managed care plan does not cover this type of service, enter “N/A”.

Advanced Health

1

AllCare CCO

2

Cascade Health Alliance

0

Columbia Pacific CCO

0

Eastern Oregon CCO

0

Health Share of Oregon

8

InterCommunity Health Network CCO

0

Jackson Care Connect

0

Pacific Source - Central Oregon Region

7

Pacific Source - Columbia Gorge Region

1

Pacific Source - Lane

11

Pacific Source - Marion/Polk

20

Trillium Community Health Plan - Southwest

4

Trillium Community Health Plan - Tri-County

2

Umpqua Health Alliance

1

Yamhill Community Care

1

D1IV.15g

Resolved grievances related to long-term services and supports (LTSS)

Enter the total number of grievances resolved by the plan during the reporting year that were related to institutional LTSS or LTSS provided through home and community-based (HCBS) services, including personal care and self-directed services. If the managed care plan does not cover this type of service, enter "N/A".

Advanced Health

N/A

AllCare CCO

N/A

Cascade Health Alliance

N/A

Columbia Pacific CCO

N/A

Eastern Oregon CCO

N/A

Health Share of Oregon

N/A

InterCommunity Health Network CCO

N/A

Jackson Care Connect

N/A

Pacific Source - Central Oregon Region

N/A

Pacific Source - Columbia Gorge Region

N/A

Pacific Source - Lane

N/A

Pacific Source - Marion/Polk

N/A

Trillium Community Health Plan - Southwest

N/A

Trillium Community Health Plan - Tri-County

N/A

Umpqua Health Alliance

N/A

Yamhill Community Care

N/A

D1IV.15h	**Resolved grievances related to dental services** Enter the total number of grievances resolved by the plan during the reporting year that were related to dental services. If the managed care plan does not cover this type of service, enter “N/A”.	**Advanced Health** 63 **AllCare CCO** 77 **Cascade Health Alliance** 66 **Columbia Pacific CCO** 81 **Eastern Oregon CCO** 258 **Health Share of Oregon** 895 **InterCommunity Health Network CCO** 202 **Jackson Care Connect** 76 **Pacific Source - Central Oregon Region** 128 **Pacific Source - Columbia Gorge Region** 29 **Pacific Source - Lane** 213 **Pacific Source - Marion/Polk** 245 **Trillium Community Health Plan - Southwest** 52 **Trillium Community Health Plan - Tri-County** 52 **Umpqua Health Alliance** 58

Yamhill Community Care

28

D1IV.15i

Resolved grievances related to non-emergency medical transportation (NEMT)

Enter the total number of grievances resolved by the plan during the reporting year that were related to NEMT. If the managed care plan does not cover this type of service, enter "N/A".

Advanced Health

32

AllCare CCO

9

Cascade Health Alliance

20

Columbia Pacific CCO

27

Eastern Oregon CCO

145

Health Share of Oregon

3,122

InterCommunity Health Network CCO

166

Jackson Care Connect

118

Pacific Source - Central Oregon Region

245

Pacific Source - Columbia Gorge Region

31

Pacific Source - Lane

1,034

Pacific Source - Marion/Polk

627

Trillium Community Health Plan - Southwest

322

Trillium Community Health Plan - Tri-County

106

Umpqua Health Alliance

84

Yamhill Community Care

178

D1IV.15j

Resolved grievances related to other service types

Enter the total number of grievances resolved by the plan during the reporting year that were related to services that do not fit into one of the categories listed above. If the managed care plan does not cover services other than those in items D1.IV.15a-i paid primarily by Medicaid, enter "N/A".

Advanced Health

277

AllCare CCO

102

Cascade Health Alliance

72

Columbia Pacific CCO

154

Eastern Oregon CCO

361

Health Share of Oregon

2,793

InterCommunity Health Network CCO

347

Jackson Care Connect

325

Pacific Source - Central Oregon Region

291

Pacific Source - Columbia Gorge Region

66

Pacific Source - Lane

708

Pacific Source - Marion/Polk

796

Trillium Community Health Plan - Southwest

215

Trillium Community Health Plan - Tri-County

231

Umpqua Health Alliance

202

Grievances by Reason

Report the number of grievances resolved by plan during the reporting period by reason.

Number	Indicator	Response
D1IV.16a	**Resolved grievances related to plan or provider customer service** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider customer service. Customer service grievances include complaints about interactions with the plan's Member Services department, provider offices or facilities, plan marketing agents, or any other plan or provider representatives.	**Advanced Health** 101 **AllCare CCO** 79 **Cascade Health Alliance** 97 **Columbia Pacific CCO** 108 **Eastern Oregon CCO** 453 **Health Share of Oregon** 2,818 **InterCommunity Health Network CCO** 298 **Jackson Care Connect** 190 **Pacific Source - Central Oregon Region** 239 **Pacific Source - Columbia Gorge Region** 45 **Pacific Source - Lane** 644 **Pacific Source - Marion/Polk** 620 **Trillium Community Health Plan - Southwest** 172 **Trillium Community Health Plan - Tri-County** 143 **Umpqua Health Alliance** 124

		Yamhill Community Care 71
D1IV.16b	**Resolved grievances related to plan or provider care management/case management** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan or provider care management/case management. Care management/case management grievances include complaints about the timeliness of an assessment or complaints about the plan or provider care or case management process.	**Advanced Health** 12 **AllCare CCO** 10 **Cascade Health Alliance** 3 **Columbia Pacific CCO** 2 **Eastern Oregon CCO** 14 **Health Share of Oregon** 100 **InterCommunity Health Network CCO** 4 **Jackson Care Connect** 1 **Pacific Source - Central Oregon Region** 11 **Pacific Source - Columbia Gorge Region** 3 **Pacific Source - Lane** 77 **Pacific Source - Marion/Polk** 39 **Trillium Community Health Plan - Southwest** 1 **Trillium Community Health Plan - Tri-County** 4 **Umpqua Health Alliance** 18

Yamhill Community Care

0

D1IV.16c

Resolved grievances related to access to care/services from plan or provider

Enter the total number of grievances resolved by the plan during the reporting year that were related to access to care. Access to care grievances include complaints about difficulties finding qualified in-network providers, excessive travel or wait times, or other access issues.

Advanced Health

106

AllCare CCO

48

Cascade Health Alliance

46

Columbia Pacific CCO

71

Eastern Oregon CCO

227

Health Share of Oregon

2,481

InterCommunity Health Network CCO

327

Jackson Care Connect

147

Pacific Source - Central Oregon Region

292

Pacific Source - Columbia Gorge Region

46

Pacific Source - Lane

997

Pacific Source - Marion/Polk

722

Trillium Community Health Plan - Southwest

304

Trillium Community Health Plan - Tri-County

116

Umpqua Health Alliance

162

Yamhill Community Care

128

D1IV.16d

Resolved grievances related to quality of care

Enter the total number of grievances resolved by the plan during the reporting year that were related to quality of care. Quality of care grievances include complaints about the effectiveness, efficiency, equity, patient-centeredness, safety, and/or acceptability of care provided by a provider or the plan.

Advanced Health

70

AllCare CCO

53

Cascade Health Alliance

9

Columbia Pacific CCO

40

Eastern Oregon CCO

62

Health Share of Oregon

1,176

InterCommunity Health Network CCO

70

Jackson Care Connect

64

Pacific Source - Central Oregon Region

34

Pacific Source - Columbia Gorge Region

10

Pacific Source - Lane

147

Pacific Source - Marion/Polk

183

Trillium Community Health Plan - Southwest

31

Trillium Community Health Plan - Tri-County

21

Umpqua Health Alliance

14

Yamhill Community Care

46

D1IV.16e	**Resolved grievances related to plan communications** Enter the total number of grievances resolved by the plan during the reporting year that were related to plan communications. Plan communication grievances include grievances related to the clarity or accuracy of enrollee materials or other plan communications or to an enrollee's access to or the accessibility of enrollee materials or plan communications.	**Advanced Health** 7 **AllCare CCO** 4 **Cascade Health Alliance** 2 **Columbia Pacific CCO** 33 **Eastern Oregon CCO** 91 **Health Share of Oregon** 467 **InterCommunity Health Network CCO** 86 **Jackson Care Connect** 85 **Pacific Source - Central Oregon Region** 83 **Pacific Source - Columbia Gorge Region** 16 **Pacific Source - Lane** 199 **Pacific Source - Marion/Polk** 138 **Trillium Community Health Plan - Southwest** 48 **Trillium Community Health Plan - Tri-County** 49 **Umpqua Health Alliance** 5

Yamhill Community Care

4

D1IV.16f

Resolved grievances related to payment or billing issues

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason related to payment or billing issues.

Advanced Health

202

AllCare CCO

3

Cascade Health Alliance

4

Columbia Pacific CCO

47

Eastern Oregon CCO

53

Health Share of Oregon

372

InterCommunity Health Network CCO

26

Jackson Care Connect

105

Pacific Source - Central Oregon Region

68

Pacific Source - Columbia Gorge Region

18

Pacific Source - Lane

80

Pacific Source - Marion/Polk

86

Trillium Community Health Plan - Southwest

131

Trillium Community Health Plan - Tri-County

233

Umpqua Health Alliance

11

Yamhill Community Care

6

D1IV.16g

Resolved grievances related to suspected fraud

Enter the total number of grievances resolved by the plan during the reporting year that were related to suspected fraud.
Suspected fraud grievances include suspected cases of financial/payment fraud perpetuated by a provider, payer, or other entity. Note: grievances reported in this row should only include grievances submitted to the managed care plan, not grievances submitted to another entity, such as a state Ombudsman or Office of the Inspector General.

Advanced Health

4

AllCare CCO

1

Cascade Health Alliance

0

Columbia Pacific CCO

3

Eastern Oregon CCO

0

Health Share of Oregon

20

InterCommunity Health Network CCO

7

Jackson Care Connect

2

Pacific Source - Central Oregon Region

5

Pacific Source - Columbia Gorge Region

2

Pacific Source - Lane

7

Pacific Source - Marion/Polk

14

Trillium Community Health Plan - Southwest

2

Trillium Community Health Plan - Tri-County

3

Umpqua Health Alliance

0

		Yamhill Community Care 0
D1IV.16h	**Resolved grievances related to abuse, neglect or exploitation** Enter the total number of grievances resolved by the plan during the reporting year that were related to abuse, neglect or exploitation. Abuse/neglect/exploitation grievances include cases involving potential or actual patient harm.	**Advanced Health** 8 **AllCare CCO** 5 **Cascade Health Alliance** 0 **Columbia Pacific CCO** 3 **Eastern Oregon CCO** 0 **Health Share of Oregon** 30 **InterCommunity Health Network CCO** 1 **Jackson Care Connect** 2 **Pacific Source - Central Oregon Region** 4 **Pacific Source - Columbia Gorge Region** 1 **Pacific Source - Lane** 9 **Pacific Source - Marion/Polk** 10 **Trillium Community Health Plan - Southwest** 1 **Trillium Community Health Plan - Tri-County** 1 **Umpqua Health Alliance** 2

		Yamhill Community Care 2
D1IV.16i	**Resolved grievances related to lack of timely plan response to a service authorization or appeal (including requests to expedite or extend appeals)** Enter the total number of grievances resolved by the plan during the reporting year that were filed due to a lack of timely plan response to a service authorization or appeal request (including requests to expedite or extend appeals).	**Advanced Health** NR **AllCare CCO** NR **Cascade Health Alliance** NR **Columbia Pacific CCO** NR **Eastern Oregon CCO** NR **Health Share of Oregon** NR **InterCommunity Health Network CCO** NR **Jackson Care Connect** NR **Pacific Source - Central Oregon Region** NR **Pacific Source - Columbia Gorge Region** NR **Pacific Source - Lane** NR **Pacific Source - Marion/Polk** NR **Trillium Community Health Plan - Southwest** NR **Trillium Community Health Plan - Tri-County** NR **Umpqua Health Alliance** NR

Yamhill Community Care

NR

D1IV.16j

Resolved grievances related to plan denial of expedited appeal

Enter the total number of grievances resolved by the plan during the reporting year that were related to the plan's denial of an enrollee's request for an expedited appeal. Per 42 CFR §438.408(b)(3), states must establish a timeframe for timely resolution of expedited appeals that is no longer than 72 hours after the MCO, PIHP or PAHP receives the appeal. If a plan denies a request for an expedited appeal, the enrollee or their representative have the right to file a grievance.

Advanced Health

NR

AllCare CCO

NR

Cascade Health Alliance

NR

Columbia Pacific CCO

NR

Eastern Oregon CCO

NR

Health Share of Oregon

NR

InterCommunity Health Network CCO

NR

Jackson Care Connect

NR

Pacific Source - Central Oregon Region

NR

Pacific Source - Columbia Gorge Region

NR

Pacific Source - Lane

NR

Pacific Source - Marion/Polk

NR

Trillium Community Health Plan - Southwest

NR

Trillium Community Health Plan - Tri-County

NR

Umpqua Health Alliance

NR

Yamhill Community Care

NR

D1IV.16k

Resolved grievances filed for other reasons

Enter the total number of grievances resolved by the plan during the reporting year that were filed for a reason other than the reasons listed above.

Advanced Health

41

AllCare CCO

56

Cascade Health Alliance

7

Columbia Pacific CCO

31

Eastern Oregon CCO

90

Health Share of Oregon

671

InterCommunity Health Network CCO

135

Jackson Care Connect

59

Pacific Source - Central Oregon Region

110

Pacific Source - Columbia Gorge Region

20

Pacific Source - Lane

228

Pacific Source - Marion/Polk

243

Trillium Community Health Plan - Southwest

44

Trillium Community Health Plan - Tri-County

33

Umpqua Health Alliance

112

Topic VII: Quality & Performance Measures

Report on individual measures in each of the following eight domains: (1) Primary care access and preventive care, (2) Maternal and perinatal health, (3) Care of acute and chronic conditions, (4) Behavioral health care, (5) Dental and oral health services, (6) Health plan enrollee experience of care, (7) Long-term services and supports, and (8) Other. For composite measures, be sure to include each individual sub-measure component.

Quality & performance measure total count: 43

Complete

D2.VII.1 Measure Name: Cervical Cancer Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

32

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

43.3%

AllCare CCO

41.1%

Cascade Health Alliance

43.2%

Columbia Pacific CCO

41.8

Eastern Oregon CCO

42.8

Health Share of Oregon

46

InterCommunity Health Network CCO

46.1

Jackson Care Connect

50.1

Pacific Source - Central Oregon Region

50.9

Pacific Source - Columbia Gorge Region

50.9

Pacific Source - Lane

43.1

Pacific Source - Marion/Polk

43.8

Trillium Community Health Plan - Southwest

36.3

Trillium Community Health Plan - Tri-County

21.4

Umpqua Health Alliance

45.3

Yamhill Community Care

40.4

Complete

D2.VII.1 Measure Name: Child and Adolescent Well-Care Visits_Age 3 to 6

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

D2.VII.4 Measure Reporting and D2.VII.5 Programs

1516

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

67.4%

AllCare CCO

62.10%

Cascade Health Alliance

66.20%

Columbia Pacific CCO

59.70%

Eastern Oregon CCO

67.40%

Health Share of Oregon

66.10%

InterCommunity Health Network CCO

65.50%

Jackson Care Connect

66.60%

Pacific Source - Central Oregon Region

70.50%

Pacific Source - Columbia Gorge Region

74.40%

Pacific Source - Lane

61.30%

Pacific Source - Marion/Polk

64.20%

Trillium Community Health Plan - Southwest

51.40%

Trillium Community Health Plan - Tri-County

41.50%

Umpqua Health Alliance

70.70%

Yamhill Community Care

73.30%

Complete

D2.VII.1 Measure Name: Childhood Immunization Status - Combo3

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

38

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

61.6%

AllCare CCO

45.40%

Cascade Health Alliance

58.50%

Columbia Pacific CCO

55.30%

Eastern Oregon CCO

64.90%

Health Share of Oregon

59.50%

InterCommunity Health Network CCO

55.60%

Jackson Care Connect

55.20%

Pacific Source - Central Oregon Region

60.20%

Pacific Source - Columbia Gorge Region

62.60%

Pacific Source - Lane

64.10%

Pacific Source - Marion/Polk

61.30%

Trillium Community Health Plan - Southwest

47.10%

Trillium Community Health Plan - Tri-County

44.20%

Umpqua Health Alliance

55.40%

Yamhill Community Care

64.70%

Complete

D2.VII.1 Measure Name: Chlamydia Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

33

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

44.40%

AllCare CCO

44.10%

Cascade Health Alliance

16.10%

Columbia Pacific CCO

39.90%

Eastern Oregon CCO

42.40%

Health Share of Oregon

53.30%

InterCommunity Health Network CCO

43.30%

Jackson Care Connect

48%

Pacific Source - Central Oregon Region

44%

Pacific Source - Columbia Gorge Region

44.80%

Pacific Source - Lane

48.40%

Pacific Source - Marion/Polk

50.30%

Trillium Community Health Plan - Southwest

51.20%

Trillium Community Health Plan - Tri-County

55%

Umpqua Health Alliance

33.70%

Yamhill Community Care

40%

Complete

D2.VII.1 Measure Name: Colorectal Cancer Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

34

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

37.70%

AllCare CCO

39.60%

Cascade Health Alliance

37.20%

Columbia Pacific CCO

36.80%

Eastern Oregon CCO

39.50%

Health Share of Oregon

39.10%

InterCommunity Health Network CCO

39.80%

Jackson Care Connect

38.90%

Pacific Source - Central Oregon Region

36.70%

Pacific Source - Columbia Gorge Region

40.30%

Pacific Source - Lane

40.50%

Pacific Source - Marion/Polk

41.00%

Trillium Community Health Plan - Southwest

32.40%

Trillium Community Health Plan - Tri-County

18.20%

Umpqua Health Alliance

35.10%

Yamhill Community Care

38.30%

Complete

D2.VII.1 Measure Name: Developmental Screening

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1448

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

80.40%

AllCare CCO

70.30%

Cascade Health Alliance

72.60%

Columbia Pacific CCO

48.20%

Eastern Oregon CCO

59.40%

Health Share of Oregon

67.80%

InterCommunity Health Network CCO

74.40%

Jackson Care Connect

70.30%

Pacific Source - Central Oregon Region

66.90%

Pacific Source - Columbia Gorge Region

63.10%

Pacific Source - Lane

64.90%

Pacific Source - Marion/Polk

67.50%

Trillium Community Health Plan - Southwest

57.30%

Trillium Community Health Plan - Tri-County

46.00%

Umpqua Health Alliance

71.10%

Yamhill Community Care

58.80%

Complete

D2.VII.1 Measure Name: Immunization for Adolescents - Combo2

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1407

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

27.30%

AllCare CCO

16.00%

Cascade Health Alliance

36.80%

Columbia Pacific CCO

28.90%

Eastern Oregon CCO

36.50%

Health Share of Oregon

38.40%

InterCommunity Health Network CCO

22.40%

Jackson Care Connect

26.40%

Pacific Source - Central Oregon Region

34.50%

Pacific Source - Columbia Gorge Region

42.10%

Pacific Source - Lane

29.40%

Pacific Source - Marion/Polk

32.90%

Trillium Community Health Plan - Southwest

22.20%

Trillium Community Health Plan - Tri-County

16.50%

Umpqua Health Alliance

26.00%

Yamhill Community Care

37.10%

Complete

D2.VII.1 Measure Name: Well Child Visits in First 30 Months of Life - Age 15 Months to 30 Months

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

75.70%

AllCare CCO

69.60%

Cascade Health Alliance

57.70%

Columbia Pacific CCO

61.30%

Eastern Oregon CCO

68.40%

Health Share of Oregon

66.60%

InterCommunity Health Network CCO

64.60%

Jackson Care Connect

71.20%

Pacific Source - Central Oregon Region

69.50%

Pacific Source - Columbia Gorge Region

71.10%

Pacific Source - Lane

69.30%

Pacific Source - Marion/Polk

65.50%

Trillium Community Health Plan - Southwest

53.10%

Trillium Community Health Plan - Tri-County

39.00%

Umpqua Health Alliance

68.10%

Yamhill Community Care

68.10%

Complete

D2.VII.1 Measure Name: Well Child Visits in First 30 Months of Life - First 15 Months

D2.VII.2 Measure Domain

Primary care access and preventative care

D2.VII.3 National Quality Forum (NQF) number

1392

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

69.90%

AllCare CCO

58.40%

Cascade Health Alliance

58.30%

Columbia Pacific CCO

52.10%

Eastern Oregon CCO

64.50%

Health Share of Oregon

57.00%

InterCommunity Health Network CCO

65.70%

Jackson Care Connect

69.30%

Pacific Source - Central Oregon Region

62.90%

Pacific Source - Columbia Gorge Region

56.50%

Pacific Source - Lane

61.20%

Pacific Source - Marion/Polk

58.70%

Trillium Community Health Plan - Southwest

49.80%

Trillium Community Health Plan - Tri-County

41.80%

Umpqua Health Alliance

58.80%

Yamhill Community Care

62.20%

Complete

D2.VII.1 Measure Name: Prenatal Postpartum Care - Postpartum Care 10 / 43

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

91.40%

AllCare CCO

81.50%

Cascade Health Alliance

86.30%

Columbia Pacific CCO

86.90%

Eastern Oregon CCO

75.70%

Health Share of Oregon

86.20%

InterCommunity Health Network CCO

85.10%

Jackson Care Connect

83.70%

Pacific Source - Central Oregon Region

85.70%

Pacific Source - Columbia Gorge Region

87.00%

Pacific Source - Lane

82.20%

Pacific Source - Marion/Polk

82.60%

Trillium Community Health Plan - Southwest

82.90%

Trillium Community Health Plan - Tri-County

73.50%

Umpqua Health Alliance

82.90%

Yamhill Community Care

84.50%

Complete

D2.VII.1 Measure Name: Prenatal Postpartum Care - Prenatal

D2.VII.2 Measure Domain

Maternal and perinatal health

D2.VII.3 National Quality Forum (NQF) number

1517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

87.30%

AllCare CCO

87.30%

Cascade Health Alliance

93.20%

Columbia Pacific CCO

77.10%

Eastern Oregon CCO

75.70%

Health Share of Oregon

84.10%

InterCommunity Health Network CCO

88.70%

Jackson Care Connect

78.80%

Pacific Source - Central Oregon Region

77.90%

Pacific Source - Columbia Gorge Region

89.70%

Pacific Source - Lane

84.80%

Pacific Source - Marion/Polk

77.30%

Trillium Community Health Plan - Southwest

80.10%

Trillium Community Health Plan - Tri-County

62.30%

Umpqua Health Alliance

56.40%

Yamhill Community Care

91.00%

Complete

D2.VII.1 Measure Name: Ambulatory Care - Emergency Department Utilization

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

46.2%

AllCare CCO

37.5%

Cascade Health Alliance

40.5%

Columbia Pacific CCO

36.8%

Eastern Oregon CCO

46.1%

Health Share of Oregon

35.3%

InterCommunity Health Network CCO

38.7%

Jackson Care Connect

35.3%

Pacific Source - Central Oregon Region

33.7%

Pacific Source - Columbia Gorge Region

34.6%

Pacific Source - Lane

40.1%

Pacific Source - Marion/Polk

36.7%

Trillium Community Health Plan - Southwest

43.3%

Trillium Community Health Plan - Tri-County

31%

Umpqua Health Alliance

36.1%

Yamhill Community Care

41.2%

Complete

D2.VII.1 Measure Name: Asthma Medication Ratio (All Ages 5-64)

13 / 43

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

49.5%

AllCare CCO

48.3%

Cascade Health Alliance

47.4%

Columbia Pacific CCO

53.5%

Eastern Oregon CCO

47.3%

Health Share of Oregon

57.9%

InterCommunity Health Network CCO

54.8%

Jackson Care Connect

50.7%

Pacific Source - Central Oregon Region

45.3%

Pacific Source - Columbia Gorge Region

50%

Pacific Source - Lane

67.9%

Pacific Source - Marion/Polk

60.1%

Trillium Community Health Plan - Southwest

61.8%

Trillium Community Health Plan - Tri-County

53.3%

Umpqua Health Alliance

57.5%

Yamhill Community Care

68.4%

Complete

D2.VII.1 Measure Name: Comprehensive Diabetes Care - HbA1c Poor Control

14 / 43

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

59

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

26.4%

AllCare CCO

24.1%

Cascade Health Alliance

27%

Columbia Pacific CCO

22.9%

Eastern Oregon CCO

20%

Health Share of Oregon

26.4%

InterCommunity Health Network CCO

30.2%

Jackson Care Connect

24.2%

Pacific Source - Central Oregon Region

22.7%

Pacific Source - Columbia Gorge Region

24.6%

Pacific Source - Lane

20.8%

Pacific Source - Marion/Polk

25.3%

Trillium Community Health Plan - Southwest

24.5%

Trillium Community Health Plan - Tri-County

20.4%

Umpqua Health Alliance

31%

Yamhill Community Care

24.3%

Complete

D2.VII.1 Measure Name: Controlling High Blood Pressure

15 / 43

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

18

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

66.4%

AllCare CCO

73.7%

Cascade Health Alliance

61.9%

Columbia Pacific CCO

65.4%

Eastern Oregon CCO

65.5%

Health Share of Oregon

64.2%

InterCommunity Health Network CCO

62%

Jackson Care Connect

66.8%

Pacific Source - Central Oregon Region

66.9%

Pacific Source - Columbia Gorge Region

63.3%

Pacific Source - Lane

66.3%

Pacific Source - Marion/Polk

70.8%

Trillium Community Health Plan - Southwest

77%

Trillium Community Health Plan - Tri-County

68.4%

Umpqua Health Alliance

63.4%

Yamhill Community Care

69.4%

Complete

D2.VII.1 Measure Name: Plan All-Cause Readmission - Observed to Expected Ratio

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

1768

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

94.1%

AllCare CCO

94.1%

Cascade Health Alliance

54.6%

Columbia Pacific CCO

93.4%

Eastern Oregon CCO

85%

Health Share of Oregon

94.1%

InterCommunity Health Network CCO

80.7%

Jackson Care Connect

82.2%

Pacific Source - Central Oregon Region

85.4%

Pacific Source - Columbia Gorge Region

91.5%

Pacific Source - Lane

82%

Pacific Source - Marion/Polk

95.8%

Trillium Community Health Plan - Southwest

97.6%

Trillium Community Health Plan - Tri-County

86%

Umpqua Health Alliance

88.7%

Yamhill Community Care

88%

Complete

D2.VII.1 Measure Name: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

17 / 43

D2.VII.2 Measure Domain

Care of acute and chronic conditions

D2.VII.3 National Quality Forum (NQF) number

2801

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

70%

AllCare CCO

75.8%

Cascade Health Alliance

63.6%

Columbia Pacific CCO

66.7%

Eastern Oregon CCO

60.9%

Health Share of Oregon

68.4%

InterCommunity Health Network CCO

60.9%

Jackson Care Connect

78%

Pacific Source - Central Oregon Region

76.6%

Pacific Source - Columbia Gorge Region

100%

Pacific Source - Lane

76.6%

Pacific Source - Marion/Polk

65.3%

Trillium Community Health Plan - Southwest

55.6%

Trillium Community Health Plan - Tri-County

50%

Umpqua Health Alliance

65.4%

Yamhill Community Care

76%

Complete

D2.VII.1 Measure Name: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1879

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

67.8%

AllCare CCO

70.9%

Cascade Health Alliance

63.7%

Columbia Pacific CCO

69.9%

Eastern Oregon CCO

68.8%

Health Share of Oregon

65.7%

InterCommunity Health Network CCO

64.4%

Jackson Care Connect

68.5%

Pacific Source - Central Oregon Region

64.9%

Pacific Source - Columbia Gorge Region

78.5%

Pacific Source - Lane

63.7%

Pacific Source - Marion/Polk

70.3%

Trillium Community Health Plan - Southwest

68.9%

Trillium Community Health Plan - Tri-County

54.2%

Umpqua Health Alliance

64.9%

Yamhill Community Care

71.8%

Complete

D2.VII.1 Measure Name: Antidepressant Medication Management_Acute Phase

19 / 43

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

46.2%

AllCare CCO

46.7%

Cascade Health Alliance

48.6%

Columbia Pacific CCO

50.3%

Eastern Oregon CCO

49.7%

Health Share of Oregon

47.4%

InterCommunity Health Network CCO

49.3%

Jackson Care Connect

51.3%

Pacific Source - Central Oregon Region

50.4%

Pacific Source - Columbia Gorge Region

53.7%

Pacific Source - Lane

56.5%

Pacific Source - Marion/Polk

48.7%

Trillium Community Health Plan - Southwest

50.2%

Trillium Community Health Plan - Tri-County

51.5%

Umpqua Health Alliance

46.3%

Yamhill Community Care

47%

Complete

D2.VII.1 Measure Name: Antidepressant Medication Management Continuation Phase

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

105

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

18.2%

AllCare CCO

21.5%

Cascade Health Alliance

18.2%

Columbia Pacific CCO

22.7%

Eastern Oregon CCO

23.5%

Health Share of Oregon

21.6%

InterCommunity Health Network CCO

22.80%

Jackson Care Connect

23.2%

Pacific Source - Central Oregon Region

22.9%

Pacific Source - Columbia Gorge Region

22.2%

Pacific Source - Lane

28.4%

Pacific Source - Marion/Polk

22%

Trillium Community Health Plan - Southwest

23.9%

Trillium Community Health Plan - Tri-County

25.1%

Umpqua Health Alliance

20.80%

Yamhill Community Care

20.7%

Complete

D2.VII.1 Measure Name: Depression Screening and Follow Up Plan

21 / 43

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

0418E

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

49%

AllCare CCO

63.60%

Cascade Health Alliance

37.30%

Columbia Pacific CCO

69.5%

Eastern Oregon CCO

74.60%

Health Share of Oregon

67.60%

InterCommunity Health Network CCO

44.90%

Jackson Care Connect

72.90%

Pacific Source - Central Oregon Region

75.70%

Pacific Source - Columbia Gorge Region

67.60%

Pacific Source - Lane

67.20%

Pacific Source - Marion/Polk

55.40%

Trillium Community Health Plan - Southwest

68.20%

Trillium Community Health Plan - Tri-County

69.90%

Umpqua Health Alliance

58.70%

Yamhill Community Care

71%

Complete

D2.VII.1 Measure Name: Follow Up After ED Visit for Mental Illness_7-Day

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3489

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

44.9%

AllCare CCO

57.5%

Cascade Health Alliance

80.2%

Columbia Pacific CCO

48.5%

Eastern Oregon CCO

53.2%

Health Share of Oregon

55.7%

InterCommunity Health Network CCO

43.3%

Jackson Care Connect

43%

Pacific Source - Central Oregon Region

66.3%

Pacific Source - Columbia Gorge Region

44.3%

Pacific Source - Lane

35.7%

Pacific Source - Marion/Polk

42.2%

Trillium Community Health Plan - Southwest

28%

Trillium Community Health Plan - Tri-County

47.9%

Umpqua Health Alliance

67.2%

Yamhill Community Care

55.8%

Complete

D2.VII.1 Measure Name: Follow Up After Hospitalization for Mental Illness_7-Day

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

576

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

41.7%

AllCare CCO

59.6%

Cascade Health Alliance

43.8%

Columbia Pacific CCO

45.5%

Eastern Oregon CCO

36%

Health Share of Oregon

31.2%

InterCommunity Health Network CCO

35.8%

Jackson Care Connect

42%

Pacific Source - Central Oregon Region

46%

Pacific Source - Columbia Gorge Region

16.1%

Pacific Source - Lane

32.7%

Pacific Source - Marion/Polk

36.4%

Trillium Community Health Plan - Southwest

25.6%

Trillium Community Health Plan - Tri-County

16%

Umpqua Health Alliance

48.4%

Yamhill Community Care

45.1%

Complete

D2.VII.1 Measure Name: Follow Up Care for Children Prescribed ADHD Medication - Continuation & Maintenance

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2025 - 12/31/2025

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

69%

AllCare CCO

90%

Cascade Health Alliance

36.4%

Columbia Pacific CCO

75%

Eastern Oregon CCO

75.5%

Health Share of Oregon

74.5%

InterCommunity Health Network CCO

55.3%

Jackson Care Connect

76.9%

Pacific Source - Central Oregon Region

62.7%

Pacific Source - Columbia Gorge Region

75%

Pacific Source - Lane

67.30%

Pacific Source - Marion/Polk

73.6%

Trillium Community Health Plan - Southwest

46.20%

Trillium Community Health Plan - Tri-County

100%

Umpqua Health Alliance

75%

Yamhill Community Care

65.2%

Complete

D2.VII.1 Measure Name: Follow Up Care for Children Prescribed ADHD Medication - Initiation

25 / 43

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

108

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

54.4%

AllCare CCO

58.5%

Cascade Health Alliance

49.4%

Columbia Pacific CCO

50.6%

Eastern Oregon CCO

59.7%

Health Share of Oregon

56.5%

InterCommunity Health Network CCO

51.9%

Jackson Care Connect

58.4%

Pacific Source - Central Oregon Region

56.8%

Pacific Source - Columbia Gorge Region

71.7%

Pacific Source - Lane

54.5%

Pacific Source - Marion/Polk

54%

Trillium Community Health Plan - Southwest

48.4%

Trillium Community Health Plan - Tri-County

51.7%

Umpqua Health Alliance

52.3%

Yamhill Community Care

62.4%

Complete

D2.VII.1 Measure Name: Initiation and Engagement of SUD Treatment - Engagement_Total Cohort_Adult

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

11.9%

AllCare CCO

14.8%

Cascade Health Alliance

21.4%

Columbia Pacific CCO

14%

Eastern Oregon CCO

14%

Health Share of Oregon

17%

InterCommunity Health Network CCO

18.6%

Jackson Care Connect

15.2%

Pacific Source - Central Oregon Region

16.4%

Pacific Source - Columbia Gorge Region

14.6%

Pacific Source - Lane

16.9%

Pacific Source - Marion/Polk

18.8

Trillium Community Health Plan - Southwest

16.4

Trillium Community Health Plan - Tri-County

17.5

Umpqua Health Alliance

14.7

Yamhill Community Care

15.1

Complete

D2.VII.1 Measure Name: Initiation and Engagement of SUD Treatment - Initiation_Total Cohort_Adult

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

4

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

37.8%

AllCare CCO

37.6%

Cascade Health Alliance

46.9%

Columbia Pacific CCO

37.2%

Eastern Oregon CCO

37%

Health Share of Oregon

46.1%

InterCommunity Health Network CCO

37.7%

Jackson Care Connect

41.6%

Pacific Source - Central Oregon Region

42%

Pacific Source - Columbia Gorge Region

40%

Pacific Source - Lane

41.5%

Pacific Source - Marion/Polk

41.1%

Trillium Community Health Plan - Southwest

42.5%

Trillium Community Health Plan - Tri-County

45.7%

Umpqua Health Alliance

39.3%

Yamhill Community Care

41.7%

Complete

D2.VII.1 Measure Name: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

1932

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

86.7%

AllCare CCO

77.8%

Cascade Health Alliance

65.7%

Columbia Pacific CCO

79.1%

Eastern Oregon CCO

74.5%

Health Share of Oregon

65.1%

InterCommunity Health Network CCO

70%

Jackson Care Connect

76.2%

Pacific Source - Central Oregon Region

80.3%

Pacific Source - Columbia Gorge Region

50%

Pacific Source - Lane

70.3%

Pacific Source - Marion/Polk

79.9%

Trillium Community Health Plan - Southwest

70.1%

Trillium Community Health Plan - Tri-County

61.8%

Umpqua Health Alliance

74%

Yamhill Community Care

64.7%

Complete

D2.VII.1 Measure Name: Follow-up After ED Visit for Alcohol and Other Drug Abuse or Dependence_7-Day

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3488

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

20.9%

AllCare CCO

29.3%

Cascade Health Alliance

28.6%

Columbia Pacific CCO

18.3%

Eastern Oregon CCO

22%

Health Share of Oregon

25.3%

InterCommunity Health Network CCO

18.5%

Jackson Care Connect

19.7%

Pacific Source - Central Oregon Region

33.7%

Pacific Source - Columbia Gorge Region

29.7%

Pacific Source - Lane

17.2%

Pacific Source - Marion/Polk

19.8%

Trillium Community Health Plan - Southwest

12.7%

Trillium Community Health Plan - Tri-County

16.2%

Umpqua Health Alliance

20.1%

Yamhill Community Care

28.4%

Complete

D2.VII.1 Measure Name: Metabolic Monitoring for Children and Adolescents on Antipsychotics - Blood Glucose and Cholesterol Testing

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

2800

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

25.3%

AllCare CCO

25.4%

Cascade Health Alliance

36%

Columbia Pacific CCO

37.2%

Eastern Oregon CCO

27.2%

Health Share of Oregon

36.6%

InterCommunity Health Network CCO

42.1%

Jackson Care Connect

32.4%

Pacific Source - Central Oregon Region

29.3%

Pacific Source - Columbia Gorge Region

32.1%

Pacific Source - Lane

32%

Pacific Source - Marion/Polk

37.8%

Trillium Community Health Plan - Southwest

26.7%

Trillium Community Health Plan - Tri-County

35%

Umpqua Health Alliance

32.1%

Yamhill Community Care

29.6%

Complete

D2.VII.1 Measure Name: Use of Pharmacotherapy for Opioid Use Disorder Total

D2.VII.2 Measure Domain

Behavioral health care

D2.VII.3 National Quality Forum (NQF) number

3400

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

61.2%

AllCare CCO

65.4%

Cascade Health Alliance

64.6%

Columbia Pacific CCO

73.2%

Eastern Oregon CCO

64.8%

Health Share of Oregon

73.4%

InterCommunity Health Network CCO

69.3%

Jackson Care Connect

69.9%

Pacific Source - Central Oregon Region

74.3%

Pacific Source - Columbia Gorge Region

71.3%

Pacific Source - Lane

64.7%

Pacific Source - Marion/Polk

73.9%

Trillium Community Health Plan - Southwest

63.8%

Trillium Community Health Plan - Tri-County

66.1%

Umpqua Health Alliance

71.2%

Yamhill Community Care

76%

Complete

D2.VII.1 Measure Name: Any Dental Services_All Age 1+

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percent of member receive any dental services within the measurement year.

Measure results

Advanced Health

34.9%

AllCare CCO

34.1%

Cascade Health Alliance

34.7%

Columbia Pacific CCO

34.6%

Eastern Oregon CCO

41.5%

Health Share of Oregon

35.9%

InterCommunity Health Network CCO

34.8%

Jackson Care Connect

38.3%

Pacific Source - Central Oregon Region

36%

Pacific Source - Columbia Gorge Region

39.6%

Pacific Source - Lane

37.8%

Pacific Source - Marion/Polk

39.4%

Trillium Community Health Plan - Southwest

27.9%

Trillium Community Health Plan - Tri-County

19%

Umpqua Health Alliance

38.6%

Yamhill Community Care

36.8%

Complete

D2.VII.1 Measure Name: Adults with Diabetes, Oral Evaluation

33 / 43

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Dental Quality Alliance

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

25.3%

AllCare CCO

21.2%

Cascade Health Alliance

20.1%

Columbia Pacific CCO

25.1%

Eastern Oregon CCO

27.5%

Health Share of Oregon

29.8%

InterCommunity Health Network CCO

23%

Jackson Care Connect

25.2%

Pacific Source - Central Oregon Region

23.4%

Pacific Source - Columbia Gorge Region

32%

Pacific Source - Lane

27.5%

Pacific Source - Marion/Polk

23.9%

Trillium Community Health Plan - Southwest

25.9%

Trillium Community Health Plan - Tri-County

19.3%

Umpqua Health Alliance

31.3%

Yamhill Community Care

30.5%

Complete

D2.VII.1 Measure Name: Oral Evaluation, Dental Services

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

2517

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

31%

AllCare CCO

41%

Cascade Health Alliance

36%

Columbia Pacific CCO

31.9%

Eastern Oregon CCO

37.1%

Health Share of Oregon

40.1%

InterCommunity Health Network CCO

38.5%

Jackson Care Connect

43.5%

Pacific Source - Central Oregon Region

38.1%

Pacific Source - Columbia Gorge Region

37.7%

Pacific Source - Lane

46.2%

Pacific Source - Marion/Polk

46.3%

Trillium Community Health Plan - Southwest

35.5%

Trillium Community Health Plan - Tri-County

19.2%

Umpqua Health Alliance

33.7%

Yamhill Community Care

43.2%

Complete

D2.VII.1 Measure Name: Prevention: Topical Fluoride Varnish, Dental or Oral

35 / 43

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

3700

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

N/A

Measure results

Advanced Health

17.4%

AllCare CCO

21.7%

Cascade Health Alliance

23.4%

Columbia Pacific CCO

12.8%

Eastern Oregon CCO

22.5%

Health Share of Oregon

16.6%

InterCommunity Health Network CCO

20.1%

Jackson Care Connect

22.2%

Pacific Source - Central Oregon Region

17.4%

Pacific Source - Columbia Gorge Region

18.3%

Pacific Source - Lane

24.5%

Pacific Source - Marion/Polk

25.3%

Trillium Community Health Plan - Southwest

19%

Trillium Community Health Plan - Tri-County

7.8%

Umpqua Health Alliance

18.1%

Yamhill Community Care

20%

Complete

D2.VII.1 Measure Name: Preventive Dental or Oral Service Utilization Age 1 to 5

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percent of children age 1-5 received preventable dental or oral health services in the measurement year.

Measure results

Advanced Health

59.6%

AllCare CCO

61.6%

Cascade Health Alliance

58.8%

Columbia Pacific CCO

47.2%

Eastern Oregon CCO

60.7%

Health Share of Oregon

55.1%

InterCommunity Health Network CCO

56.8%

Jackson Care Connect

60.5%

Pacific Source - Central Oregon Region

58.5%

Pacific Source - Columbia Gorge Region

50%

Pacific Source - Lane

56%

Pacific Source - Marion/Polk

56.2%

Trillium Community Health Plan - Southwest

55.8%

Trillium Community Health Plan - Tri-County

36.8%

Umpqua Health Alliance

51%

Yamhill Community Care

56.7%

Complete

D2.VII.1 Measure Name: Preventive Dental or Oral Service Utilization Age 6 to 14

37 / 43

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percent of children age 6-14 received preventable dental or oral health services in the measurement year.

Measure results

Advanced Health

66%

AllCare CCO

59.9%

Cascade Health Alliance

64.5%

Columbia Pacific CCO

55.6%

Eastern Oregon CCO

65.6%

Health Share of Oregon

58%

InterCommunity Health Network CCO

61.5%

Jackson Care Connect

62.9%

Pacific Source - Central Oregon Region

63.5%

Pacific Source - Columbia Gorge Region

63.5%

Pacific Source - Lane

69%

Pacific Source - Marion/Polk

68.5%

Trillium Community Health Plan - Southwest

60.4%

Trillium Community Health Plan - Tri-County

38.9%

Umpqua Health Alliance

61.5%

Yamhill Community Care

59.9%

Complete

D2.VII.1 Measure Name: Sealant Receipt of Permanent First Molars

38 / 43

D2.VII.2 Measure Domain

Dental and oral health services

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

32.8%

AllCare CCO

41.8%

Cascade Health Alliance

34.1%

Columbia Pacific CCO

44.8%

Eastern Oregon CCO

39.5%

Health Share of Oregon

44.5%

InterCommunity Health Network CCO

47.5%

Jackson Care Connect

44.2%

Pacific Source - Central Oregon Region

43.2%

Pacific Source - Columbia Gorge Region

51.7%

Pacific Source - Lane

50.8%

Pacific Source - Marion/Polk

56.1%

Trillium Community Health Plan - Southwest

36.3%

Trillium Community Health Plan - Tri-County

21.3%

Umpqua Health Alliance

36.5%

Yamhill Community Care

43.1%

Complete

D2.VII.1 Measure Name: CAHPS - Satisfaction with Care - Adult

39 / 43

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

N/A

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Adult Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

89.9%

AllCare CCO

88.8%

Cascade Health Alliance

81.5%

Columbia Pacific CCO

83.9%

Eastern Oregon CCO

93%

Health Share of Oregon

88.4%

InterCommunity Health Network CCO

86.8%

Jackson Care Connect

88.4%

Pacific Source - Central Oregon Region

86%

Pacific Source - Columbia Gorge Region

90.8%

Pacific Source - Lane

89.9%

Pacific Source - Marion/Polk

90.2%

Trillium Community Health Plan - Southwest

86.4%

Trillium Community Health Plan - Tri-County

86.4%

Umpqua Health Alliance

86.9%

Yamhill Community Care

93.4%

Complete

D2.VII.1 Measure Name: CAHPS - Satisfaction with Care - Children

40 / 43

D2.VII.2 Measure Domain

Health plan enrollee experience of care

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

Medicaid Child Core Set

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

n/a

Measure results

Advanced Health

91.4%

AllCare CCO

92.3%

Cascade Health Alliance

91.8%

Columbia Pacific CCO

85.1%

Eastern Oregon CCO

93.1%

Health Share of Oregon

90.8%

InterCommunity Health Network CCO

87.7%

Jackson Care Connect

90.8%

Pacific Source - Central Oregon Region

87.20%

Pacific Source - Columbia Gorge Region

91.8%

Pacific Source - Lane

91.4%

Pacific Source - Marion/Polk

86.6%

Trillium Community Health Plan - Southwest

86.6%

Trillium Community Health Plan - Tri-County

88%

Umpqua Health Alliance

93.7%

Yamhill Community Care

87.4%

Complete

D2.VII.1 Measure Name: Assessments for Children in DHS Custody

D2.VII.2 Measure Domain

Upstream

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Percentage of children who received age appropriate mental, physical, and dental health assessments within 60 days of the state notifying CCOs that the children were placed into custody with the Oregon Department of Human Services (foster care).

Measure results

Advanced Health

95.7%

AllCare CCO

79.3%

Cascade Health Alliance

91.2%

Columbia Pacific CCO

68.9%

Eastern Oregon CCO

92.2%

Health Share of Oregon

88.9%

InterCommunity Health Network CCO

91.1%

Jackson Care Connect

92.5%

Pacific Source - Central Oregon Region

84.9%

Pacific Source - Columbia Gorge Region

94.7%

Pacific Source - Lane

78.6%

Pacific Source - Marion/Polk

94.3%

Trillium Community Health Plan - Southwest

77.8%

Trillium Community Health Plan - Tri-County

75%

Umpqua Health Alliance

92.7%

Yamhill Community Care

91.7%

Complete

D2.VII.1 Measure Name: Health Equity Measure - Component 2 Quality Rate

D2.VII.2 Measure Domain

Upstream

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Among a sample of members, the percentage of visits where qualified interpreter services were provided when needed.

Measure results

Advanced Health

6.1%

AllCare CCO

0%

Cascade Health Alliance

1%

Columbia Pacific CCO

1.5%

Eastern Oregon CCO

10.7%

Health Share of Oregon

7%

InterCommunity Health Network CCO

2%

Jackson Care Connect

4.1%

Pacific Source - Central Oregon Region

10.8%

Pacific Source - Columbia Gorge Region

21.3%

Pacific Source - Lane

20.7%

Pacific Source - Marion/Polk

15.6%

Trillium Community Health Plan - Southwest

6.6%

Trillium Community Health Plan - Tri-County

13.4%

Umpqua Health Alliance

4.1%

Yamhill Community Care

9.9%

Complete

D2.VII.1 Measure Name: Patient-Centered Primary Care Home Enrollment

43 / 43

D2.VII.2 Measure Domain

Upstream

D2.VII.3 National Quality Forum (NQF) number

n/a

D2.VII.4 Measure Reporting and D2.VII.5 Programs

Cross-program rate: Medicaid, CHIP; non-DCO plans

D2.VII.6 Measure Set

State-specific

D2.VII.7a Reporting Period and D2.VII.7b Reporting period: Date range

No, 01/01/2023 - 12/31/2023

D2.VII.8 Measure Description

Weighted score of enrollment in a Patient-Centered Primary Care Home (PCPCH) clinic. Denominator = total members enrolled with the CCO times 5. Numerator = sum of members enrolled in PCPCH clinics weighted by 5 Star rating.

Measure results

Advanced Health

80.6%

AllCare CCO

70.3%

Cascade Health Alliance

79.1%

Columbia Pacific CCO

83.8%

Eastern Oregon CCO

83.3%

Health Share of Oregon

79.7%

InterCommunity Health Network CCO

89.6%

Jackson Care Connect

73.9%

Pacific Source - Central Oregon Region

91.9%

Pacific Source - Columbia Gorge Region

93.2%

Pacific Source - Lane

77.9%

Pacific Source - Marion/Polk

90.9%

Trillium Community Health Plan - Southwest

60.6%

Trillium Community Health Plan - Tri-County

66.1%

Umpqua Health Alliance

73%

Yamhill Community Care

89.9%

Topic VIII. Sanctions

Describe sanctions that the state has issued for each plan. Report all known actions across the following domains: sanctions, administrative penalties, corrective action plans, other. Include any pending or unresolved actions.

42 CFR 438.66(e)(2)(viii) specifies that the MCPAR include the results of any sanctions or corrective action plans imposed by the State or other formal or informal intervention with a contracted MCO, PIHP, PAHP, or PCCM entity to improve performance.

Sanction total count: 8

Complete

D3.VIII.1 Intervention type: Improvement Plan

1 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Eastern Oregon CCO

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 08/16/2024

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement plan

2 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

InterCommunity Health Network CCO

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement plan

3 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Pacific Source - Central Oregon Region

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement Plan

4 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Pacific Source - Columbia Gorge Region

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement Plan

5 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Pacific Source - Lane

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement plan

6 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Pacific Source - Marion/Polk

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Remediation in progress

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement plan

7 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Trillium Community Health Plan - Southwest

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/18/2025

D3.VIII.9 Corrective action plan

No

Complete

D3.VIII.1 Intervention type: Improvement plan

8 / 8

D3.VIII.2 Plan performance issue

Reporting

D3.VIII.3 Plan name

Trillium Community Health Plan - Tri-County

D3.VIII.4 Reason for intervention

Inability to submit required reporting due to system-wide challenges.

Sanction details

D3.VIII.5 Instances of non-compliance

1

D3.VIII.6 Sanction amount

N/A

D3.VIII.7 Date assessed

04/29/2024

D3.VIII.8 Remediation date non-compliance was corrected

Yes, remediated 02/18/2025

D3.VIII.9 Corrective action plan

No

Topic X. Program Integrity

Number	Indicator	Response

D1X.1	**Dedicated program integrity staff** Report or enter the number of dedicated program integrity staff for routine internal monitoring and compliance risks. Refer to 42 CFR 438.608(a)(1)(vii).	**Advanced Health** 4 **AllCare CCO** 12 **Cascade Health Alliance** 5 **Columbia Pacific CCO** 20 **Eastern Oregon CCO** 6 **Health Share of Oregon** 7 **InterCommunity Health Network CCO** 8 **Jackson Care Connect** 20 **Pacific Source - Central Oregon Region** 13 **Pacific Source - Columbia Gorge Region** 13 **Pacific Source - Lane** 13 **Pacific Source - Marion/Polk** 13 **Trillium Community Health Plan - Southwest** 9 **Trillium Community Health Plan - Tri-County** 9 **Umpqua Health Alliance** 4 **Yamhill Community Care** 3

D1X.2	**Count of opened program integrity investigations** How many program integrity investigations were opened by the plan during the reporting year?	**Advanced Health** 6 **AllCare CCO** 4 **Cascade Health Alliance** 3 **Columbia Pacific CCO** 12 **Eastern Oregon CCO** 14 **Health Share of Oregon** 60 **InterCommunity Health Network CCO** 19 **Jackson Care Connect** 8 **Pacific Source - Central Oregon Region** 48 **Pacific Source - Columbia Gorge Region** 18 **Pacific Source - Lane** 42 **Pacific Source - Marion/Polk** 37 **Trillium Community Health Plan - Southwest** 15 **Trillium Community Health Plan - Tri-County** 17 **Umpqua Health Alliance** 5 **Yamhill Community Care** 2

D1X.3	**Ratio of opened program integrity investigations to enrollees** What is the ratio of program integrity investigations opened by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Advanced Health** 0.23:1,000 **AllCare CCO** 0.06:1,000 **Cascade Health Alliance** 0.12:1,000 **Columbia Pacific CCO** 0.34:1,000 **Eastern Oregon CCO** 0.19:1,000 **Health Share of Oregon** 0.14:1,000 **InterCommunity Health Network CCO** 0.24:1,000 **Jackson Care Connect** 0.13:1,000 **Pacific Source - Central Oregon Region** 0.65:1,000 **Pacific Source - Columbia Gorge Region** 1.01:1,000 **Pacific Source - Lane** 0.47:1,000 **Pacific Source - Marion/Polk** 0.25:1,000 **Trillium Community Health Plan - Southwest** 0.44:1,000 **Trillium Community Health Plan - Tri-County** 0.3:1,000 **Umpqua Health Alliance** 0.13:1,000 **Yamhill Community Care** 0.06:1,000

D1X.4	**Count of resolved program integrity investigations** How many program integrity investigations were resolved by the plan during the reporting year?	**Advanced Health** 8 **AllCare CCO** 3 **Cascade Health Alliance** 1 **Columbia Pacific CCO** 12 **Eastern Oregon CCO** 6 **Health Share of Oregon** 55 **InterCommunity Health Network CCO** 7 **Jackson Care Connect** 11 **Pacific Source - Central Oregon Region** 55 **Pacific Source - Columbia Gorge Region** 17 **Pacific Source - Lane** 39 **Pacific Source - Marion/Polk** 37 **Trillium Community Health Plan - Southwest** 9 **Trillium Community Health Plan - Tri-County** 18 **Umpqua Health Alliance** 3 **Yamhill Community Care** 1

D1X.5	**Ratio of resolved program integrity investigations to enrollees** What is the ratio of program integrity investigations resolved by the plan in the past year to the average number of individuals enrolled in the plan per month during the reporting year (i.e., average member months)? Express this as a ratio per 1,000 beneficiaries.	**Advanced Health** 0.3:1,000 **AllCare CCO** 0.05:1,000 **Cascade Health Alliance** 0.04:1,000 **Columbia Pacific CCO** 0.34:1,000 **Eastern Oregon CCO** 0.08:1,000 **Health Share of Oregon** 0.13:1,000 **InterCommunity Health Network CCO** 0.09:1,000 **Jackson Care Connect** 0.17:1,000 **Pacific Source - Central Oregon Region** 0.75:1,000 **Pacific Source - Columbia Gorge Region** 0.96:1,000 **Pacific Source - Lane** 0.44:1,000 **Pacific Source - Marion/Polk** 0.25:1,000 **Trillium Community Health Plan - Southwest** 0.27:1,000 **Trillium Community Health Plan - Tri-County** 0.32:1,000 **Umpqua Health Alliance** 0.08:1,000 **Yamhill Community Care** 0.03:1,000

D1X.6	**Referral path for program integrity referrals to the state** What is the referral path that the plan uses to make program integrity referrals to the state? Select one.	**Advanced Health** Makes referrals to the SMA and MFCU concurrently **AllCare CCO** Makes referrals to the SMA and MFCU concurrently **Cascade Health Alliance** Makes referrals to the SMA and MFCU concurrently **Columbia Pacific CCO** Makes referrals to the SMA and MFCU concurrently **Eastern Oregon CCO** Makes referrals to the SMA and MFCU concurrently **Health Share of Oregon** Makes referrals to the SMA and MFCU concurrently **InterCommunity Health Network CCO** Makes referrals to the SMA and MFCU concurrently **Jackson Care Connect** Makes referrals to the SMA and MFCU concurrently **Pacific Source - Central Oregon Region** Makes referrals to the SMA and MFCU concurrently **Pacific Source - Columbia Gorge Region** Makes referrals to the SMA and MFCU concurrently **Pacific Source - Lane**

Makes referrals to the SMA and MFCU concurrently

Pacific Source - Marion/Polk

Makes referrals to the SMA and MFCU concurrently

Trillium Community Health Plan - Southwest

Makes referrals to the SMA and MFCU concurrently

Trillium Community Health Plan - Tri-County

Makes referrals to the SMA and MFCU concurrently

Umpqua Health Alliance

Makes referrals to the SMA and MFCU concurrently

Yamhill Community Care

Makes referrals to the SMA and MFCU concurrently

D1X.7

Count of program integrity referrals to the state

Enter the count of program integrity referrals that the plan made to the state in the past year. Enter the count of unduplicated referrals.

Advanced Health

3

AllCare CCO

4

Cascade Health Alliance

2

Columbia Pacific CCO

12

Eastern Oregon CCO

17

Health Share of Oregon

89

InterCommunity Health Network CCO

17

Jackson Care Connect

7

Pacific Source - Central Oregon Region

43

Pacific Source - Columbia Gorge Region

19

Pacific Source - Lane

38

Pacific Source - Marion/Polk

34

Trillium Community Health Plan - Southwest

31

Trillium Community Health Plan - Tri-County

31

Umpqua Health Alliance

3

Yamhill Community Care

1

D1X.8

Ratio of program integrity referral to the state

What is the ratio of program integrity referrals listed in indicator D1.X.7 made to the state during the reporting year to the number of enrollees? For number of enrollees, use the average number of individuals enrolled in the plan per month during the reporting year (reported in indicator D1.I.1). Express this as a ratio per 1,000 beneficiaries.

Advanced Health

0.11:1,000

AllCare CCO

0.06:1,000

Cascade Health Alliance

0.08:1,000

Columbia Pacific CCO

0.34:1,000

Eastern Oregon CCO

0.23:1,000

Health Share of Oregon

0.21:1,000

InterCommunity Health Network CCO

0.21:1,000

Jackson Care Connect

0.11:1,000

Pacific Source - Central Oregon Region

0.59:1,000

Pacific Source - Columbia Gorge Region

1.07:1,000

Pacific Source - Lane

0.43:1,000

Pacific Source - Marion/Polk

0.23:1,000

Trillium Community Health Plan - Southwest

0.92:1,000

Trillium Community Health Plan - Tri-County

0.55:1,000

Umpqua Health Alliance

0.08:1,000

Yamhill Community Care

0.03:1,000

D1X.9a:

Plan overpayment reporting to the state: Start Date

What is the start date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Advanced Health

01/01/2023

AllCare CCO

01/01/2023

Cascade Health Alliance

01/01/2023

Columbia Pacific CCO

01/01/2023

Eastern Oregon CCO

01/01/2023

Health Share of Oregon

01/01/2023

InterCommunity Health Network CCO

01/01/2023

Jackson Care Connect

01/01/2023

Pacific Source - Central Oregon Region

01/01/2023

Pacific Source - Columbia Gorge Region

01/01/2023

Pacific Source - Lane

01/01/2023

Pacific Source - Marion/Polk

01/01/2023

Trillium Community Health Plan - Southwest

01/01/2023

Trillium Community Health Plan - Tri-County

01/01/2023

Umpqua Health Alliance

01/01/2023

Yamhill Community Care

01/01/2023

D1X.9b:

Plan overpayment reporting to the state: End Date

What is the end date of the reporting period covered by the plan's latest overpayment recovery report submitted to the state?

Advanced Health

12/31/2023

AllCare CCO

12/31/2023

Cascade Health Alliance

12/31/2023

Columbia Pacific CCO

12/31/2023

Eastern Oregon CCO

12/31/2023

Health Share of Oregon

12/31/2023

InterCommunity Health Network CCO

12/31/2023

Jackson Care Connect

12/31/2023

Pacific Source - Central Oregon Region

12/31/2023

Pacific Source - Columbia Gorge Region

12/31/2023

Pacific Source - Lane

12/31/2023

Pacific Source - Marion/Polk

12/31/2023

Trillium Community Health Plan - Southwest

12/31/2023

Trillium Community Health Plan - Tri-County

12/31/2023

Umpqua Health Alliance

12/31/2023

Yamhill Community Care

12/31/2023

D1X.9c:

Plan overpayment reporting to the state: Dollar amount

From the plan's latest annual overpayment recovery report, what is the total amount of overpayments recovered?

Advanced Health

$30,999

AllCare CCO

$741,844

Cascade Health Alliance

$0

Columbia Pacific CCO

$0

Eastern Oregon CCO

$0

Health Share of Oregon

$785,595

InterCommunity Health Network CCO

$241,959

Jackson Care Connect

$0

Pacific Source - Central Oregon Region

$106,629

Pacific Source - Columbia Gorge Region

$68,644

Pacific Source - Lane

$186,866

Pacific Source - Marion/Polk

$59,810

Trillium Community Health Plan - Southwest

$3,150

Trillium Community Health Plan - Tri-County

$31,090

Umpqua Health Alliance

$11,083

Yamhill Community Care

$1,003

D1X.9d:

Plan overpayment reporting to the state: Corresponding premium revenue

What is the total amount of premium revenue for the corresponding reporting period (D1.X.9a-b)? (Premium revenue as defined in MLR reporting under 438.8(f)(2))

Advanced Health

$178,381,484.17

AllCare CCO

$363,788,808.41

Cascade Health Alliance

$145,655,697.11

Columbia Pacific CCO

$247,528,168.50

Eastern Oregon CCO

$480,003,917

Health Share of Oregon

$2,539,936,162.35

InterCommunity Health Network CCO

$520,766,660.89

Jackson Care Connect

$378,717,334.24

Pacific Source - Central Oregon Region

$505,444,515.38

Pacific Source - Columbia Gorge Region

$106,945,561.19

Pacific Source - Lane

$573,127,148.25

Pacific Source - Marion/Polk

$845,236,148.93

Trillium Community Health Plan - Southwest

$209,358,851

Trillium Community Health Plan - Tri-County

$220,726,854.45

Umpqua Health Alliance

$243,503,777

Yamhill Community Care

$218,936,488.11

D1X.10

Changes in beneficiary circumstances

Select the frequency the plan reports changes in beneficiary circumstances to the state.

Advanced Health

Promptly when plan receives information about the change

AllCare CCO

Promptly when plan receives information about the change

Cascade Health Alliance

Promptly when plan receives information about the change

Columbia Pacific CCO

Promptly when plan receives information about the change

Eastern Oregon CCO

Promptly when plan receives information about the change

Health Share of Oregon

Promptly when plan receives information about the change

InterCommunity Health Network CCO

Promptly when plan receives information about the change

Jackson Care Connect

Promptly when plan receives information about the change

Pacific Source - Central Oregon Region

Promptly when plan receives information about the change

Pacific Source - Columbia Gorge Region

Promptly when plan receives information about the change

Pacific Source - Lane

Promptly when plan receives information about the change

Pacific Source - Marion/Polk

Promptly when plan receives information about the change

Trillium Community Health Plan - Southwest

Promptly when plan receives information about the change

Trillium Community Health Plan - Tri-County

Promptly when plan receives information about the change

Umpqua Health Alliance

Promptly when plan receives information about the change

Yamhill Community Care

Promptly when plan receives information about the change

Topic XI: ILOS

Beginning December 2025, this section must be completed by states that authorize ILOS. Submission of this data before December 2025 is optional.

If ILOSs are authorized for this program, report for each plan: if the plan offered any ILOS; if “Yes”, which ILOS the plan offered; and utilization data for each ILOS offered. If the plan offered an ILOS during the reporting period but there was no utilization, check that the ILOS was offered but enter “0” for utilization.

Number	Indicator	Response
D4XI.1	**ILOSs offered by plan** Indicate whether this plan offered any ILOS to their enrollees.	**Advanced Health** No ILOSs were offered by this plan **AllCare CCO** Yes, at least 1 ILOS is offered by this plan **Cascade Health Alliance** No ILOSs were offered by this plan **Columbia Pacific CCO** No ILOSs were offered by this plan **Eastern Oregon CCO** Yes, at least 1 ILOS is offered by this plan **Health Share of Oregon** No ILOSs were offered by this plan **InterCommunity Health Network CCO** Yes, at least 1 ILOS is offered by this plan **Jackson Care Connect** No ILOSs were offered by this plan **Pacific Source - Central Oregon Region** No ILOSs were offered by this plan **Pacific Source - Columbia Gorge Region** No ILOSs were offered by this plan **Pacific Source - Lane** No ILOSs were offered by this plan **Pacific Source - Marion/Polk** No ILOSs were offered by this plan **Trillium Community Health Plan - Southwest** Yes, at least 1 ILOS is offered by this plan

Trillium Community Health Plan - Tri-County

Yes, at least 1 ILOS is offered by this plan

Umpqua Health Alliance

Yes, at least 1 ILOS is offered by this plan

Yamhill Community Care

No ILOSs were offered by this plan

D4XI.2a

ILOSs utilization by plan

Select all ILOSs offered by this plan during the contract rating period. For each ILOS offered by the plan, enter the deduplicated number of enrollees that utilized this ILOS during the contract rating period. If the plan offered this ILOS during the contract rating period but there was no utilization, enter “0”.

Advanced Health

Not applicable

AllCare CCO

Online Diabetes Self-Management Programs:

Cascade Health Alliance

Not applicable

Columbia Pacific CCO

Not applicable

Eastern Oregon CCO

Online Diabetes Self-Management Programs:

Health Share of Oregon

Not applicable

InterCommunity Health Network CCO

Peer and Qualified Mental Health Associate Services - Alternative Setting:

Community Health Worker Services - Alternative Setting:

Online Diabetes Self-Management Programs:

National Diabetes Prevention Program - Alternative Setting:

Chronic Disease Self-Management Education Programs - Alternative Setting:

Infant Mental Health Pre- & Post-Testing Services:

Lactation Consultations – Alternative Setting:

Jackson Care Connect

Not applicable

Pacific Source - Central Oregon Region

Not applicable

Pacific Source - Columbia Gorge Region

Not applicable

Pacific Source - Lane

Not applicable

Pacific Source - Marion/Polk

Not applicable

Trillium Community Health Plan - Southwest

Lactation Consultations – Alternative Setting:

Trillium Community Health Plan - Tri-County

Lactation Consultations – Alternative Setting:

Umpqua Health Alliance

Online Diabetes Self-Management Programs:

Yamhill Community Care

Not applicable

Topic XIII. Prior Authorization

> ⚠ **Beginning June 2026, Indicators D1.XIII.1-15 must be completed. Submission of this data including partial reporting on some but not all plans, before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".**

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Not reporting data

Topic XIV. Patient Access API Usage

Beginning June 2026, Indicators D1.XIV.1-2 must be completed. Submission of this data before June 2026 is optional; if you choose not to respond prior to June 2026, select "Not reporting data".

Number	Indicator	Response
N/A	**Are you reporting data prior to June 2026?** If "Yes", please complete the following questions under each plan.	Not reporting data

Section E: BSS Entity Indicators

Topic IX. Beneficiary Support System (BSS) Entities

Per 42 CFR 438.66(e)(2)(ix), the Managed Care Program Annual Report must provide information on and an assessment of the operation of the managed care program including activities and performance of the beneficiary support system. Information on how BSS entities support program-level functions is on the Program-Level BSS page.

Number	Indicator	Response
EIX.1	**BSS entity type** What type of entity performed each BSS activity? Check all that apply. Refer to 42 CFR 438.71(b).	**Ombudsman Program** Ombudsman Program
EIX.2	**BSS entity role** What are the roles performed by the BSS entity? Check all that apply. Refer to 42 CFR 438.71(b).	**Ombudsman Program** Other, specify – Advocacy for access to care and quality of care. Translating beneficiary experience into systems improvement. https://www.oregon.gov/oha/ERD/Pages/Ombuds-Reports.aspx