## Executive summary

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EXECUTIVE SUMMARY

This report lays out the progress of Oregon’s coordinated care organizations (CCOs) on quality measures in 2018. Measuring quality and access to care are key to moving health system transformation forward to ensure high-quality care for Oregon Health Plan members. Measuring quality and holding CCOs accountable to key metrics is a cornerstone of Oregon’s health system transformation. According to the Center for Health Care Effectiveness at Oregon Health and Sciences University, CCO incentive measures are among the most important tools for health care system transformation and quality improvement in Medicaid service delivery (Demonstration Waiver Summative Report, 2017).

In 2018, 12 of 15 CCOs earned 100 percent of their quality pool dollars. The amount a CCO can earn through the program is based on a percentage of their capitated payments each year. In 2018, the quality pool was 4.25 percent of monthly payments, resulting in more than $188 million. This pay-for-performance model increasingly rewards CCOs for outcomes, rather than utilization of services, and is one of several key health system transformation mechanisms for achieving Oregon’s vision for better health, better care, and lower costs.

As CCOs made large strides on existing measures in the first few years of the program, sustained quality improvement efforts are required to achieve the aspirational benchmarks, which are often based on the most exceptional national performance. The results in this report demonstrate that as the quality pool model continues, the targets and benchmarks become even harder to meet or exceed. This ensures that CCOs continue to focus on metrics and strive toward improvement and better health outcomes for members.

Highlighting the role that the health sector can play in preparing children for kindergarten and educational success, the 2018 incentive program provided additional focus on early childhood health through its challenge pool. The Metrics & Scoring Committee would like to include measure(s) of kindergarten readiness in a future CCO incentive measure set. While there is not currently such a measure, the Committee chose to have the 2018 challenge pool focus on measures with an impact on early childhood health: Assessments for children in DHS custody; Childhood immunization status; Developmental screening; and Timeliness of prenatal care. This strategy aligns with the vision of the new CCO contracts, to begin in 2020, which include a focus on the social factors of health.

Report Highlights

This report shows CCO performance across three categories of measures: CCO incentive metrics; state quality metrics; and CMS core metrics. Across these measures, this report shows that the coordinated care model has resulted in improvements in multiple areas, including:

Assessments for children in DHS custody. The percentage of children in foster care who received mental, physical, and dental health assessments continues to increase. CCO performance on this measure has improved by over 200% since the measure was first incentivized, increasing from 27.9% in 2014 to 86.8% in 2018.
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**Dental sealants for children ages 6-14.** CCOs continued to increase the number of children receiving dental sealants. Since this measure was first incentivized, the proportion of children receiving a sealant improved from 18.5% in 2015 to 24.8% in 2018, a 34% increase. This change is particularly important given national data showing that in 2016 Oregon was among the bottom quintile of states in terms of children on Medicaid accessing dental care.

**Emergency department utilization for members with mental illness.** This is the first year of the incentive measure on Emergency department utilization among members with mental illness. This measure is meant to incentivize CCOs to better coordinate care for members with mental illness, thereby reducing physical health disparities for this population. While emergency department utilization decreased for all members from 2017 to 2018, the decline was greater for members with mental illness. In an average month in 2017, there were 46.7 visits per 1,000 CCO members, decreasing to 46.4 in 2018. Among members with mental illness, in an average month in 2017 there were 106.3 visits to the emergency department per 1,000 CCO members with mental illness; this declined to 100.3 in 2018.

**Depression screening and follow-up.** CCOs continue to make large strides on this measure, with all CCOs achieving the measure in 2018. Statewide, over 64% of members ages 12+ were screened for depression in 2018, and as appropriate, a follow-up plan was created. CCO performance on this measure has more than doubled since it was first incentivized, increasing from 27.9% in 2014 to 64.0% in 2018.
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**Measures to watch:** The following measures exhibit interesting or concerning results in 2018. While in most instances it is too soon to discern a trend, future performance on these measures should be monitored.

**Follow-up after hospitalization for mental illness.** This is a former incentive measure that was last incentivized in 2017. After retirement, performance on this measure declined by 6.1% (from 84.7% in 2017 to 79.5% in 2018). This measure should be monitored to determine if this decrease reflects a real decline in care, or if other factors account for this change.

**Diabetes management.** While statewide performance on the incentive measure Diabetes care: HbA1c poor control remained stable from 2017 (23.6%) to 2018 (23.4%), performance slipped among 9 of the 15 CCOs over this time period. In addition, statewide performance on the non-incentivized prevention quality indicators related to diabetes (diabetes short-term complication admission rate and diabetes short-term complications) waned in this time period.

**Reproductive health.** Statewide performance on Effective Contraceptive Use increased steadily from 2015 (35.4%) to 2018 (46.8%); however, performance declined among 8 of the 15 CCOs in 2018. Performance on the Timeliness of prenatal care incentive measure increased slightly from 90.6% in 2017 to 92.6% in 2018. While this measure is an incentive measure for 2018, in 2019 it is no longer pay-for-performance. However, it is a state quality measure which OHA will continue to monitor and report.

**Initiation and engagement of alcohol or other drug treatment.** After declining from 2014 to 2016, the percentage of members newly diagnosed with alcohol or other drug dependencies who *initiated* treatment within 14 days increased in the following three years (34.4% in 2016; 36.5% in 2017; and, 37.8% in 2018). However, while performance at the statewide level improved, performance from 2017 to 2018 declined among eight of the 15 CCOs. Likewise, after a precipitous fall from 2013 - 2016 (from 18.9% to 11.1%), the percentage of members who *continued* their treatment improved from 2017 to 2018 (11.3% to 13.1%). However, this still represents a 39% decrease in statewide performance since 2013, and performance among seven of the 15 CCOs declined from 2017 to 2018.
EXECUTIVE SUMMARY

New in this report: In the 2018 Deeper Dive Report, OHA considered geography as a way of analyzing locations of key populations. Similarly, in this report we have added information about metric performance broken out by geographic regions of the state. Geographic differences might indicate that performance differences are due to environmental, social, or other factors.

The table to the right shows how CCO performance is mapped to regional performance. Regional performance is weighted based on the denominator of each CCO for a particular measure.

In addition, there are many new quality measures that have never been reported here before: Fifteen new State Quality measures reported under Oregon’s 1115 demonstration waiver, which was renewed in 2017; and two new CCO incentive measures. New measures are highlighted in the table of contents and marked with an orange star icon throughout the report.

A note about reporting race and ethnicity data: In last year’s annual report, categories of race and ethnicity were shared with high rates of missing data (approximately 40% of all members had either missing or unspecified race ethnicity categories.) Health equity is a very important focus for OHA, and accurate data is paramount to this effort. In this report, OHA elected to report race and ethnicity data for CAHPS measures only. Race and ethnicity for CAHPS measures is self-reported by members and is much more complete than enrollment-based data. OHA continues to work to improve our collection and reporting of race and ethnicity data with the intention of providing data for more measures in future reports.

Oregon is a leader in the nation in transforming our health care system to create better access and better care at a lower cost for all Oregonians. We have long had a national reputation for innovative health system solutions and the reforms that we have made in recent years continue to show Oregon’s innovation and leadership. The CCO pay-for-performance model is a hallmark of Oregon’s health transformation and a key component of our commitment to transparency and accountability. By measuring Oregon’s progress and identifying both success and challenges, the state can identify how we can continue to push for greater health transformation and ways to create better health outcomes for Oregon Health Plan members.
**Medicaid waiver**

Medicaid (health coverage for people earning less than 138 percent of the federal level, and people with disabilities) is administered by individual states but must follow certain federal requirements. States may obtain an 1115 Medicaid Demonstration waiver from the federal government, which grants them extra flexibility in how they use federal Medicaid funds in their state, with the goal of improving health care programs. Oregon has had such a waiver since 1994. The 1115 Medicaid waiver allows Oregon to deliver Medicaid services in unique ways, such as through the coordinated care model. Some of the key elements of Oregon’s coordinated care model include: using best practices to manage and coordinate care; transparency in price and quality; and paying for better quality care and better health outcomes, rather than just more services. So what does coordinated care mean?

**Coordinated care**

A coordinated care organization (CCO) is a network of health care providers (physical, behavioral, and oral health care providers) who have agreed to work together in their local communities to serve people who receive health care coverage under the Oregon Health Plan (Medicaid). CCOs were formed in Oregon in late 2012. In 2018, there were 15 CCOs operating in communities around Oregon.

CCOs have the flexibility to support new models of care that are patient-centered, team-focused, and reduce health disparities. CCOs are able to better coordinate services and also focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services alongside today's OHP medical benefits with the goal of meeting the triple aim of better health, better care and lower costs for the population they serve. Before Oregon’s CCOs were formed, physical, behavioral and other care were not integrated, making things more difficult for patients and providers and more expensive for the state.

**Medicaid expansion**

Beginning in 2014 many more Oregonians were able to join the Oregon Health Plan because of the Affordable Care Act, which increased the income eligibility limit. The number of people covered by CCOs increased by 63 percent, from about 614,000 in 2013 to almost 1 million in 2014.

**Measuring progress**

The measures in this report are an important piece of the coordinated care model. They increase transparency and help us know how well CCOs are improving the quality of care. The measures fall into three categories (see next page).
State quality metrics
OHA has agreed to measure and report these measures to the Centers for Medicare & Medicaid Services (CMS) as part of the 1115 Medicaid waiver.

CMS core metrics
The Centers for Medicare and Medicaid Services (CMS), together with commercial plans, managed care plans, physicians, consumers, and others have identified core quality measures to help promote alignment and harmonization of measure use and collection across payers in both the public and private sectors.

CCO incentive metrics
CCOs receive payment based on their performance on incentive metrics, which are selected by the Metrics and Scoring Committee. This is part of Oregon’s commitment to pay for better quality care and health outcomes. For more information on the committee, visit http://www.oregon.gov/oha/analytics/Pages/Metrics-Scoring-Committee.aspx.

Measure specifications and more information
- Information about the CCO incentive program, including specifications for the measures included in this report: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx
- Metrics and Scoring Committee: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx
- Medicaid Demonstration waiver: https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Background.aspx
- This and other metrics reports: https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx

Note that there is often crossover between the measure sets; a metric can fall into more than one category. To help readers identify which metrics belong in which measure set, each metric is accompanied by the icons shown. Additionally, measures that are brand new to this report are also accompanied by an orange star icon.
# 2018 INCENTIVE METRIC PERFORMANCE OVERVIEW

- **CCO achieved BENCHMARK in 2018**
- **CCO achieved IMPROVEMENT TARGET in 2018**
- **Top performing CCO in each measure**

**Bolded CCOs** earned 100% quality pool

* indicates challenge pool measure

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The Oregon Health Authority has established the quality pool—Oregon’s incentive payments to coordinated care organizations. Each CCO is being paid for reaching benchmarks or making improvements on incentive measures. This is the fifth time Oregon has paid CCOs for better care, rather than just the volume of services delivered.

The 2018 quality pool is more than $188 million. This represents 4.25 percent of the total amount all CCOs were paid in 2018. The quality pool is divided among all CCOs based on their number of members (see page 16 for CCO enrollment numbers) and their performance on the 17 incentive metrics.

Quality Pool: Phase One Distribution

CCOs can earn 100 percent of their quality pool in the first phase of distribution by meeting or exceeding:

- The benchmark or improvement target on 12 of 16 measures; and
- The .60 threshold score on the PCPCH enrollment measure, which uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

CCOs must meet both of these conditions to earn 100 percent of their quality pool.

Challenge Pool: Phase Two Distribution

The challenge pool includes funds remaining after quality pool funds are distributed in phase one. The 2018 challenge pool is just under $11 million. Challenge pool funds are distributed to CCOs according to their performance on each of the four challenge pool measures:

1. Assessments for children in DHS custody
2. Childhood immunization status (combo 2)
3. Developmental screenings in the first 36 months of life
4. Timeliness of prenatal care

In 2018 FamilyCare CCO closed and its members were reassigned to other nearby CCOs, primarily Health Share of Oregon. How this impacts the bonus pool: The Metrics and Scoring Committee, together with OHA and CCOs, reviewed several methods for dealing with the large and unplanned influx of members into CCOs. Several methodologies were presented to the Metrics and Scoring Committee in July 2018. The Committee decided that the measures would not be rebased to account for the new members; instead, CCOs whose membership increased 25% or more should “hold performance steady” from the prior year, meaning they would be required to meet prior year improvement targets.

The month of January 2018 was a transition month. FamilyCare bonus pool dollars accrued in January 2018 followed members into their new CCOs. If members had services under Family Care CCO in January 2018 but left Medicaid coverage entirely, the unaffiliated member’s funds were placed into the Challenge Pool.
## 2018 QUALITY POOL DISTRIBUTION

<table>
<thead>
<tr>
<th>CCO</th>
<th>Phase 1 Distribution</th>
<th>Challenge Pool</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td># Measures met</td>
<td>% Quality pool funds earned</td>
<td># Challenge measures met</td>
</tr>
<tr>
<td></td>
<td>(of 17 possible)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advanced Health</td>
<td>14</td>
<td>$ 4,550,457</td>
<td>100%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>14</td>
<td>$ 9,944,618</td>
<td>100%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>14</td>
<td>$ 3,760,644</td>
<td>100%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>10</td>
<td>$ 3,672,158</td>
<td>60%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>14</td>
<td>$ 12,002,400</td>
<td>100%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>15</td>
<td>$ 64,511,211</td>
<td>100%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>10</td>
<td>$ 7,724,349</td>
<td>60%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>13</td>
<td>$ 5,824,153</td>
<td>100%</td>
</tr>
<tr>
<td>PacificSource – Central Oregon</td>
<td>11</td>
<td>$ 7,630,948</td>
<td>70%</td>
</tr>
<tr>
<td>PacificSource – Gorge</td>
<td>15</td>
<td>$ 2,712,920</td>
<td>100%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>14</td>
<td>$ 1,894,422</td>
<td>100%</td>
</tr>
<tr>
<td>Trillium</td>
<td>14</td>
<td>$ 19,936,807</td>
<td>100%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>13</td>
<td>$ 5,343,796</td>
<td>100%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>14</td>
<td>$ 19,810,422</td>
<td>100%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>13</td>
<td>$ 5,202,039</td>
<td>100%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>$ 174,521,345</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

* Quality pool distribution is based on number of measures met and CCO size (number of members). See page 16 for CCO enrollment.
### Total quality pool dollars earned, by CCO.

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$4,904,712</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$10,677,146</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$4,069,482</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$4,009,924</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$12,568,815</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$69,955,473</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$8,054,057</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$6,271,369</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$8,323,940</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$2,930,593</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>$2,039,290</td>
</tr>
<tr>
<td>Trillium</td>
<td>$21,519,014</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$5,741,693</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$21,573,771</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$5,625,414</td>
</tr>
</tbody>
</table>

### Quality pool earned per member.

(December 2018 enrollment)

<table>
<thead>
<tr>
<th>CCO</th>
<th>Dollars Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>$256</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>$222</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>$238</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>$171</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>$262</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>$230</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>$155</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>$209</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>$174</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>$252</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>$212</td>
</tr>
<tr>
<td>Trillium</td>
<td>$252</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>$218</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>$221</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>$243</td>
</tr>
</tbody>
</table>
Appendix A

$ CCO Incentive Measures
In some cases, depending on the difference between the CCO’s baseline and the benchmark, the Minnesota method may result in a very small improvement that may not represent a statistically significant change. Using the example above, suppose the benchmark was only 75 percent. In this case, CCO A’s improvement target using the formula would be:

\[
\frac{75\% - 60\%}{10} = 1.5\% \quad \Rightarrow \quad 60\% + 1.5\% = 61.5\%
\]

Where the Minnesota method results in small improvement targets like this, the Committee has established a “floor” or minimum level of required improvement before the CCO would meet its improvement target. In this example, suppose the floor is 3 percentage points. The Minnesota method formula results in 1.5% increase. Instead of 61.5%, CCO A’s improvement target with the 3% floor applied would be: [baseline + floor] = [60% + 3%] = 63%.

On the following measure pages, CCO results are arranged in order of greatest percentage improvement to lowest percentage improvement.
**Access to care (CAHPS) - Adults**

Percentage of adult members who thought they received appointments and care when they needed them.

**Data source:**
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

**2018 benchmark source:**
2017 national Medicaid 75th percentile

**2018 data** (N=2,244)
- Statewide change since 2017: **+2.1%**
- Number of CCOs that improved: **13**
- Number of CCOs achieving target: **7**

CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>79.4%</td>
<td>80.1%</td>
<td>80.1%</td>
<td>80.6%</td>
<td>80.4%</td>
<td>81.0%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>79.4%</td>
<td>79.4%</td>
<td>80.6%</td>
<td>80.4%</td>
<td>81.0%</td>
<td>81.0%</td>
<td>81.0%</td>
</tr>
<tr>
<td>Asian American</td>
<td>73.7%</td>
<td>73.7%</td>
<td>74.5%</td>
<td>75.8%</td>
<td>76.2%</td>
<td>76.2%</td>
<td>76.2%</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td></td>
<td></td>
<td>87.0%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>77.1%</td>
<td>77.1%</td>
<td>78.5%</td>
<td>78.5%</td>
<td>78.5%</td>
<td>78.5%</td>
<td>78.5%</td>
</tr>
<tr>
<td>White</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
</tr>
<tr>
<td>Other</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
<td>85.7%</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>74.5%</td>
<td>74.5%</td>
<td>74.5%</td>
<td>74.5%</td>
<td>74.5%</td>
<td>74.5%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino
Access to care among adults in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.
Access to care (CAHPS) - Children

Percentage of child members whose parents answered that their children received appointments and care when they needed them.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=2,522)
- Statewide change since 2017: +0.6%
- Number of CCOs that improved: 9
- Number of CCOs achieving target: 5

CCOs must achieve benchmark or improvement target for both adults and children to receive credit for this metric.

Back to table of contents.
Access to care among children in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

Health Share of Oregon
- 2018 benchmark: 92.1%
- 2018: 81.4% & 84.6%

Advanced Health
- 2018: 89.3% & 92.5%

Willamette Valley Community Health
- 2018: 86.3% & 89.4%

Eastern Oregon
- 2018: 86.8% & 89.2%

Primary Health of Josephine County
- 2018: 94.4% & 96.8%

PacificSource Central
- 2018: 90.2% & 90.9%

AllCare CCO
- 2018: 90.8% & 91.3%

Cascade Health Alliance
- 2018: 92.3% & 92.7%

Jackson Care Connect
- 2018: 90.3% & 90.6%

Trillium
- 2018: 86.3% & 86.6%

Yamhill Community Care
- 2018: 87.4% & 87.9%

Umpqua Health Alliance
- 2018: 84.7% & 87.3%

PacificSource Gorge
- 2018: 85.4% & 88.3%

InterCommunity Health Network
- 2018: 85.3% & 88.4%

Columbia Pacific
- 2018: 86.3% & 90.1%
Adolescent well-care visits

Percentage of adolescents and young adults (ages 12-21) who has at least one well-care visit during the measurement year.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data  (N=119,852)
- Statewide change since 2017: +1.6%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 7

Statewide

By region

2018 benchmark: 66.0%
Adolescent well-care visits in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 66.0%

Cascade Health Alliance ✓
PacificSource Gorge ✓
PacificSource Central ✓
Eastern Oregon ✓
Willamette Valley Community Health ✓
Advanced Health ✓
AllCare CCO ✓
Yamhill Community Care ✓
Jackson Care Connect ✓
InterCommunity Health Network ✓
Health Share of Oregon ✓
Columbia Pacific ✓
Trillium ✓
PrimaryHealth of Josephine County ✓
Umpqua Health Alliance ✓
Emergency department utilization

Rate of patient visits to an emergency department. Rates are reported per 1,000 member months and a lower number suggests more appropriate use of care.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=9,989,010 member months)
- Statewide change since 2017: -1.9%
- Number of CCOs that improved: 8
- Number of CCOs achieving target: 8

Rates are shown per 1,000 member months, which means that in one month, there are on average X visits occurring per 1,000 CCO members.

Back to table of contents.
Emergency department utilization in **2017 and 2018**, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

- **Jackson Care Connect** ✓
- **Umpqua Health Alliance** ✓
- **Health Share of Oregon** ✓
- **Eastern Oregon** ✓
- **Willamette Valley Community Health** ✓
- **InterCommunity Health Network** ✓
- **Primary Health of Josephine County** ✓
- **PacificSource Gorge** ✓
- **Yamhill Community Care**
- **Columbia Pacific** ➔
- **Trillium** ➔
- **Cascade Health Alliance** ➔
- **PacificSource Central** ➔
- **AllCare CCO** ✓
- **Advanced Health** ➔

**2018 benchmark: 44.2**

Lower is better
Assessments for children in DHS custody

Percentage of children ages 4+ who received a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). Physical and dental health assessments are required for children under age 4, but not mental health assessments.

Data source:
Administrative (billing) claims + ORKids (state system for tracking and managing children in foster care)

2018 benchmark source:
Committee consensus

2018 data (N=1,892)
- Statewide change since 2017: +4.3%
- Number of CCOs that improved: 12
- Number of CCOs achieving target: 13

Results prior to 2014 are not comparable to later years due to change in methodology.

Statewide

By region

2018 benchmark: 90.0%
Assessments for children in DHS custody in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

* note small denominator (n<30)
Childhood immunization status

Percentage of children who received recommended vaccines (DTaP, IPV, MMR, HiB, Hepatitis B, VZV) before their second birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=12,155)
- Statewide change since 2017: +1.8%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 7

Statewide

<table>
<thead>
<tr>
<th>Year</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>68.2%</td>
<td>68.4%</td>
<td>73.2%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018 Benchmark</th>
<th>2018 Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willamette Valley</td>
<td>74.2%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>68.6%</td>
<td>70.2%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>72.8%</td>
<td>74.2%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>70.5%</td>
<td>71.5%</td>
</tr>
<tr>
<td>Central OR</td>
<td>76.4%</td>
<td>76.5%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>77.0%</td>
<td>77.8%</td>
</tr>
</tbody>
</table>

2018 benchmark: 79.1%
Childhood immunization status in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.
Cigarette smoking prevalence

Cigarette smoking prevalence is a bundled measure intended to address both cessation benefits offered by CCOs and cigarette smoking prevalence. For 2018, all CCOs met the cessation benefit requirement portion of the measure. The data on this page reflect cigarette smoking prevalence.

Data source:
Electronic Heath Records

2018 benchmark source:
Committee consensus

2018 data (N=254,111)

- Statewide change since 2017: -5.1%
- Number of CCOs that improved: 14
- Number of CCOs achieving target: 15

Back to table of contents.
Cigarette smoking prevalence in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 25.0%

- Cascade Health Alliance*
- Columbia Pacific
- Yamhill Community Care
- Advanced Health
- Trillium
- Eastern Oregon
- InterCommunity Health Network
- Umpqua Health Alliance
- AllCare CCO
- PacificSource Central
- PacificSource Gorge
- Jackson Care Connect
- PrimaryHealth of Josephine County
- Health Share of Oregon
- Willamette Valley Community Health

*2016 results excluded as invalid

Oregon Health Authority
Office of Health Analytics
Colorectal cancer screening

Percent of adult members (ages 50-75) who had appropriate screening for colorectal cancer.

Data source: Administrative (billing) claims and medical record review

2018 benchmark source: 2016 CCO 90th percentile

2018 data (N=6,156)
- Statewide change since 2017: +4.8%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 15

By region

Central OR
Tri-County
Northern Coast
Eastern OR
Willamette Valley
Southern OR

2018 benchmark: 54.0%
Colorectal cancer screening in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

- PacificSource Gorge ✓
- Cascade Health Alliance ✓
- AllCare CCO ✓
- Columbia Pacific ✓
- Health Share of Oregon ✓
- Eastern Oregon ✓
- Trillium ✓
- Advanced Health ✓
- Yamhill Community Care ✓
- Willamette Valley Community Health ✓
- PacificSource Central ✓
- InterCommunity Health Network ✓
- PrimaryHealth of Josephine County ✓
- Jackson Care Connect ✓
- Umpqua Health Alliance ✓
Controlling hypertension

Percentage of adult patients (ages 18–85) with a diagnosis of hypertension (high blood pressure) whose condition was adequately controlled.

Data source:
Electronic Health Records

2018 benchmark source:
2016 national Medicaid 90th percentile

2018 data (N=125,944)
- Statewide change since 2017: +4.1%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 12

Statewide

By region

2018 benchmark: 70.6%

Willamette Valley
Northern Coast
Southern OR
Tri-County
Central OR
Eastern OR

Back to table of contents.
Controlling hypertension in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 70.6%
Dental sealants for children (all ages)

Percentage of children ages 6-14 who received a dental sealant during the measurement year.

Data source:
Administrative (billing) claims

2018 benchmark source:
2016 CCO 75th percentile

2018 data (N=137,444)
- Statewide change since 2017: +2.5%
- Number of CCOs that improved: 10
- Number of CCOs achieving target: 14

Statewide

By region

2018 benchmark: 22.9%
Dental sealants on permanent molars for children (all ages) **2017 and 2018**, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

- **2018 benchmark: 22.9%**
- Umpqua Health Alliance ✓ 22.5%
- Cascade Health Alliance ✓ 21.9%
- Yamhill Community Care ✓ 23.2%
- Willamette Valley Community Health ✓ 22.1%
- Trillium ✓ 23.1%
- PrimaryHealth of Josephine County ✓ 22.5%
- AllCare CCO ✓ 24.2%
- PacificSource Central ✓ 23.7%
- PacificSource Gorge ✓ 27.2%
- InterCommunity Health Network ✓ 23.8%
- Eastern Oregon ✓ 24.3%
- Jackson Care Connect ✓ 26.0%
- Health Share of Oregon ✓ 24.5%
- Columbia Pacific 22.3%
- Advanced Health ✓ 24.9%
Dental sealants for children (ages 6-9)

Percentage of children ages 6-9 who received a dental sealant during the measurement year.

**Data source:**
Administrative (billing) claims

**2018 benchmark source:**
2016 CCO 75th percentile

**2018 data** (N=61,517)
- Statewide change since 2017: **+4.1%**
- Number of CCOs that improved: **10**

Results are stratified by age group (6-9 and 10-14) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

Back to table of contents.
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 6-9)

Dental sealants on permanent molars for children (ages 6-9) in 2017 and 2018, by CCO.

2018 benchmark: 22.9%

- Umpqua Health Alliance: 22.5%
- Cascade Health Alliance: 24.0%
- Yamhill Community Care: 26.7%
- Willamette Valley Community Health: 25.9%
- Jackson Care Connect: 25.7%
- PacificSource Central: 25.8%
- Trillium: 24.5%
- PacificSource Gorge: 27.2%
- AllCare CCO: 25.2%
- Eastern Oregon: 26.4%
- PrimaryHealth of Josephine County: 23.0%
- Columbia Pacific: 25.4%
- Health Share of Oregon: 27.3%
- InterCommunity Health Network: 26.2%
- Advanced Health: 26.6%
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 10-14)

**Dental sealants for children (ages 10-14)**

Percentage of children ages 10-14 who received a dental sealant during the measurement year.

**Data source:**
Administrative (billing) claims

**2018 benchmark source:**
2016 CCO 75th percentile

**2018 data** (N=75,927)
- Statewide change since 2017: **+1.4%**
- Number of CCOs that improved: **6**

Results are stratified by age group (6-9 and 10-14) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

**By region**

<table>
<thead>
<tr>
<th>Region</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Willamette Valley</td>
<td>19.8%</td>
<td>20.1%</td>
<td>20.9%</td>
<td>21.7%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>22.3%</td>
<td>22.6%</td>
<td>23.1%</td>
<td>22.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Tri-County</td>
<td>21.9%</td>
<td>22.3%</td>
<td>22.6%</td>
<td>22.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Central OR</td>
<td>22.3%</td>
<td>22.6%</td>
<td>22.6%</td>
<td>22.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>19.8%</td>
<td>20.1%</td>
<td>20.4%</td>
<td>20.9%</td>
<td>20.9%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>9.4%</td>
<td>16.5%</td>
<td>19.1%</td>
<td>21.8%</td>
<td>22.4%</td>
</tr>
</tbody>
</table>

2018 benchmark: 22.9%
DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN (ages 10-14)

Dental sealants on permanent molars for children (ages 10-14) in 2017 and 2018, by CCO.

2018 benchmark: 22.9%

Umpqua Health Alliance
Cascade Health Alliance
Willamette Valley Community Health
Yamhill Community Care
InterCommunity Health Network
PrimaryHealth of Josephine County
Trillium
AllCare CCO
PacificSource Gorge
Eastern Oregon
Health Share of Oregon
PacificSource Central
Columbia Pacific
Jackson Care Connect
Advanced Health

2018 CCO Metrics Performance Report
July 30, 2019

Oregon Health Authority
Office of Health Analytics

42
Depression screening and follow-up

Percentage of adult patients (ages 18 and older) who had appropriate screening and follow-up planning for depression.

Data source:
Electronic Health Records

2018 benchmark source:
2016 CCO 90th percentile

2018 data (N=362,912)
- Statewide change since 2017: +10.0%
- Number of CCOs that improved: 13
- Number of CCOs achieving target: 15

By region

2018 benchmark: 63.0%
Depression screening and follow-up plan in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 63.0%
**Developmental screenings**

Percentage of children who were screened for risks of developmental, behavioral and social delays using standardized screening tools in the 12 months preceding their first, second or third birthday.

**Data source:**
Administrative (billing) claims

**2018 benchmark source:**
2016 CCO 90th percentile

**2018 data** (N=41,354)

- Statewide change since 2017: **+5.4%**
- Number of CCOs that improved: **13**
- Number of CCOs achieving target: **15**

---

**By region**

- **Eastern OR:** 62.6% (2018 benchmark: 74.0%)
- **Willamette Valley:** 69.7% (2018 benchmark: 74.0%)
- **Southern OR:** 69.2% (2018 benchmark: 73.2%)
- **Northern Coast:** 62.0% (2018 benchmark: 76.6%)
- **Central OR:** 74.2% (2018 benchmark: 76.6%)
- **Tri-County:** 68.5% (2018 benchmark: 70.2%)
Developmental screenings in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 74.0%
Diabetes Care: HbA1c Poor Control

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period. A lower score is better.

Data source: Electronic Health Records

2018 benchmark source: 2016 CCO 90th percentile

2018 data (N=54,664)
- Statewide change since 2017: -0.8%
- Number of CCOs that improved: 6
- Number of CCOs achieving target: 7

Back to table of contents.
Diabetes care, HbA1c poor control in 2017 and 2018, by CCO.

- Primary Health of Josephine County: met benchmark
- Jackson Care Connect: met benchmark
- Eastern Oregon: met benchmark
- AllCare CCO: met benchmark
- Advanced Health: met benchmark
- Willamette Valley Community Health: met benchmark
- PacificSource Gorge: 21.0%
- Columbia Pacific: 21.4%
- Trillium: 18.7%
- Health Share of Oregon: 23.6%
- InterCommunity Health Network: 23.6%
- Cascade Health Alliance: 21.0%
- Umpqua Health Alliance: 23.7%
- Yamhill Community Care: 25.3%
- PacificSource Central: 21.7%

Lower is better

2018 benchmark: 22.6%
DISPARITY MEASURE: ED UTILIZATION AMONG MEMBERS WITH MENTAL ILLNESS

Disparity measure
Rate of ambulatory ED utilization for physical health conditions from member who have a history of mental illness.

Data source:
Administrative (billing) claims

2018 benchmark source:
2016 CCO 90th percentile

2018 data (N=1,628,332 member months)
- Statewide change since 2017: \(-5.6\%\)
- Number of CCOs that improved: \(12\)
- Number of CCOs achieving target: \(12\)

Lower is better

Statewide

By region

2018 benchmark: 92.9

Eastern OR
Willamette Valley
Tri-County
Southern OR
Northern Coast
Central OR

Back to table of contents.
Emergency department utilization among members with mental illness in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target.

2018 benchmark: 92.9

Lower is better

Emergency department utilization among members with mental illness in 2017 and 2018, by CCO.
Effective contraceptive use (15-50)

Percentage of women (ages 15-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2018 benchmark source:
Committee consensus

2018 data (N=126,455)

- Statewide change since 2017: -0.9%
- Number of CCOs that improved: 7
- Number of CCOs achieving target: 10

2018 is the first year adolescents ages 15-17 are included in the incentivized measure.

2016 results are not reported at the CCO level due to change in methodology.

Back to table of contents.
Effective contraceptive use among adult women at risk of unintended pregnancy in 2017 and 2018, by CCO.

- Indicates CCO met benchmark or improvement target.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Gorge</td>
<td>49.0%</td>
<td>52.7%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>50.9%</td>
<td>52.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>49.9%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>40.1%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>50.4%</td>
<td>51.0%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>51.3%</td>
<td>51.7%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>47.6%</td>
<td>47.7%</td>
</tr>
<tr>
<td>Trillium</td>
<td>50.2%</td>
<td>50.5%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>52.4%</td>
<td>53.0%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>53.9%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>46.0%</td>
<td>47.0%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>46.6%</td>
<td>48.0%</td>
</tr>
<tr>
<td>Primary Health of Josephine County</td>
<td>47.6%</td>
<td>49.2%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>49.5%</td>
<td>53.6%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2018 benchmark: 50.0%
Effective contraceptive use (15-17)

Percentage of adolescent women (ages 15-17) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2018 benchmark source:
Committee consensus

2018 data (N=19,023)
- Statewide change since 2017: 5.9%
- Number of CCOs that improved: 10

Results are stratified by age group (adolescents and adults) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

2016 results are not reported at the CCO level due to change in methodology.

Back to table of contents.
Effective contraceptive use among adolescent women at risk of unintended pregnancy in 2017 and 2018, by CCO.
Effective contraceptive use

Percentage of adult women (ages 18-50) with evidence of one of the most effective or moderately effective contraceptive methods during the measurement year: IUD, implant, contraception injection, contraceptive pills, sterilization, patch, ring, or diaphragm.

Data source:
Administrative (billing) claims

2018 benchmark source:
Committee consensus

2018 data (N=107,432)
- Statewide change since 2017: -0.2%
- Number of CCOs that improved: 5

Results are stratified by age group (adolescents and adults) for reporting and monitoring purposes only. Incentive payments are based on all ages combined.

2016 results are not reported at the CCO level due to change in methodology.

Statewide
Note: 2017-2018 performance is not directly comparable to earlier years due to change in methodology.

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
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<tr>
<td>Tri-County</td>
<td>42.2%</td>
<td>43.2%</td>
<td></td>
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</tr>
<tr>
<td>Eastern OR</td>
<td></td>
<td></td>
<td>55.1%</td>
<td>55.0%</td>
<td>55.1%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>49.4%</td>
<td>54.1%</td>
<td>53.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central OR</td>
<td>54.8%</td>
<td>55.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td>47.3%</td>
<td>48.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>52.3%</td>
<td>53.6%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Back to table of contents.
Effective contraceptive use among women ages 18-50 at risk of unintended pregnancy in **2017** and **2018**, by CCO.
Statewide in 2018, 96 percent of CCO members are enrolled in a PCPCH, resulting in a weighted score of 76.2 percent.

The Patient-Centered Primary Care Home (PCPCH) enrollment incentive measure uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

Beginning in 2017, the PCPCH program launched 5 STAR recognition. This new level of recognition was incorporated into the weighting formula for PCPCH score. Thus, scores are not comparable to previous years. The graphs below show member enrollment by CCO across the PCPCH tiers. The next page shows each CCO’s PCPCH “score” using the weighted methodology for the incentive measure. A CCO must achieve a score of at least 60 percent to be eligible to earn 100 percent of its quality pool.

<table>
<thead>
<tr>
<th>CCO</th>
<th>Not enrolled in PCPCH</th>
<th>Tiers 1 &amp; 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>5 STAR</th>
<th>Total enrolled</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>10%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>75%</td>
</tr>
<tr>
<td>AllCare Health Plan</td>
<td>11%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>21%</td>
<td>60%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>33%</td>
<td>58%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>28%</td>
<td>25%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>9%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>26%</td>
<td>42%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>11%</td>
<td>6%</td>
</tr>
<tr>
<td>Intercommunity Health Network</td>
<td>8%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>52%</td>
<td>42%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>12%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>24%</td>
<td>43%</td>
</tr>
<tr>
<td>PacificSource - Central</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
<td>77%</td>
</tr>
<tr>
<td>PacificSource - Gorge</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>23%</td>
<td>0%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>28%</td>
<td>39%</td>
</tr>
<tr>
<td>Trillium</td>
<td>6%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>14%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>5%</td>
<td>60%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>12%</td>
<td>68%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>4%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
<td>18%</td>
<td>59%</td>
</tr>
<tr>
<td>Statewide</td>
<td>4%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>60%</td>
</tr>
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</table>

2018 CCO Metrics Performance Report
July 30, 2019
Patient-Centered Primary Care Home enrollment score in 2017 and 2018, by CCO.

✓ indicates CCO met 60 percent threshold.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017 Score</th>
<th>2018 Score</th>
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<tbody>
<tr>
<td>PacificSource Central</td>
<td></td>
<td>76.9%</td>
</tr>
<tr>
<td>Trillium</td>
<td>64.0%</td>
<td>71.4%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td>71.7%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td></td>
<td>76.1%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>64.9%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>68.9%</td>
<td>72.9%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td></td>
<td>75.2%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td></td>
<td>71.6%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td>79.1%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td></td>
<td>82.8%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td></td>
<td>73.0%</td>
</tr>
<tr>
<td>AllCare CCO</td>
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<td>68.4%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td>90.6%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td></td>
<td>67.8%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td></td>
<td>66.2%</td>
</tr>
</tbody>
</table>
Timeliness of prenatal care

Percentage of pregnant women who received a prenatal care visit within the first trimester or within 42 days of enrollment in Medicaid.

Data source:
Administrative (billing) claims and medical record review

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=5,235)

- Statewide change since 2017: +1.6%
- Number of CCOs that improved: 11
- Number of CCOs achieving target: 15

By region

2018 benchmark: 91.7%

- Tri-County: 89.5% (93.2%)  
- Central OR: 89.0% (92.4%)  
- Willamette Valley: 89.8% (91.7%)  
- Southern OR: 92.5% (93.2%)  
- Northern Coast: 93.7% (93.8%)  
- Eastern OR: 92.4% (92.9%)  

Back to table of contents.
Timeliness of prenatal care in 2017 and 2018, by CCO.

✓ indicates CCO met benchmark or improvement target. Grey dots represent 2016.

2018 benchmark: 91.7%
Weight assessment and counseling

Percentage of patients 3-17 years of age who had evidence of the following during the measurement period. Three rates are reported and averaged:

1) % of patients with height, weight and BMI documentation
2) % of patients with counseling for nutrition
3) % of patients with counseling for physical activity

Data source:
Electronic Health Records

2018 benchmark source:
MIPS 2017 benchmarks - 50th percentile

2018 data (N=511,383)
- Statewide change since 2017: n/a
- Number of CCOs that improved: n/a
- Number of CCOs achieving target: 15

By region

2018 benchmark: 30.4%

- Tri-County: 69.8%
- Central OR: 62.6%
- Southern OR: 60.4%
- Northern Coast: 57.6%
- Willamette Valley: 55.5%
- Eastern OR: 51.8%
Weight assessment, nutrition, and activity counseling for children and adolescents in 2018, by CCO.

✓ indicates CCO met benchmark. Because 2018 was the first reporting year, no improvement targets were set.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2018 Benchmark</th>
</tr>
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<tbody>
<tr>
<td>Advanced Health</td>
<td>35.9%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>64.6%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>64.5%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>64.5%</td>
</tr>
<tr>
<td>Trillium*</td>
<td>64.6%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>64.5%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>58.9%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>57.6%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>54.8%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>54.6%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>53.3%</td>
</tr>
<tr>
<td>Willamette Valley Community Health*</td>
<td>51.8%</td>
</tr>
<tr>
<td>Eastern Oregon*</td>
<td>51.8%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County*</td>
<td>50.9%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>35.9%</td>
</tr>
</tbody>
</table>
Appendix B

State Quality and

CMS Core measures
All-cause readmissions

Percentage of adult members (ages 18 and older) who had a hospital stay and were readmitted for any reason within 30 days of discharge. A lower score for this measure is better.

Data source:
Administrative (billing) claims

2018 benchmark source:
Average of 2013 commercial and Medicare 75th percentiles

2018 data (N=32,008)
- Statewide change since 2017: +6.7%
- Number of CCOs that improved: 2

Results prior to 2016 are not directly comparable to later years due to change in methodology.
Hospital all-cause readmissions in 2017 and 2018, by CCO.
Grey dots represent 2016.

2018 benchmark: 10.5%

Lower is better
Avoidable ED utilization

Rate of patient visits to an emergency department for conditions that could have been more appropriately managed by or referred to a primary care provider in an office or clinic setting.

Rates are derived from the Ambulatory care: emergency department utilization measure and are reported per 1,000 member months. A lower number suggests more appropriate emergency department utilization.

Data source:
Administrative (billing) claims

2018 benchmark source:
N/A

2018 data (N=9,989,010 member months)
- Statewide change since 2017: -8.7%
- Number of CCOs that improved: 11

Back to table of contents.
Avoidable emergency department utilization in 2017 and 2018, by CCO.

Grey dots represent 2016.

Eastern Oregon
Health Share of Oregon
PacificSource Central
Jackson Care Connect
Trillium
Umpqua Health Alliance
PacificSource Gorge
Willamette Valley Community Health
Yamhill Community Care
Columbia Pacific
InterCommunity Health Network
Cascade Health Alliance
AllCare CCO
Advanced Health
PrimaryHealth of Josephine County

Lower is better
Outpatient utilization

Rate of outpatient services, such as office visits, home visits, nursing home care, urgent care and counseling or screening services

Data source:
Administrative (billing) claims

2018 benchmark source:
n/a

2018 data (N=9,989,010 member months)

- Statewide change since 2017: -0.1%

Rates are shown per 1,000 member months, which means that in one month, there are on average X visits occurring per 1,000 CCO members.

By region

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Southern OR</td>
<td>326.7</td>
<td>328.4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eastern OR</td>
<td>299.9</td>
<td>302.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Central OR</td>
<td>298.8</td>
<td>302.2</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Tri-County</td>
<td>314.2</td>
<td>315.2</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td>322.5</td>
<td>323.1</td>
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<td>Willamette Valley</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

Back to table of contents.
Outpatient utilization in 2017 and 2018, by CCO.

Grey dots represent 2016.
Any Dental Service

Percentage of CCO members (all ages) who received at least one dental or oral health service within the reporting year.

Data source:
Administrative (billing) claims

2018 benchmark source:
n/a

2018 data (N=732,455)

Statewide

46.6%

By region

Eastern OR 48.8%
Tri-County 47.5%
Central OR 46.7%
Willamette Valley 46.5%
Southern OR 44.6%
Northern Coast 43.1%
ANY DENTAL SERVICE in 2017 and 2018, by CCO.

- PacificSource Gorge: 50.4%
- Eastern Oregon: 48.8%
- Willamette Valley Community Health: 48.0%
- Yamhill Community Care: 47.8%
- Health Share of Oregon: 47.5%
- Jackson Care Connect: 47.3%
- PacificSource Central: 46.7%
- Trillium: 46.1%
- AllCare CCO: 44.6%
- Umpqua Health Alliance: 44.2%
- Cascade Health Alliance: 44.0%
- InterCommunity Health Network: 43.5%
- Columbia Pacific: 43.1%
- Advanced Health: 42.9%
- PrimaryHealth of Josephine County: 40.2%
CAHPS: Access to Dental Care—Adults

Percentage of adult members who said they had a regular dentist they would go to for checkups and cleanings or when they have cavity or tooth pain.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=4,071)

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>Sample Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>62.2%</td>
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<tr>
<td>Am. Indian/Al. Native</td>
<td>56.4%</td>
<td>55</td>
</tr>
<tr>
<td>Asian American</td>
<td>57.4%</td>
<td>68</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>54.5%</td>
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<tr>
<td>Hispanic/Latino</td>
<td>61.3%</td>
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<tr>
<td>White</td>
<td>55.4%</td>
<td>3,017</td>
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<tr>
<td>Other</td>
<td>51.3%</td>
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</tr>
<tr>
<td>Unknown/blank</td>
<td>53.0%</td>
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</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino
CAHPS: Access to Dental Care—Adults in 2018, by CCO.

PacificSource Central: 60.5%
Jackson Care Connect: 60.3%
Trillium: 59.1%
Umpqua Health Alliance: 58.4%
Willamette Valley Community Health: 57.7%
AllCare CCO: 57.3%
Yamhill Community Care: 56.3%
Health Share of Oregon: 55.3%
PacificSource Gorge: 55.0%
InterCommunity Health Network: 54.7%
PrimaryHealth of Josephine County: 54.6%
Columbia Pacific: 53.8%
Eastern Oregon: 53.8%
Advanced Health: 53.1%
Cascade Health Alliance: 48.8%
CAHPS: Access to Dental Care—Children

Percentage of parents who said their children had a regular dentist they would go to for checkups and cleanings or when they have cavity or tooth pain.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=5,072)

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>85.7%</td>
<td>35</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>80.3%</td>
<td>71</td>
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<tr>
<td>Asian American</td>
<td>92.3%</td>
<td>13</td>
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<tr>
<td>Hawaiian/Pac. Islander</td>
<td>66.7%</td>
<td>12</td>
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<tr>
<td>Hispanic/Latino</td>
<td>84.7%</td>
<td>1,792</td>
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<tr>
<td>White</td>
<td>81.7%</td>
<td>2,608</td>
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<tr>
<td>Other</td>
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<tr>
<td>Unknown/blank</td>
<td>78.9%</td>
<td>123</td>
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</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino
CAHPS: Access to Dental Care—Children in 2018, by CCO.

- PacificSource Gorge: 86.7%
- Cascade Health Alliance: 86.6%
- Jackson Care Connect: 85.7%
- Yamhill Community Care: 85.7%
- Eastern Oregon: 84.4%
- Advanced Health: 83.1%
- AllCare CCO: 82.2%
- PacificSource Central: 81.6%
- Willamette Valley Community Health: 81.4%
- Umpqua Health Alliance: 81.2%
- InterCommunity Health Network: 79.6%
- Health Share of Oregon: 79.3%
- PrimaryHealth of Josephine County: 78.9%
- Columbia Pacific: 76.9%
- Trillium: 71.5%
Percentage of adult members who said it was easy to get the care, tests or treatment they needed and that they could get an appointment to see a specialist as soon as they needed.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=2,468)

<table>
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<th>Race/Ethnicity</th>
<th>2018 Percentage</th>
</tr>
</thead>
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<tr>
<td>African American/Black</td>
<td>91.7% (n=24)</td>
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<td>Am. Indian/Al. Native</td>
<td>75.7% (n=35)</td>
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<td>Asian American</td>
<td>77.9% (n=34)</td>
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<td>Hawaiian/Pac. Islander</td>
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<tr>
<td>Hispanic/Latino</td>
<td>83.1% (n=181)</td>
</tr>
<tr>
<td>White</td>
<td>83.7% (n=1,849)</td>
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<tr>
<td>Other</td>
<td>77.8% (n=50)</td>
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<tr>
<td>Unknown/blank</td>
<td>77.4% (n=288)</td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Getting Needed Care—Adults in 2018, by CCO.

- PrimaryHealth of Josephine County: 88.5%
- Yamhill Community Care: 86.9%
- Willamette Valley Community Health: 85.7%
- InterCommunity Health Network: 85.6%
- PacificSource Gorge: 84.0%
- Columbia Pacific: 83.8%
- PacificSource Central: 82.2%
- Cascade Health Alliance: 81.8%
- Health Share of Oregon: 81.6%
- Umpqua Health Alliance: 81.6%
- AllCare CCO: 81.2%
- Eastern Oregon: 80.4%
- Jackson Care Connect: 80.3%
- Advanced Health: 80.2%
- Trillium: 77.9%
CAHPS: Getting Needed Care—Children

Percentage of parents who said it was easy to get their children the care, tests or treatment they needed and that they could get an appointment to see a specialist as soon as they needed.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=2,309)

By race/ethnicity

- African American/Black: 93.5% (n=16)
- Am. Indian/Al. Native: 81.0% (n=32)
- Asian American^: data suppressed (n<10)
- Hawaiian/Pac. Islander^: data suppressed (n<10)
- Hispanic/Latino: 86.1% (n=732)
- White: 88.9% (n=1,249)
- Other: 85.0% (n=211)
- Unknown/blank: 77.7% (n=56)

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Getting Needed Care—Children in 2018, by CCO.
CAHPS: Health Status—Adults

Percentage of adult members who would rate their overall health as good, very good or excellent.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source: n/a

2018 data (N=4,085)

- Statewide change since 2017: **-4.2%**
- Number of CCOs that improved: **6**

Back to table of contents.
CAHPS: Health Status—Adults in 2017 and 2018, by CCO.

Grey dots represent 2016.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trillium</td>
<td>67.7%</td>
<td>69.0%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>64.1%</td>
<td>65.0%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>71.0%</td>
<td>71.9%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>74.0%</td>
<td>74.8%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>73.2%</td>
<td>73.7%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>70.2%</td>
<td>70.4%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>69.1%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>56.9%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>57.1%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>65.0%</td>
<td>66.2%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>71.3%</td>
<td>73.8%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>65.6%</td>
<td>68.2%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>64.7%</td>
<td>69.9%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>63.6%</td>
<td>69.1%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>67.9%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>
Percentage of parents who would rate their child’s overall health as good, very good or excellent.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source: n/a

2018 data (N=5,154)
- Statewide change since 2017: -13.3%
- Number of CCOs that improved: 9
CAHPS: Health Status—Children in 2017 and 2018, by CCO.
Grey dots represent 2016.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advanced Health</td>
<td>94.6%</td>
<td>97.2%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>89.7%</td>
<td>91.5%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>95.9%</td>
<td>97.2%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>95.5%</td>
<td>96.8%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>93.4%</td>
<td>94.6%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>96.7%</td>
<td>97.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>96.5%</td>
<td>96.8%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>97.3%</td>
<td>97.4%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>95.1%</td>
<td>95.1%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>96.1%</td>
<td>96.9%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>92.4%</td>
<td>93.5%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>91.3%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Trillium</td>
<td>95.4%</td>
<td>96.8%</td>
</tr>
</tbody>
</table>
CAHPS: Doctors Communicate—Adults

Percentage of adult members who thought their personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say, and spent enough time with them.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=2,694)

By race/ethnicity

<table>
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<tr>
<th>Race/Ethnicity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>98.9% (n=22)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>88.8% (n=40)</td>
</tr>
<tr>
<td>Asian American</td>
<td>97.4% (n=38)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander</td>
<td>^ data suppressed (n&lt;10)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>91.3% (n=225)</td>
</tr>
<tr>
<td>White</td>
<td>92.3% (n=2,000)</td>
</tr>
<tr>
<td>Other</td>
<td>89.6% (n=53)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>90.7% (n=311)</td>
</tr>
</tbody>
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^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
### CAHPS: How Well Doctors Communicate—Adults in 2018, by CCO.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>PacificSource Gorge</td>
<td>95.1%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>94.4%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>94.3%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>94.1%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>93.7%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>93.7%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>93.5%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>92.0%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>91.9%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>91.4%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>91.3%</td>
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<tr>
<td>PacificSource Central</td>
<td>91.0%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>89.5%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>89.3%</td>
</tr>
<tr>
<td>Trillium</td>
<td>86.7%</td>
</tr>
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</table>
CAHPS: How Well Do Doctors Communicate—Children

Percentage of parents who thought their child’s personal doctor explained things in a way that was easy to understand, listened carefully to them, showed respect for what they had to say, and spent enough time with them.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source: n/a

2018 data (N=3,210)

By race/ethnicity

- African American/Black: 97.7% (n=22)
- Am. Indian/Al. Native: 93.9% (n=37)
- Asian American^: 93.7% (n=1,043)
- Hawaiian/Pac. Islander^: 93.9% (n=69)
- Hispanic/Latino: 93.6% (n=1,745)
- White: 95.9% (n=281)
- Other: 93.9% (n=69)
- Unknown/blank: 93.9% (n=69)

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino
CAHPS: How Well Doctors Communicate—Children in **2018**, by CCO.

<table>
<thead>
<tr>
<th>CCO Name</th>
<th>Score</th>
</tr>
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<tbody>
<tr>
<td>PacificSource Gorge</td>
<td>96.9%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>96.2%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>95.9%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>95.4%</td>
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<tr>
<td>Columbia Pacific</td>
<td>95.2%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>95.1%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>95.0%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>95.0%</td>
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<tr>
<td>AllCare CCO</td>
<td>94.9%</td>
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<tr>
<td>Yamhill Community Care</td>
<td>94.8%</td>
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<tr>
<td>Cascade Health Alliance</td>
<td>94.0%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>93.9%</td>
</tr>
<tr>
<td>Trillium</td>
<td>93.6%</td>
</tr>
<tr>
<td>Health Share of Oregon</td>
<td>92.8%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>91.7%</td>
</tr>
</tbody>
</table>
Med Cessation: Advised to Quit

Percentage of adult members who said their doctor or other health provider advised them to quit smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=1,163)

- Statewide change since 2017: **-5.9%**
- Number of CCOs that improved: **6**

By race/ethnicity

- **African American/Black**: 50.0% (n=12)
- **Am. Indian/Al. Native**: 58.3% (n=24)
- **Asian American^**: 56.2% (n=891)
- **Hawaiian/Pac. Islander^**: 52.7% (n=891)
- **Hispanic/Latino**: 52.2% (n=23)
- **White**: 59.0% (n=144)
- **Other**: 41.0% (n=61)
- **Unknown/blank**: 50.0% (n=12)

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Statewide

Benchmark 82.3%

50.0% 55.0% 51.4% 49.6% 48.9% 56.2% 52.9%


Back to table of contents.
Med Cessation: Advised to Quit in 2017 and 2018, by CCO.
Med Cessation: Advised Medication

Percentage of adult members who said their doctor or other health provider recommended or discussed medication to assist with quitting smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=1,163)

- Statewide change since 2017: -5.2%
- Number of CCOs that improved: 7

By race/ethnicity

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>30.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>16.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander^</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>30.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>33.4%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other</td>
<td>21.7%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Unknown/blank</td>
<td>32.7%</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)
n = subpopulation denominator
Each race category excludes Hispanic/Latino

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2018 benchmark: 60.3%
CAHPS: MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED STRATEGIES

Med Assistance: Advised Strategies

Percentage of adult members who said their doctor or other health provider recommended or discussed strategies other than medication to assist with quitting smoking or using tobacco.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=1,154)

- Statewide change since 2017: -7.2%
- Number of CCOs that improved: 6

By race/ethnicity

- African American/Black: 30.8% (n=13)
- Am. Indian/Al. Native: 25.0% (n=24)
- Asian American: 28.3% (n=60)
- Hawaiian/Pac. Islander: 27.1% (n=885)
- Hispanic/Latino: 21.7% (n=23)
- White: 27.0% (n=141)
- Other: 27.0% (n=141)
- Unknown/blank: 27.0% (n=141)

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: MEDICAL ASSISTANCE WITH SMOKING AND TOBACCO USE CESSATION: ADVISED STRATEGIES


- Health Share of Oregon: 21.0% (2017), 30.4% (2018)
- Yamhill Community Care: 22.2% (2017), 30.5% (2018)
- AllCare CCO: 30.1% (2017), 36.4% (2018)
- Eastern Oregon: 28.0% (2017), 33.8% (2018)
- Jackson Care Connect: 22.2% (2017), 27.0% (2018)
- Willamette Valley Community Health: 21.3% (2017), 23.3% (2018)
- PacificSource Central: 21.3% (2017), 23.3% (2018)
- PrimaryHealth of Josephine County: 28.4% (2017), 30.5% (2018)
- Cascade Health Alliance: 31.8% (2017), 36.5% (2018)
- Umpqua Health Alliance: 22.5% (2017), 27.8% (2018)
- Trillium: 24.0% (2017), 31.4% (2018)
- PacificSource Gorge: 27.5% (2017), 35.1% (2018)
- Advanced Health: 24.4% (2017), 33.6% (2018)
- InterCommunity Health Network: 22.4% (2017), 33.3% (2018)
- Columbia Pacific: 9.5% (2017), 24.5% (2018)

2018 benchmark: 54.1%
CAHPS: Overall Ratings—Adults

Percentage of adult members who rated their overall health care as at least 8 out of 10.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data  (N=3,074)

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>75.0% (n=28)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native</td>
<td>48.9% (n=45)</td>
</tr>
<tr>
<td>Asian American</td>
<td>82.6% (n=46)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander^</td>
<td>70.0% (n=243)</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>72.0% (n=2,285)</td>
</tr>
<tr>
<td>White</td>
<td>62.9% (n=62)</td>
</tr>
<tr>
<td>Other</td>
<td>63.1% (n=358)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td></td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Overall Ratings—Adults in 2018, by CCO.
CAHPS: Overall Ratings—Children

Percentage of parents who rated their child’s overall health care as at least 8 out of 10.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source:
n/a

2018 data (N=3,618)

By race/ethnicity

- African American/Black: 92.3% (n=26)
- Am. Indian/Al. Native: 76.6% (n=47)
- Asian American^: data suppressed (n<10)
- Hawaiian/Pac. Islander: 90.0% (n=10)
- Hispanic/Latino: 87.0% (n=1,181)
- White: 83.1% (n=1,926)
- Other: 80.1% (n=331)
- Unknown/blank: 83.0% (n=88)

^ data suppressed (n<10)

n = subpopulation denominator
Each race category excludes Hispanic/Latino
CAHPS: Overall Ratings—Children in 2018, by CCO.

<table>
<thead>
<tr>
<th>Health Plan</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Share of Oregon</td>
<td>91.6%</td>
</tr>
<tr>
<td>Willamette Valley Community Health</td>
<td>98.8%</td>
</tr>
<tr>
<td>Yamhill Community Care</td>
<td>87.4%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>87.4%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>86.9%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td>86.8%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>86.6%</td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td>85.2%</td>
</tr>
<tr>
<td>PacificSource Central</td>
<td>84.3%</td>
</tr>
<tr>
<td>Trillium</td>
<td>83.4%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>82.4%</td>
</tr>
<tr>
<td>AllCare CCO</td>
<td>81.4%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>79.1%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>77.3%</td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
<td>76.8%</td>
</tr>
</tbody>
</table>
CAHPS: Satisfaction with care—Adults

Percentage of adult members who received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source: n/a

2018 data (N=991)

By race/ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American/Black</td>
<td>90.0% (n=15)</td>
<td>90.0% (n=15)</td>
</tr>
<tr>
<td>Am. Indian/Al. Native^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asian American</td>
<td>87.9% (n=17)</td>
<td>87.9% (n=17)</td>
</tr>
<tr>
<td>Hawaiian/Pac. Islander^</td>
<td></td>
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</tr>
<tr>
<td>Hispanic/Latino</td>
<td>85.0% (n=103)</td>
<td>89.9% (n=687)</td>
</tr>
<tr>
<td>White</td>
<td>89.9% (n=687)</td>
<td>89.9% (n=687)</td>
</tr>
<tr>
<td>Other</td>
<td>76.9% (n=20)</td>
<td>76.9% (n=20)</td>
</tr>
<tr>
<td>Unknown/blank</td>
<td>78.7% (n=134)</td>
<td>78.7% (n=134)</td>
</tr>
</tbody>
</table>

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Satisfaction with care—Adults in 2017 and 2018, by CCO.

- InterCommunity Health Network: 82.0% 91.2%
- Cascade Health Alliance: 85.9% 92.5%
- Columbia Pacific: 83.7% 89.7%
- Willamette Valley Community Health: 84.86.7%
- Jackson Care Connect: 90.1% 92.4%
- Advanced Health: 84.9% 85.1%
- Yamhill Community Care: 88.1% 88.2%
- Trillium: 87.1% 87.7%
- PacificSource Gorge: 92.3% 93.0%
- Health Share of Oregon: 84.3% 86.6%
- PacificSource Central: 99.1% 92.5%
- Primary Health of Josephine County: 86.9% 91.0%
- AllCare CCO: 82.4% 88.7%
- Eastern Oregon: 76.4% 84.0%
- Umpqua Health Alliance: 82.3% 92.3%
CAHPS: Satisfaction with care—Children

Percentage of parents who said their children received needed information or help and thought they were treated with courtesy and respect by customer service staff.

Data source:
The Consumer Assessment of Healthcare Providers and Systems (CAHPS) surveys ask consumers and patients to report on and evaluate their experiences with health care. These surveys cover topics that are important to consumers and focus on aspects of quality that consumers are best qualified to assess, such as the communication skills of providers and ease of access to health care services.

2018 benchmark source: n/a

2018 data (N=1,314)

By race/ethnicity

- African American/Black: 84.6% (n=13)
- Am. Indian/Al. Native: 86.8% (n=19)
- Asian American^: 89.3% (n=578)
- Hawaiian/Pac. Islander^: n/a
- Hispanic/Latino: 86.5% (n=563)
- White: 87.7% (n=98)
- Other: 78.9% (n=36)
- Unknown/blank: 87.5% (n=4)

^ data suppressed (n<10)

n = subpopulation denominator

Each race category excludes Hispanic/Latino

Back to table of contents.
CAHPS: Satisfaction with care — Children in 2017 and 2018, by CCO.

- Yamhill Community Care: 85.8% (2017), 95.0% (2018)
- PrimaryHealth of Josephine County: 85.5% (2017), 94.2% (2018)
- Advanced Health: 84.2% (2017), 86.7% (2018)
- Health Share of Oregon: 84.7% (2017), 86.8% (2018)
- Cascade Health Alliance: 92.0% (2017), 93.1% (2018)
- Columbia Pacific: 87.2% (2017), 89.4% (2018)
- Umpqua Health Alliance: 88.0% (2017), 90.8% (2018)
- Eastern Oregon: 87.4% (2017), 90.6% (2018)
- AllCare CCO: 86.8% (2017), 90.3% (2018)
- Jackson Care Connect: 86.2% (2017), 90.1% (2018)
- Willamette Valley Community Health: 86.5% (2017), 90.7% (2018)
- PacificSource Gorge: 97.1% (2017), 92.1% (2018)
- InterCommunity Health Network: 83.6% (2017), 89.0% (2018)
- PacificSource Central: 85.8% (2017), 92.1% (2018)
- Trillium: 81.4% (2017), 89.4% (2018)
Child and adolescent access to PCP

Percentage of children and adolescents (ages 12 months—19 years) who had a visit with a primary care provider.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=211,704)

- Statewide change since 2017: +0.1%
- Number of CCOs that improved: 8

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2018 Benchmark</th>
<th>2018 Data</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern OR</td>
<td>89.9%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Southern OR</td>
<td></td>
<td>91.7%</td>
</tr>
<tr>
<td>Northern Coast</td>
<td></td>
<td>90.7%</td>
</tr>
<tr>
<td>Central OR</td>
<td></td>
<td>91.8%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td></td>
<td>92.1%</td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
<td>92.1%</td>
</tr>
</tbody>
</table>
Childhood and adolescent access to primary care providers in 2017 and 2018, by CCO.

Grey dots represent 2016.

<table>
<thead>
<tr>
<th>CCO</th>
<th>2017 Benchmark</th>
<th>2018 Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>AllCare CCO</td>
<td>91.2%</td>
<td>92.2%</td>
</tr>
<tr>
<td>Cascade Health Alliance</td>
<td>89.5%</td>
<td>90.4%</td>
</tr>
<tr>
<td>Jackson Care Connect</td>
<td>91.7%</td>
<td>92.5%</td>
</tr>
<tr>
<td>PacificSource Gorge</td>
<td>92.6%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Eastern Oregon</td>
<td>89.9%</td>
<td>90.5%</td>
</tr>
<tr>
<td>Columbia Pacific</td>
<td>90.7%</td>
<td>91.0%</td>
</tr>
<tr>
<td>InterCommunity Health Network</td>
<td>90.7%</td>
<td>90.9%</td>
</tr>
<tr>
<td>Trillium</td>
<td>92.4%</td>
<td>92.6%</td>
</tr>
<tr>
<td>Advanced Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PrimaryHealth of Josephine County</td>
<td></td>
<td></td>
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<tr>
<td>Yamhill Community Care</td>
<td></td>
<td></td>
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<tr>
<td>Health Share of Oregon</td>
<td></td>
<td></td>
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<tr>
<td>PacificSource Central</td>
<td></td>
<td></td>
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<tr>
<td>Willamette Valley Community Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Umpqua Health Alliance</td>
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</table>

2018 benchmark: 93.5%
Chlamydia screening

Percentage of sexually active women (ages 16-24) who had a test for chlamydia infection.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=27,879)

- Statewide change since 2017: **+3.7%**
- Number of CCOs that improved: **9**

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Willamette Valley</td>
<td>48.8%</td>
<td>44.5%</td>
<td>45.0%</td>
<td>47.9%</td>
<td>54.0%</td>
<td>52.9%</td>
</tr>
<tr>
<td>Central OR</td>
<td>48.8%</td>
<td>45.0%</td>
<td>47.9%</td>
<td>54.0%</td>
<td>54.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>44.5%</td>
<td>45.0%</td>
<td>47.9%</td>
<td>54.0%</td>
<td>54.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Tri-County</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td></td>
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<td></td>
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<tr>
<td>Eastern OR</td>
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</tbody>
</table>

2018 benchmark: 64.1%

Back to table of contents.
Chlamydia screening in 2017 and 2018, by CCO.

Grey dots represent 2016.

2018 benchmark: 64.1%
Hba1c testing

Percentage of adult patients (ages 18-75) with diabetes who received at least one A1c blood sugar test.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=34,475)
- Statewide change since 2017: **+1.0%**
- Number of CCOs that improved: **9**

By region

2018 benchmark: 90.1%

- Willamette Valley: 85.0% → 87.9%
- Southern OR: 85.2% → 85.9%
- Central OR: 89.3% → 89.6%
- Northern Coast: 89.6% → 89.6%
- Tri-County: 89.6% → 90.1%
- Eastern OR: 84.0% → 86.1%
Hba1c testing for members with diabetes in 2017 and 2018, by CCO.
Grey dots represent 2016.

2018 benchmark: 90.1%
Follow-up ED Mental Illness

Percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 7 days.

Data source:
Administrative (billing) claims

2018 benchmark source:
n/a

2018 data  (N=4,803)

By region

- Southern OR: 68.6%
- Eastern OR: 67.8%
- Willamette Valley: 64.5%
- Central OR: 62.9%
- Northern Coast: 57.0%
- Tri-County: 54.0%
7-day Follow-Up After ED for Mental Illness in 2018, by CCO.
Follow-up ED Mental Illness

Percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, who had a follow-up visit for mental illness within 30 days.

Data source:
Administrative (billing) claims

2018 benchmark source:
n/a

2018 data (N=4,803)

Statewide

By region

- Eastern OR: 79.2%
- Southern OR: 78.1%
- Willamette Valley: 76.1%
- Central OR: 74.7%
- Northern Coast: 68.8%
- Tri-County: 67.7%
30-day Follow-Up After ED for Mental Illness in 2018, by CCO.

2018 benchmark: 0.0%

- Cascade Health Alliance: 87.7%
- PrimaryHealth of Josephine County: 84.0%
- InterCommunity Health Network: 82.8%
- AllCare CCO: 82.2%
- Jackson Care Connect: 81.6%
- Eastern Oregon: 79.2%
- Yamhill Community Care: 78.4%
- Trillium: 76.0%
- PacificSource Gorge: 75.5%
- Umpqua Health Alliance: 73.5%
- Willamette Valley Community Health: 71.7%
- PacificSource Central: 71.6%
- Columbia Pacific: 68.8%
- Advanced Health: 67.9%
- Health Share of Oregon: 67.7%
FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

Follow-up ED Dental

Percentage of dental caries-related emergency department (ED) visits among CCO members (all age) who visited a dental/oral health provider within 7 days.

Data source:
Administrative (billing) claims

2018 benchmark source:
n/a

2018 data (N=2,618)

Statewide

27.0%

By region

- Northern Coast: 29.6%
- Central OR: 29.2%
- Tri-County: 27.8%
- Willamette Valley: 27.7%
- Eastern OR: 26.0%
- Southern OR: 22.4%

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7-day Follow-up After ED for Non-traumatic Dental Reasons in 2018, by CCO.
Follow-up ED Dental

Percentage of dental caries-related emergency department (ED) visits among CCO members (all age) who visited a dental/oral health provider within 30 days.

Data source:
Administrative (billing) claims

2018 benchmark source: n/a

2018 data (N=2,618)

Statewide

- 2018: 42.4%

By region

- Northern Coast: 50.0%
- Eastern OR: 49.4%
- Willamette Valley: 43.7%
- Tri-County: 42.1%
- Central OR: 41.2%
- Southern OR: 37.3%

Back to table of contents.
30-day Follow-up After ED for Non-traumatic Dental Reasons in 2018, by CCO.
Follow-Up Mental Illness

Percentage of members (ages 6 and older) who received a follow-up visit with a healthcare provider within seven days of being discharged from a mental illness-related hospitalization.

Data source:
Administrative (billing) claims

2018 benchmark source:
2016 CCO 75th percentile

2018 data (N=3,159)

- Statewide change since 2017: -7.1%
- Number of CCOs that improved: 5

Results prior to 2014 are not directly comparable to later years due to change in methodology (same-day follow-up was included in the measure numerator).

Follow-up after hospitalization for mental illness was a CCO incentive measure from 2013-2017.

Statewide

By region

2018 benchmark: 83.5%
Follow-up After Hospitalization for Mental Illness in 2017 and 2018, by CCO.
Grey dots represent 2016.

2018 benchmark: 83.5%

AllCare CCO
Umpqua Health Alliance
Columbia Pacific
Jackson Care Connect
Trillium
Advanced Health
Eastern Oregon
Primary Health of Josephine County*
InterCommunity Health Network
Yamhill Community Care
Cascade Health Alliance*
Health Share of Oregon
Wallowette Valley Community Health
PacificSource Gorge*
PacificSource Central
ADHD (Initiation)

Percentage of children (ages 6-12) who had one follow-up visit with a provider during the 30 days after receiving a new prescription for ADHD medication.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=2,001)
- Statewide change since 2017: +3.1%
- Number of CCOs that improved: 10

Follow-up care for children prescribed ADHD medication is a former CCO incentive measure; it was retired in 2015.

Statewide

By region

Northern Coast
Eastern OR
Central OR
Willamette Valley
Tri-County
Southern OR

2018 benchmark: 57.1%
Follow-up care for children prescribed ADHD medication in 2017 and 2018, by CCO.

Grey dots represent 2016.
* note small denominator (n<30)

2018 benchmark: 57.1%
ADHD (Continuation & Maintenance)

Percentage of children (ages 6-12) who remained on attention deficit hyperactivity disorder (ADHD) medication for 210 days after receiving a new prescription and who had at least two follow-up visits with a provider within 270 days after the initiation phase.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid 90th percentile

2018 data (N=661)
- Statewide change since 2017: -2.5%
- Number of CCOs that improved: 8

By region

2018 benchmark: 69.5%
Continuing follow-up for children prescribed ADHD medication in 2017 and 2018, by CCO.

Grey dots represent 2016.
^ note small denominator (n<30)
Immunizations for adolescents

Percentage of adolescents who received recommended vaccines (meningococcal and Tdap/TD) before their 13th birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=12,642)
- Statewide change since 2017: **+6.0%**
- Number of CCOs that improved: **13**
Immunizations for adolescents in 2017 and 2018, by CCO.

Grey dots represent 2016.

Cascade Health Alliance: 60.5%, 73.6%
Columbia Pacific: 55.4%, 64.9%
PacificSource Gorge: 63.7%, 70.7%
Eastern Oregon: 62.1%, 68.9%
InterCommunity Health Network: 57.9%, 64.1%
Umpqua Health Alliance: 47.6%, 53.8%
Trillium: 65.0%, 70.7%
AllCare CCO: 47.1%, 52.1%
PacificSource Central: 71.2%, 76.2%
Advanced Health: 59.8%, 62.9%
PrimaryHealth of Josephine County: 62.1%, 64.7%
Health Share of Oregon: 73.2%, 74.7%
Willamette Valley Community Health: 64.9%, 66.2%
Jackson Care Connect: 63.5%
Yamhill Community Care: 74.0%, 78.6%
Immunizations for adolescents

Percentage of adolescents who received recommended vaccines (meningococcal, Tdap/TD and HPV) before their 13th birthday.

Data source:
Administrative (billing) claims and ALERT immunization data

2018 benchmark source:
n/a

2018 data  (N=12,642)

- Statewide change since 2017: +6.4%
- Number of CCOs that improved: 11

By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tri-County</td>
<td>18.6%</td>
<td>38.2%</td>
</tr>
<tr>
<td>Southern OR</td>
<td>32.2%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Central OR</td>
<td>31.7%</td>
<td>34.0%</td>
</tr>
<tr>
<td>Eastern OR</td>
<td>28.8%</td>
<td>25.9%</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northern Coast</td>
<td>24.3%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>

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Immunizations for adolescents in 2017 and 2018, by CCO.

- **PacificSource Central**: 31.4% in 2017, 32.2% in 2018
- **Cascade Health Alliance**: 34.8% in 2017, 43.8% in 2018
- **Umpqua Health Alliance**: 15.4% in 2017, 23.5% in 2018
- **Trillium**: 24.5% in 2017, 32.2% in 2018
- **Advanced Health**: 16.9% in 2017, 23.9% in 2018
- **Primary Health of Josephine County**: 13.9% in 2017, 19.3% in 2018
- **AllCare CCO**: 16.9% in 2017, 20.7% in 2018
- **Eastern Oregon**: 31.7% in 2017, 33.9% in 2018
- **Health Share of Oregon**: 40.9% in 2017, 42.7% in 2018
- **PacificSource Gorge**: 32.6% in 2017, 34.3% in 2018
- **Columbia Pacific**: 24.3% in 2017, 25.9% in 2018
- **Willamette Valley Community Health**: 32.4% in 2017, 32.1% in 2018
- **Jackson Care Connect**: 24.6% in 2017, 24.9% in 2018
- **InterCommunity Health Network**: 21.4% in 2017, 22.1% in 2018
- **Yamhill Community Care**: 34.8% in 2017, 37.0% in 2018
IET (Initiation)

Percentage of members (ages 13 and older) newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 national Medicaid median

2018 data (N=12,682)

- Statewide change since 2017: +3.6%
- Number of CCOs that improved: 7

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Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2017 and 2018, by CCO.

Grey dots represent 2016.
IET (Engagement)

Percentage of members (ages 13 and older) newly diagnosed with alcohol or other drug dependence who had two or more additional services for alcohol or other drug dependence within 30 days of their initial treatment.

Data source: Administrative (billing) claims

2018 benchmark source: 2017 national Medicaid median

2018 data (N=12,682)

- Statewide change since 2017: +15.9%
- Number of CCOs that improved: 8

Statewide

By region

2018 benchmark: 12.4%
Continuation of treatment for members with alcohol or other drug dependence in 2017 and 2018, by CCO.

Grey dots represent 2016.

2018 benchmark: 12.4%
PQI 01: DIABETES SHORT-TERM COMPLICATION ADMISSION RATE

PQI 1
Rate of adult members (ages 18 and older) with diabetes who had a hospital stay because of a short-term problem from their disease. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2018 benchmark source:
10 percent reduction from 2017

2018 data (N=491,102 member years)

- Statewide change since 2017: +34.1%
- Number of CCOs that improved: 3

Rates are shown per 100,000 member years which means that in one year, there are on average X visits occurring per 100,000 CCO members.

### By region

<table>
<thead>
<tr>
<th>Region</th>
<th>2017</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern OR</td>
<td>165.8</td>
<td>222.4</td>
</tr>
<tr>
<td>Northern Coast</td>
<td>173.4</td>
<td>159.7</td>
</tr>
<tr>
<td>Southern OR</td>
<td>181.2</td>
<td>221.7</td>
</tr>
<tr>
<td>Willamette Valley</td>
<td>191.6</td>
<td>244.1</td>
</tr>
<tr>
<td>Tri-County</td>
<td>141.9</td>
<td>212.0</td>
</tr>
<tr>
<td>Central OR</td>
<td>162.6</td>
<td>243.5</td>
</tr>
</tbody>
</table>

2018 benchmark: 145.3

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Hospital admissions for short-term diabetes complications in 2017 and 2018, by CCO.

- **2018 benchmark: 149.2**

PQI 01: DIABETES SHORT-TERM COMPLICATION ADMISSION RATE

- **Lower is better**

2018 CCO Metrics Performance Report
July 30, 2019

Oregon Health Authority
Office of Health Analytics
PQI 05: COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

Rate of adult members (ages 40 and older) who had hospital stay because of chronic obstructive pulmonary disease or asthma. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2018 benchmark source:
10 percent reduction from 2017

2018 data (N=227,247 member years)

- Statewide change since 2017: **-18.8%**
- Number of CCOs that improved: **14**

Rates are shown per 100,000 member years which means that in one year, there are on average X visits occurring per 100,000 CCO members.

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Hospital admissions for COPD or asthma in older adults in 2017 and 2018, by CCO.

2018 benchmark: 489.0

Lower is better
PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

PQI 8

Rate of adult members (ages 18 and older) who had a hospital stay because of congestive heart failure. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2018 benchmark source:
10 percent reduction from 2017

2018 data (N=491,102 member years)

- Statewide change since 2017: **+34.9%**
- Number of CCOs that improved: **1**

Rates are shown per 100,000 member years which means that in one year, there are on average X visits occurring per 100,000 CCO members.

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Hospital admissions for congestive heart failure in 2017 and 2018, by CCO.

2018 benchmark: 242.0

- Advanced Health: 520.9
- AllCare CCO: 651.3
- Jackson Care Connect: 232.7
- Eastern Oregon: 233.4
- Primary Health of Josephine County: 229.3
- Willamette Valley Community Health: 253.6
- Cascade Health Alliance: 180.7
- InterCommunity Health Network: 243.9
- Columbia Pacific: 281.5
- Trillium: 296.6
- PacificSource Central: 346.8
- Umpqua Health Alliance: 319.3
- PacificSource Gorge: 267.7
- Health Share of Oregon: 179.7
- Yamhill Community Care: 242.8
- 2018 benchmark: 242.0

Lower is better
PQI 15: ASTHMA IN YOUNGER ADULTS ADMISSION RATE

Rate of adult members (ages 18-39) who had a hospital stay because of asthma. A lower score is better.

PQI stands for Prevention Quality Indicator, which is a set of indicators developed by the Agency for Healthcare Research and Quality to track avoidable hospitalizations.

Data source:
Administrative (billing) claims

2018 benchmark source:
10 percent reduction from 2017

2018 data (N=263,850 member years)
- Statewide change since 2017: -11.9%
- Number of CCOs that improved: 9

Rates are shown per 100,000 member years which means that in one year, there are on average X visits occurring per 100,000 CCO members.

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Hospital admissions for asthma in younger adults in 2017 and 2018, by CCO.

- PacificSource Gorge: 29.5 (2018 benchmark: 38.7)
- Umpqua Health Alliance: 11.6
- PacificSource Central: 13.5
- Willamette Valley Community Health: 20.7
- Trillium: 20.7
- Yamhill Community Care: 14.1
- InterCommunity Health Network: 17.4
- Jackson Care Connect: 21.3
- PrimaryHealth of Josephine County: 32.9
- Health Share of Oregon: 40.9
- AllCare CCO: 45.0
- Eastern Oregon: 22.7
- Cascade Health Alliance: 19.6
- Columbia Pacific: 0.0
- Advanced Health: 35.4

Lower is better
Postpartum care rate

Percentage of women who had a postpartum care visit on or between 21 and 56 days after delivery

Data source:
Administrative (billing) claims and medical record review

2018 benchmark source:
2017 national Medicaid 75th percentile

2018 data (N=5,235)
- Statewide change since 2017: +22.4%
- Number of CCOs that improved: 12

Beginning in 2014, measure specifications were modified to include medical record review. Results prior to 2014 are not directly comparable to later years.

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Percentage of women receiving postpartum care in 2017 and 2018, by CCO.

Grey dots represent 2016.

2018 benchmark: 69.4%
Topical Fluoride Varnish

Percentage of CCO members age 1-20 at elevated risk of dental caries who received at least 2 topical fluoride applications within the reporting year.

Data source: Administrative (billing) claims

2018 benchmark source: n/a

2018 data (N=111,151)

Statewide

31.7%

By region

- Willamette Valley: 36.5%
- Eastern OR: 34.4%
- Southern OR: 32.9%
- Tri-County: 28.8%
- Central OR: 23.7%
- Northern Coast: 20.4%

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Topical Fluoride Varnish in 2018, by CCO.
Well-child visits

Percentage of children who had six visits with their health care provider prior to reaching 15 months of age.

Data source:
Administrative (billing) claims

2018 benchmark source:
2017 National Medicaid 90th percentile

2018 data (N=13,210)

- Statewide change since 2017: +7.8%
- Number of CCOs that improved: 15

2011 and 2013 statewide data are not available for this measure. Results published in earlier reports for these years cannot be directly compared due to changes in methodology.
Well-child visits in the first 15 months of life in 2017 and 2018, by CCO.

Grey dots represent 2016.

2018 benchmark: 72.5%
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