

What are CCOs and Incentive Metrics?

CCO stands for Coordinated Care Organization. A Coordinated Care Organization (CCO) is a network of all types of health care providers who have agreed to work together in their local communities for people who receive healthcare coverage under the Oregon Health Plan (Medicaid).

Metrics (sometimes called measures) are a way to see how well CCOs are improving care, making quality care accessible, eliminating health disparities, and curbing the rising cost of health care. Metrics can also be used to reward health systems that provide high quality of care, and to motivate clinicians to improve the quality of care they provide. In Oregon, CCOs are measured on 17 different incentive metrics that are linked to bonus money that is awarded to CCOs if they meet established goals.

Effective Contraceptive Use (ECU) was added as an incentive metric, beginning in January 2015.

How the ECU Metric is Calculated – Numerator and Denominator

The ECU metric is focused on women ages 15-50 who are not currently pregnant and who adopted or continued use of one of the most effective or moderately effective contraceptives. OHA will be measuring and reporting on adolescent and adult women separately, by ages 15-17 and ages 18-50; only the adult rate (18-50) will be tied to the CCO's incentive payments.

Denominator: All women ages 15-50 who were continuously enrolled in a CCO for the 12-month measurement period. Women who are not capable of becoming pregnant and women who were pregnant during the measurement year are excluded from the metric.

Numerator: All women in the denominator with evidence of one of the following methods of contraception during the measurement period: sterilization, IUD / IUS, implants, contraceptive injection, contraceptive pills, patch, ring, or diaphragm. Evidence includes having a pharmacy claim for one of these methods of contraception or a claim that includes procedure or diagnosis codes that indicate the provider assessed current use of effective contraception or that the client adopted a new effective method. For women using long-acting or permanent methods, evidence must be documented in claims each year in order to be counted towards the metric.

Details About the “Incentive” in Incentive Metrics

“Incentive” refers to a potential financial incentive for CCOs. Funds from a quality pool will be awarded to CCOs based on their annual performance on the 17 CCO incentive measures. The quality pool model rewards CCOs for the quality of care provided to Medicaid members.

Financial incentives are NOT provided to individual clients or providers. This metric does not give money to women to encourage them to use contraception. The Oregon Health Authority (OHA) does not pay individual health care providers for their performance on the metric. This metric is part of a package of metrics that promote high quality of care, improved population health, and lower costs in alignment with the coordinated care model. Each CCO has its own system to distribute and use the

incentive payments they receive. CCOs are eligible to receive quality pool funds if they meet 12 of the 17 incentive metrics (which must include the electronic health record adoption measure) and if at least 60% of their members are enrolled in Patient-Centered Primary Care Homes. CCOs can meet the ECU metric if they reach the benchmark, which is set at 50% of women in the denominator, or if they meet the improvement target (a 3 percentage-point improvement over their 2014 baseline). Therefore, if at least 50% of a CCO's eligible members use one of the most effective or moderately effective contraceptive methods OR if the CCO increases the number of their eligible members who use one of the most effective or moderately effective contraceptive methods by 3 percentage-points over their baseline, the CCO will be considered to have met the ECU metric.

What is Considered Effective Contraception?

The incentive metric includes the most effective and moderately effective contraceptive methods. This includes female sterilization/tubal ligation, intrauterine devices (IUD/IUS), and implants (also called "Tier 1" methods, which have less than 1% chance of pregnancy within one year of use), and pills, patches, rings, injections, or diaphragms (called "Tier 2" methods, which have between 6-12% chance of pregnancy within one year of use according to the "Providing Quality Family Planning Services" document linked below). Less effective or "Tier 3" methods, which include condoms, spermicide, sponge, withdrawal and fertility awareness-based methods, have an 18% or greater chance of pregnancy within one year of use and are not included in the metric.

Support for CCOs in Meeting the Metric

OHA recommends several strategies to improve effective contraceptive use:

- Screen women for their pregnancy intentions on a routine basis
- Remove barriers to contraception (such as not giving women a year supply of pills, or not covering certain types of contraception)
- Enhance partnerships with local family planning clinics so that women have a choice of where to go for care
- Improve availability and uptake of long-acting reversible contraception (LARCs)
- Create quality improvement processes for contraceptive care
- Build provider awareness and capacity around effective contraceptive use

Additional Resources

More details on the ECU metric, including the ECU guidance document with the strategies listed above, as well as the technical specifications of how the metric is calculated, are available from the OHA Office of Health Analytics:

<http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

National resources on providing quality family planning services:

- Providing Quality Family Planning Services: Recommendations of CDC and the U.S. Office of Population Affairs: <http://www.cdc.gov/mmwr/pdf/rr/rr6304.pdf>
- United States Medical Eligibility Criteria for Contraceptive Use: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5904a1.htm?s_cid=rr5904a1_e
- U.S. Selected Practice Recommendations for Contraceptive Use: <http://www.cdc.gov/mmwr/preview/mmwrhtml/rr6205a1.htm>

For questions on this summary, contact the Oregon Health Authority, Reproductive Health Program at 971-673-0355 or find us on the web at www.healthoregon.org/rh.