

Oregon Health System Transformation

CCO Metrics 2020 Final Report

 OCTOBER 2021

TABLE OF CONTENTS

Executive summary	6
Background/context	10
Impact of COVID-19 pandemic	13
2020 quality pool distribution	14
Total quality pool dollars earned and CCO percentage of enrollment	16
Appendix A: CCO incentive metrics	
About benchmarks and improvement targets	18
Assessments for children in DHS custody	19
Childhood immunization status	21
Cigarette smoking prevalence	23
Depression screening and follow-up plan	25
Diabetes care: HbA1c poor control	27
Disparity measure: Emergency department utilization among members with mental illness	29
Immunizations for adolescents	31
Initiation and engagement of alcohol or other drug treatment (initiation phase)	33
Initiation and engagement of alcohol or other drug treatment (engagement phase)	36
Oral evaluation for adults with diabetes	39
Prenatal and postpartum care: postpartum care rate	41
Preventive dental or oral health services (ages 1-5)	43

TABLE OF CONTENTS

Preventive dental or oral health services (ages 6-14)	46
Screening, brief intervention and referral to treatment (Rate 1)	49
Screening, brief intervention and referral to treatment (Rate 2)	51
Child and adolescent well-care visits (incentive ages 3-6)	53
Appendix B: State quality and CMS core measures	
All-cause readmissions—observed	57
All-cause readmissions—expected	59
All-cause readmissions—observed to expected ratio	61
Ambulatory care: Avoidable emergency department utilization	63
Ambulatory care: Emergency department utilization	65
Ambulatory care: Outpatient utilization	67
Any dental service	69
CAHPS: Access to care (adults)	72
CAHPS: Access to care (children)	74
CAHPS: Access to dental care (adults)	76
CAHPS: Access to dental care (children)	78
CAHPS: Getting needed care (adults)	80
CAHPS: Getting needed care (children)	82
CAHPS: Health status (adults)	84

TABLE OF CONTENTS

CAHPS: Health status (children)	86
CAHPS: How well doctors communicate (adults)	88
CAHPS: How well doctors communicate (children)	90
CAHPS: Medical assistance with smoking and tobacco use cessation: advised to quit	92
CAHPS: Medical assistance with smoking and tobacco use cessation: advised medications to quit	94
CAHPS: Medical assistance with smoking and tobacco use cessation: advised strategies to quit	96
CAHPS: Overall ratings (adults)	98
CAHPS: Overall ratings (children)	100
CAHPS: Satisfaction with care (adults)	102
CAHPS: Satisfaction with care (children)	104
Childhood and adolescent access to primary care providers	106
Chlamydia screening	108
Colorectal cancer screening	110
Comprehensive diabetes care: HbA1c testing	112
Controlling high blood pressure	114
Dental sealants on permanent molars for children	116
Developmental screenings in the first 36 months of life	118
Effective contraceptive use among women at risk of unintended pregnancy	120
Follow-up after emergency department visit for mental illness (7 day)	122

TABLE OF CONTENTS

Follow-up after emergency department visit for mental illness (30 day)	124
Follow-up after emergency department visit for non-traumatic dental reasons (7 day)	126
Follow-up after emergency department visit for non-traumatic dental reasons (30 day)	128
Follow-up after hospitalization for mental illness	130
Follow-up care for children prescribed ADHD medication (initiation)	132
Follow-up care for children prescribed ADHD medication (continuation and maintenance)	134
Immunizations for adolescents: Combo 1	136
Patient-Center Primary Care Home (PCPCH) enrollment	138
PQI 01: Diabetes short-term complication admission rate	140
PQI 05: Chronic obstructive pulmonary disease (COPD) or asthma in older adults admission rate	142
PQI 08: Congestive heart failure admission rate	144
PQI 15: Asthma in younger adults admission rate	146
Prenatal and postpartum care: Timeliness of prenatal care	148
Topical fluoride varnish	150
Weight assessment, nutrition, and activity counseling for children and adolescents	153
Well-child visits in the first 15 months of life	155
Well-child visits in the first 30 months of life—ages 15 months to 30 months	157

EXECUTIVE SUMMARY

This report describes the **performance of Oregon’s coordinated care organizations (CCOs) on quality metrics during 2020, which was a difficult year**. The pay-for-performance model has a history of success in Oregon, with CCOs achieving high benchmarks over the years. Independent evaluation has shown that the CCO quality incentive program is effective in improving care and outcomes for CCO members. In 2020, however, as the COVID-19 pandemic unfolded, Oregon’s health care system strained and adapted. In-person care was severely disrupted. Although telehealth services were rapidly deployed to fill some gaps, some care simply could not be delivered remotely.

In response to the COVID-19 pandemic, expectations for the 2020 measurement year of the CCO quality incentive program were revised in two key ways:

1. Quality pool: Under the original 2020 CCO contract, the quality pool was to be funded through a withhold of 4.25% of each CCO’s monthly capitation revenue – totaling approximately \$17 million per month across all CCOs. However, starting in April 2020, the withhold was suspended so that funds could be infused into the health care system to meet immediate needs to maintain capacity and access to care.¹ The \$52.8 million that had already been withheld January through March 2020 was retained in the quality pool. See page 14 for more detail on the 2020 quality pool distribution.

2. Benchmarks: The benchmarks required to qualify for incentives, which had been set in September 2019, were suspended. In July 2020, the Metrics and Scoring Committee voted to make **all of the 2020 incentive measures reporting only**. In this report, the initial benchmarks for incentive measures are included for context; however, CCOs qualified for incentives by simply reporting measures.

Even before the pandemic, changes to the quality incentive program were underway for 2020. In 2019, **the Metrics and Scoring Committee made substantial revisions to the 2020 set of incentivized measures**, retiring 10 measures and adding four measures to the CCO quality incentive program. A history of changes in the measure set over the years can be found [here](#). All retired measures are monitored for at least one year; the measures retired in 2019 are included in Appendix B of this report.

In addition, **2020 marked the beginning of the “CCO 2.0” contract period**. Some CCOs did not continue, and other CCOs began to serve Oregon Health Plan members in some areas of the state. In this report, trendlines are unavailable for CCOs that began operating in new service areas in 2020, and counts of the number of CCOs that improved on a given measure all exclude the two CCOs that were new in 2020.

OHA is committed to eliminating health inequities by 2030. Events in 2020, including the disproportionate harm of COVID-19 on communities of color and Tribal communities, underscore the urgency to address health inequities. In this report, most measures are broken out to examine potential inequitable effects. Depending on the data source for the measure, different analyses are available. The Consumer Assessments of Healthcare Providers and Systems (CAHPS) measures include analysis by race and ethnicity, and the claims-based measures include analysis by household language. OHA anticipates publishing a subsequent deeper dive analysis of the claims-based measures by race and ethnicity.

EXECUTIVE SUMMARY

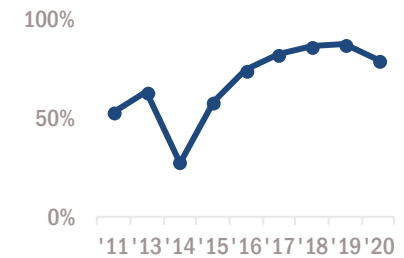
Report highlights

This report shows CCO performance across three categories of measures: CCO quality incentive metrics, state quality metrics, and CMS Medicaid Adult and Child Core metrics (see page 12 for additional background and more information on the different categories of measures). Key findings are detailed below and on the following pages.

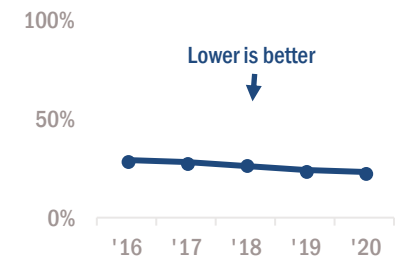
Assessments for children in DHS custody declined for the first time since 2014. This measure has been an important driver of quality improvements in care and outcomes for children in foster care. During the pandemic, the dental assessments component of the measure was a particular obstacle to performance. At the same time, however, process improvements were completed, as OHA and the Oregon Department of Human Services worked with CCOs to improve the accuracy and timeliness of notifications to CCOs about children in DHS custody. Based on pilot findings, these process improvements have been implemented and are expected to support improved coordination going forward.

Cigarette smoking prevalence continued to improve in 2020. Performance on this measure continued to improve in 2020. The statewide smoking rate among CCO members declined again and the majority of CCOs reported at least some improvement in 2020.

Assessments for children in DHS custody



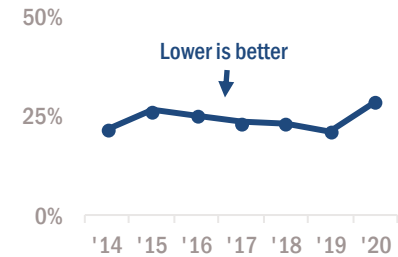
Cigarette smoking prevalence



EXECUTIVE SUMMARY

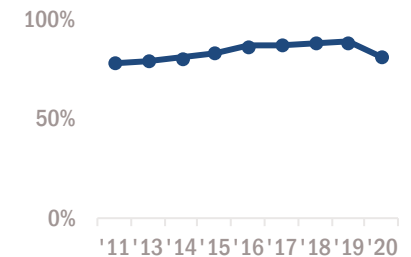
Diabetes care: HbA1c poor control worsened dramatically: This measure, using EHR data, examines the percentage of adult CCO members who have diabetes and whose blood sugars are poorly controlled. Poor control is defined by results on a blood test performed by a laboratory, and because a missing test result is counted as poor control, performance will be worse if members do not have blood drawn for lab tests. Because the measure reports poor control, a lower score indicates better performance. Performance on this measure was much worse in 2020.

Diabetes care: HbA1c poor control



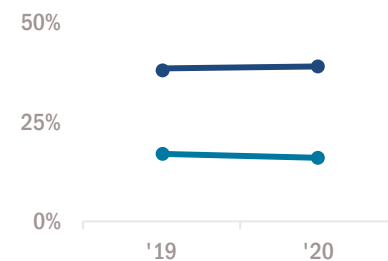
Diabetes care: HbA1c testing also declined: This measure, using claims data, examines the percentage of adult CCO members who have diabetes and received at least one HbA1c blood sugar test. Like the poor control measure (see above), this process measure worsened significantly in 2020. Analysis of the claims data shows that declines occurred among all household language groups, with the largest declines among CCO members in households speaking Spanish and Chinese languages.

Diabetes care: HbA1c testing



Initiation and engagement of alcohol or other drug treatment showed mixed results: Statewide performance improved for initiation, which is the proportion of members who begin treatment within 14 days of an initial diagnosis of alcohol or other drug dependence. The majority of CCOs improved between 2019 and 2020. When broken out by language, however, there were declines in performance among CCO members in households speaking Spanish and (with a larger decline) Vietnamese. In addition, the rate of continued and timely engagement in services fell between 2019 and 2020.

Initiation and engagement of alcohol or other drug treatment

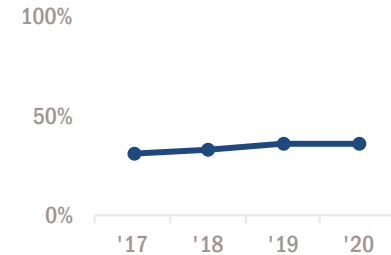


EXECUTIVE SUMMARY

Immunizations for adolescents increased slightly, improving across most household language groups:

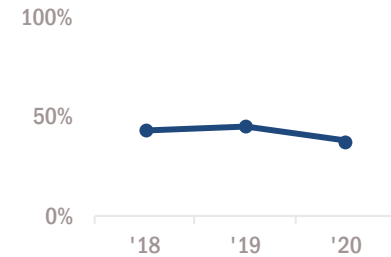
Although performance on this measure fell short of the original benchmark, the statewide rate increased slightly from 2019, with the majority of CCOs reporting improved performance. When broken out by household language, most groups improved, but there were declines for CCO members in households speaking English and Russian.

Immunizations for adolescents



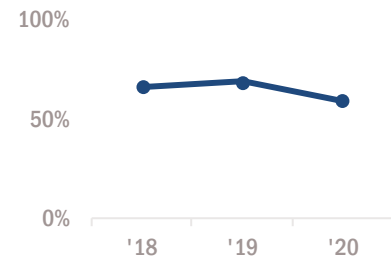
Preventive dental services (ages 1-5) decreased substantially: As routine dental care was suspended or avoided in 2020, the percentage of young children who received a preventive dental service during the year declined significantly. Only one CCO improved on this measure in 2020. Performance dropped among all household language groups.

Preventive dental services (ages 1-5)



Well-child visits (ages 3-6) dropped: With severe disruptions in routine care, the percentage of children who received at least one primary care well-care visit declined. Only one CCO improved on this measure in 2020. Performance dropped among all household language groups.

Well-child visits (ages 3-6)



BACKGROUND / CONTEXT

How does the Oregon Health Authority support CCOs' quality improvement efforts?

OHA works with CCOs throughout the measurement year to look for patterns in performance and to use quality performance data. For example:

- During the measurement year, OHA provides every CCO a summarized monthly metrics dashboard with information that can be parsed at the member level to better understand service use. Because this dashboard is updated monthly with claims-based metric information, CCOs and OHA are able to work together throughout the year to validate measure results. Any discrepancies in reporting can be quickly identified and corrected with smaller lag times. In addition, CCOs can use the ongoing data to target quality improvement efforts.
- The CCO [Metrics Technical Advisory Group](#) (TAG) typically meets on a bimonthly cycle to identify, discuss and resolve metric questions and challenges at the operational level. In 2020, some of these meetings were canceled as part of OHA's effort to reduce CCOs' time commitments not directly tied to COVID response; OHA provided email updates to the Metrics TAG to maintain communication between meetings. The Metrics TAG meetings are coordinated with the OHA [Transformation Center](#), which provides practical support directly to CCOs and clinics. For example, technical assistance was offered to help CCOs improve performance on metrics including Diabetes HbA1c Poor Control, Oral Evaluation for Adults with Diabetes, and Emergency Department Visits Among Members Experiencing Mental Illness. Resources from earlier technical assistance, such as childhood immunizations, also remain available to CCOs through recorded webinars and other resources. In addition, OHA supports Innovator Agents to serve as liaisons between CCOs and OHA. The Transformation Center and Innovator Agents help remove communication barriers and ensure OHA remains in touch with each CCO's community.
- At the conclusion of every measurement year, OHA offers a month-long validation period. During this phase of the program, CCOs can ask for clarification about the rules or calculations for any metric and provide additional documentation for the measures as appropriate.

BACKGROUND / CONTEXT

Medicaid waiver

Medicaid (health coverage for people earning less than 138% of the federal poverty 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 2020, 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 eliminate health inequities. 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 Oregon Health Plan medical benefits with the goal of meeting the triple aim of better health, better care and lower costs for the populations 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. During 2020, Medicaid expansion helped to protect Oregonians from losing coverage during the pandemic. Oregon Health Plan enrollment increased from 1,009,450 in January 2020 to 1,249,300 in December 2020.

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).

BACKGROUND / CONTEXT



State quality metrics

OHA has agreed to measure and report these metrics to the Centers for Medicare & Medicaid Services (CMS) as part of the 1115 Medicaid waiver.



CMS core metrics

OHA and other state Medicaid programs report measures in the Medicaid Adult and Child Core sets to the Centers for Medicare & Medicaid Services (CMS) annually.



CCO incentive metrics

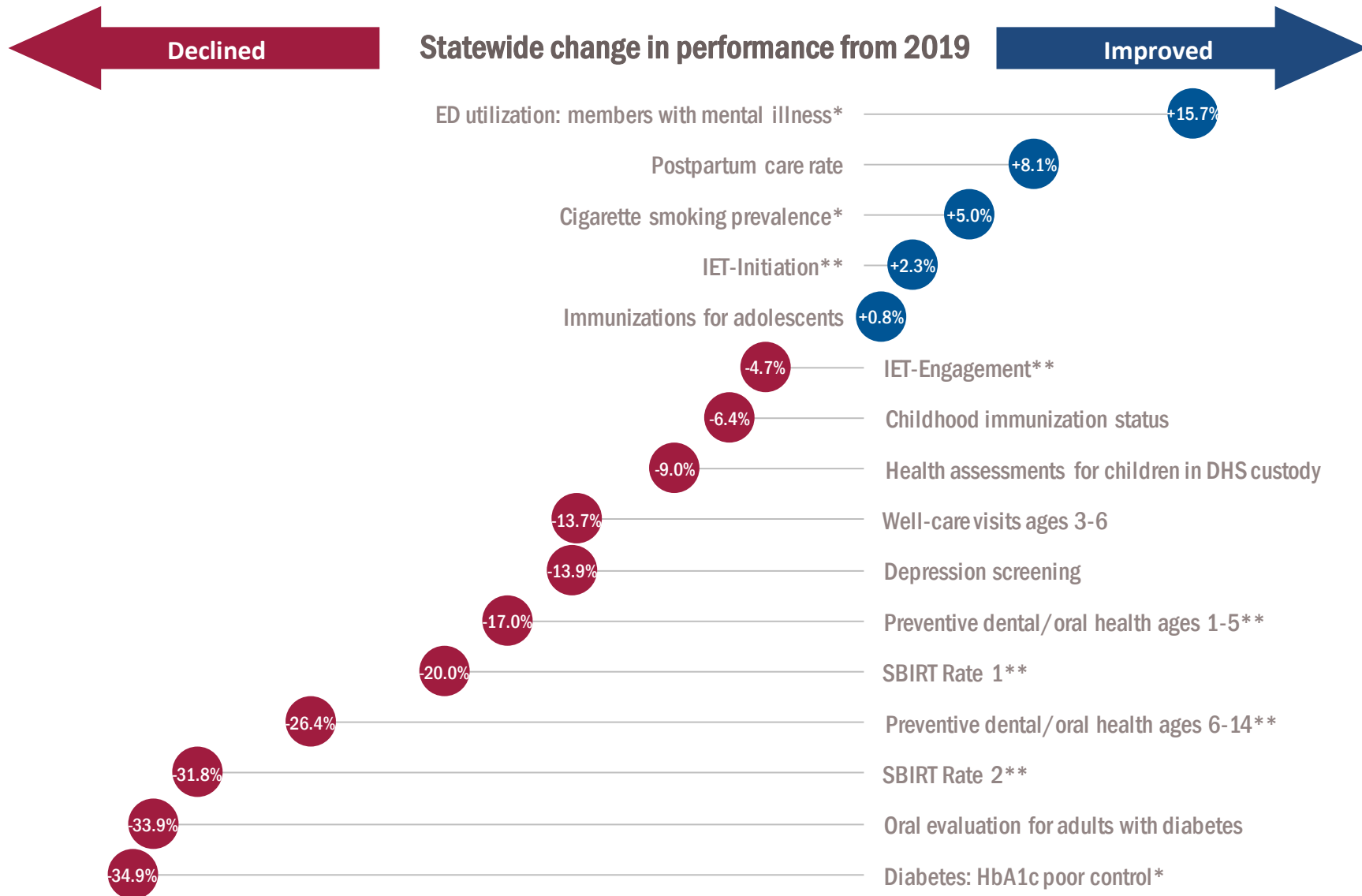
CCOs receive payment based on their performance on incentive metrics, which are selected by the Metrics and Scoring Committee. This is part of Oregon's commitment to pay for better quality care and health outcomes. For more information on the committee, visit <https://www.oregon.gov/OHA/HPA/ANALYTICS/Pages/Metrics-Scoring-Committee.aspx>.

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.

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/OHP-Waiver.aspx>
- This and other metrics reports: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

IMPACT OF COVID-19 PANDEMIC



* For these measures a lower rate indicates better performance. To enable easy comparison across the measure set, measures are listed in the chart based on whether performance moved in the desired direction. For example, performance on the cigarette smoking prevalence measure improved by 5%, meaning a 5% *decrease* in the rate of smoking.

**These three measures (IET, Preventive dental/ oral health, and SBIRT) each have two separately reported rates.

2020 QUALITY POOL DISTRIBUTION

The Oregon Health Authority established the quality pool process to drive improvement through incentive payments to coordinated care organizations (CCOs). This is the eighth year of the quality incentive program, and normally, each CCO is paid for reaching benchmarks or making improvements on incentive measures. Because of the pandemic, ordinary processes were changed for 2020.

Under the original 2020 CCO contract, OHA was to withhold approximately 4.25 percent of each CCO's monthly 2020 capitation revenue to fund the quality pool. These funds were scheduled to be paid out in June 2021. However, due to the health care disruption occurring during the COVID-19 pandemic and the need for increased cash flow to address critical needs, OHA suspended the 2020 withhold starting in April 2020. This resulted in approximately \$17 million or more per month to help CCOs address critical needs that could not wait for later funding. Such areas of need include, but are not limited to, hospital access (urban and rural), operation of residential facilities, expanded telehealth services, and laboratory and diagnostic testing, as well as support for local public health agencies, primary care providers, behavioral health providers, transportation services and social service agencies. CCOs had to provide information to OHA on plans for spending these funds. A summary of these plans can be found [here](#). The funds withheld from January to March 2020 were maintained for the quality pool, and all of those funds were disbursed to CCOs by June 30, 2021.

Quality Pool: Phase One Distribution

Due to the COVID-19 pandemic, 2020 data cannot be meaningfully used to assess quality improvement. For this reason, the Metrics and Scoring Committee adjusted the benchmark expectation of each measure in the incentive program to reporting-only, meaning that **2020 quality pool payments are based solely on whether CCOs reported their data to OHA as stipulated in OHA program documentation**. The next page shows the percentage and dollar amounts earned by each CCO.

Challenge Pool: Phase Two Distribution

The challenge pool contains all funds remaining after the phase one distribution of quality pool funds. For 2020, with phase one distribution based on reporting-only, all CCOs earned 100% of their quality pool funds in phase one. Therefore, no funds were allocated to the challenge pool.

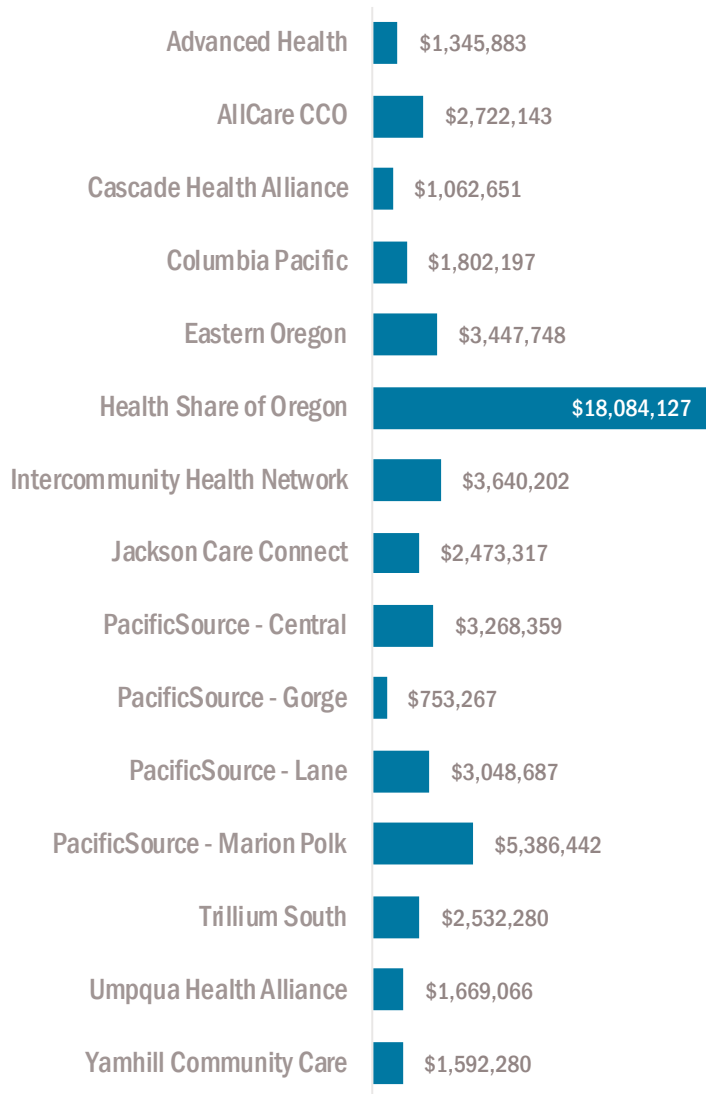
2020 QUALITY POOL DISTRIBUTION

CCO	# Measures reported (of 13 possible)*	Total payment earned	Total % quality pool funds earned
Advanced Health	13	\$ 1,345,883	100%
AllCare Health Plan	13	\$ 2,722,143	100%
Cascade Health Alliance	13	\$ 1,062,651	100%
Columbia Pacific	13	\$ 1,802,197	100%
Eastern Oregon	13	\$ 3,447,748	100%
Health Share of Oregon	13	\$ 18,084,127	100%
Intercommunity Health Network	13	\$ 3,640,202	100%
Jackson Care Connect	13	\$ 2,473,317	100%
PacificSource - Central Oregon	13	\$ 3,268,359	100%
PacificSource - Gorge	13	\$ 753,267	100%
PacificSource - Lane	13	\$ 3,048,687	100%
PacificSource - Marion Polk	13	\$ 5,386,442	100%
Trillium South	13	\$ 2,532,282	100%
Umpqua Health Alliance	13	\$ 1,669,066	100%
Yamhill Community Care	13	\$ 1,592,280	100%
Total		\$ 52,828,651	

* Quality pool distribution is based on number of measures met and CCO size (number of members). See page 16 for CCO enrollment.

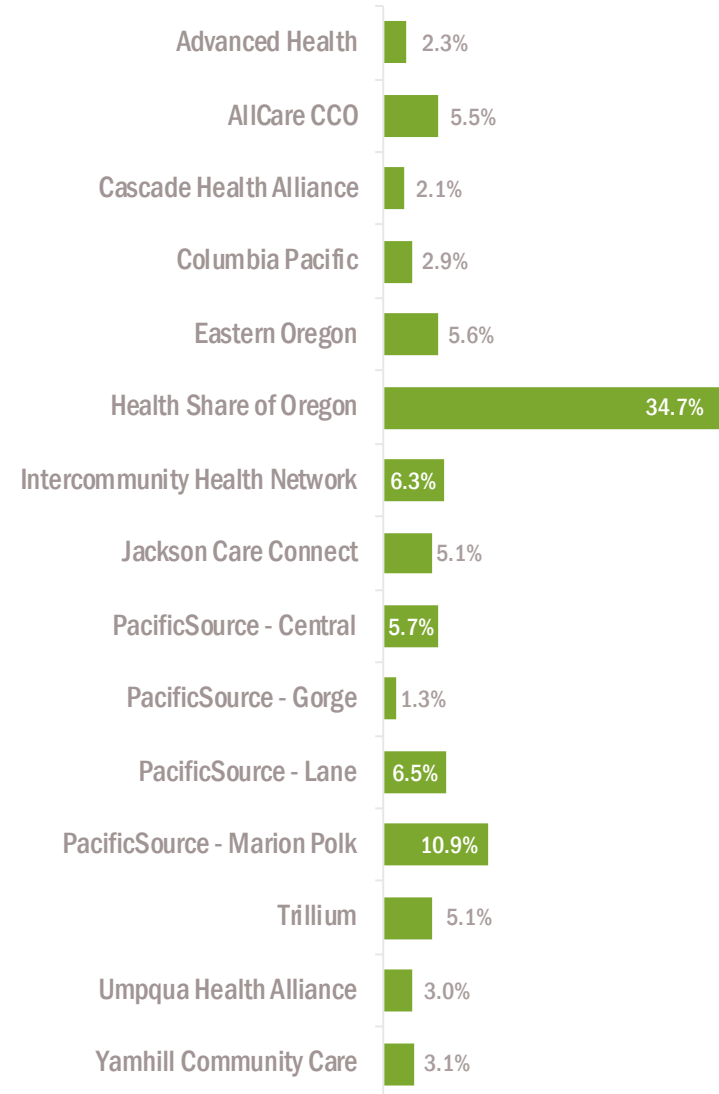
2020 QUALITY POOL DISTRIBUTION AND ENROLLMENT

Total quality pool dollars earned, by CCO



Percent of total enrollment, by CCO

(December 2020 enrollment) n = 1,197,613



Appendix A

CCO Incentive Measures

ABOUT BENCHMARKS AND IMPROVEMENT TARGETS

Ordinarily, incentive measure benchmarks are selected by the Metrics and Scoring Committee and are meant to be aspirational goals. To encourage ongoing improvement, CCOs can earn quality pool payment for a) achieving the benchmark or b) achieving their individual improvement target. Improvement targets are based on the Minnesota Department of Health Quality Incentive Payment System (“Minnesota method”), which requires at least a 10 percent reduction in the gap between baseline and the benchmark to qualify for incentive payments.



Ten percent of 40 % = 4%. Thus, **CCO A must improve by 4 percentage points in 2019.** Their **improvement target** is $[baseline + 4\%] = [60\% + 4\%] = 64\%$



Stated as a formula:
$$\frac{[Benchmark] - [CCO\ baseline]}{10} = X \longrightarrow [CCO\ baseline] + [X] = \text{Improvement target}$$

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:

$$\frac{75\% - 60\%}{10} = 1.5\% \longrightarrow 60\% + 1.5\% = \mathbf{61.5\%}$$

Where the Minnesota method results in small improvement targets like this, the Committee has typically establishes 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.



ASSESSMENTS FOR CHILDREN IN DHS CUSTODY

Assessments for children in DHS custody

Percentage of children who received age-appropriate mental, physical, and dental health assessments within 60 days of the state notifying CCOs that the children were placed into custody with the Department of Human Services (foster care). For children under age 4 the measure requires physical and dental, but not mental health assessments. Children under age 1 only require a physical health assessment.

Data source:

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

Original 2020 benchmark source:

Committee consensus

2020 data (n=997)

- Statewide change since 2019: **-9.0%**
- Number of CCOs that improved*: **5**

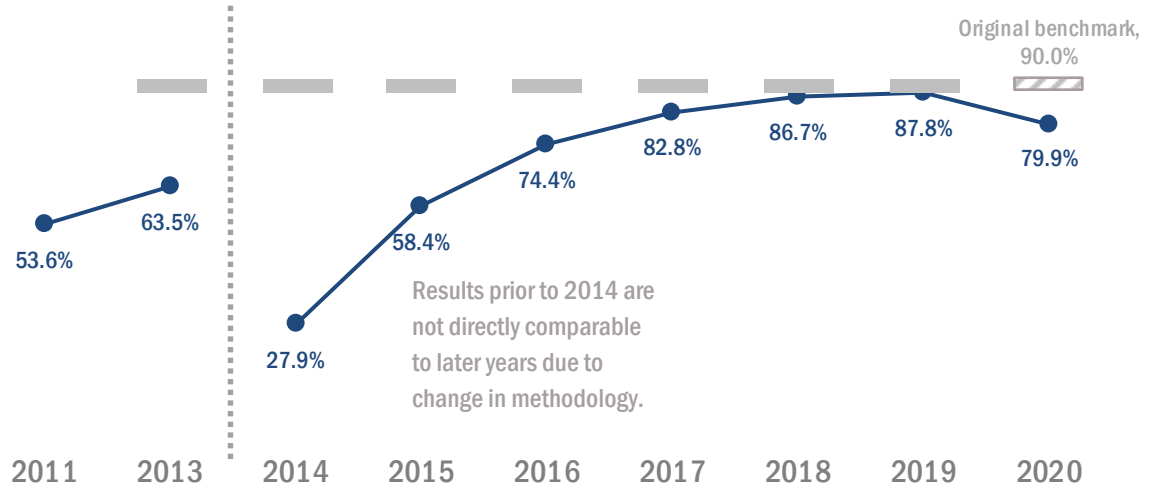
*This number excludes the two CCOs new in 2020.

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

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

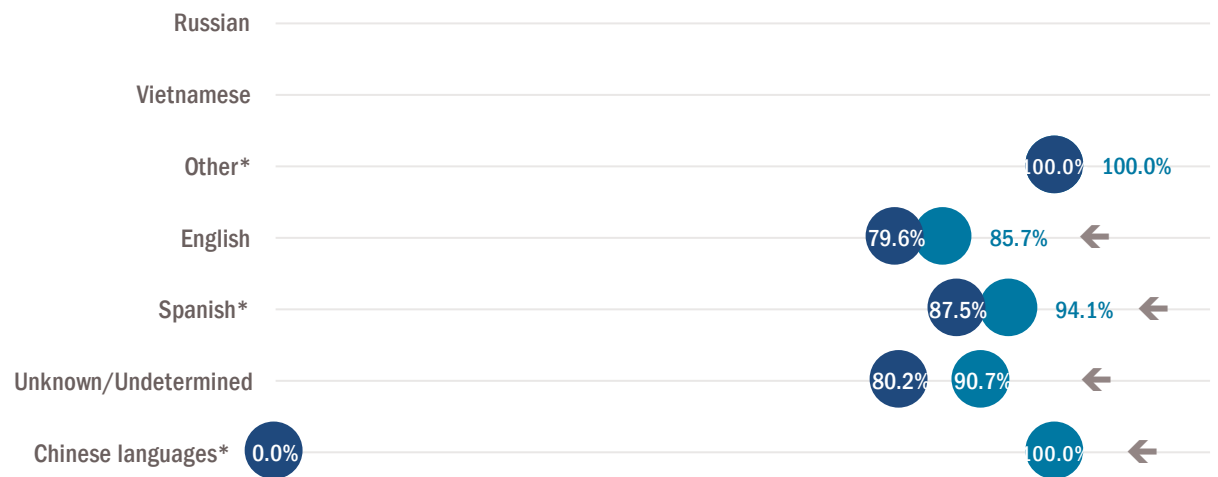
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Statewide



Household language

2019 and 2020, by household language.



*note small denominator (n<30)



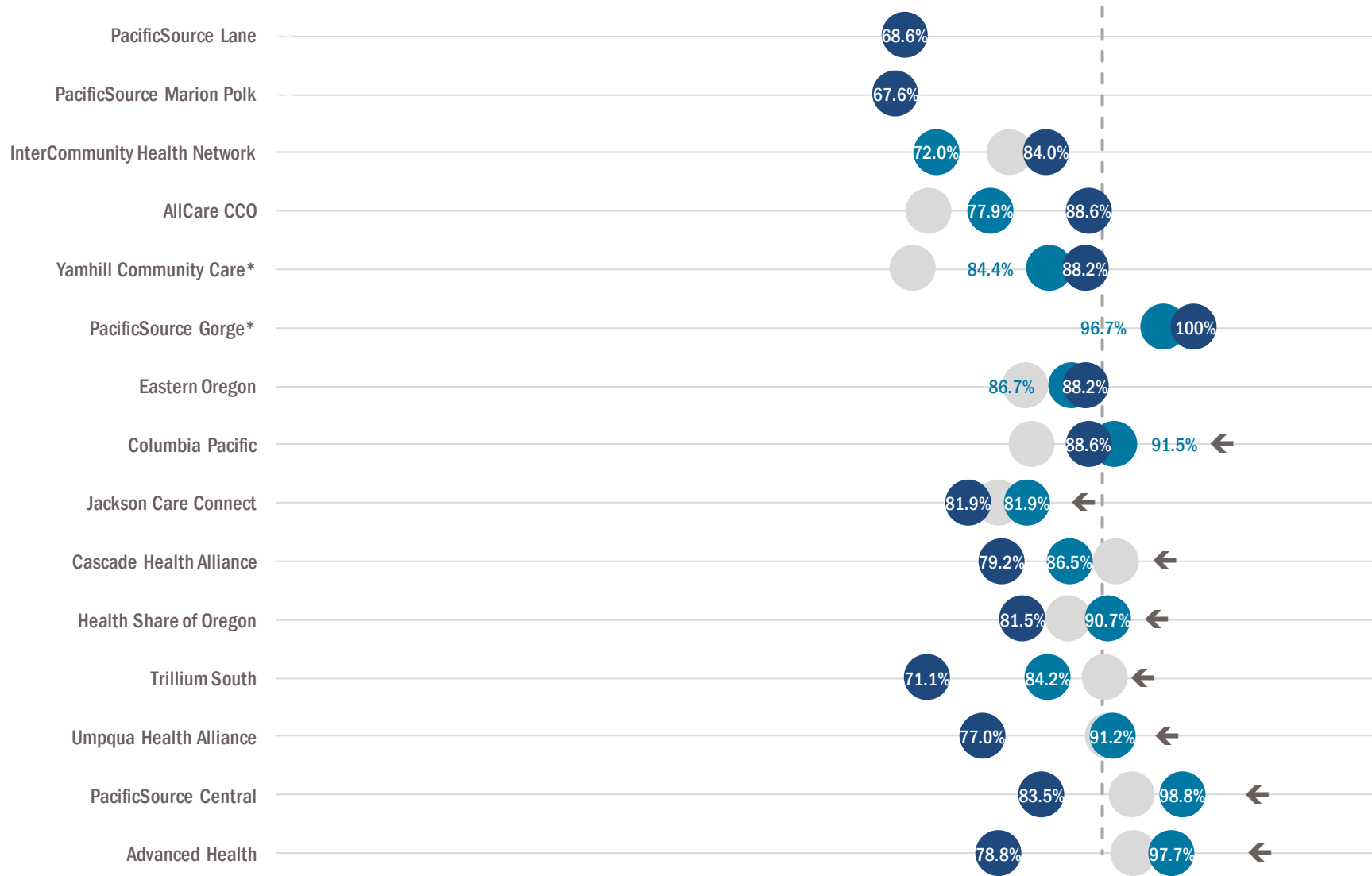
ASSESSMENTS FOR CHILDREN IN DHS CUSTODY

Assessments for children in DHS custody in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

*note small denominator (n<30)

Original 2020 benchmark 90.0%





CHILDHOOD IMMUNIZATION STATUS

Childhood immunization status

Percentage of children who received recommended vaccines (Combo 2:DTaP, IPV, MMR, HiB, Hepatitis B, VZV) before their second birthday.

Data source:

Administrative (billing) claims and ALERT immunization data

Original 2020 benchmark source:

2019 national Medicaid 90th percentile

2020 data (n=11,053)

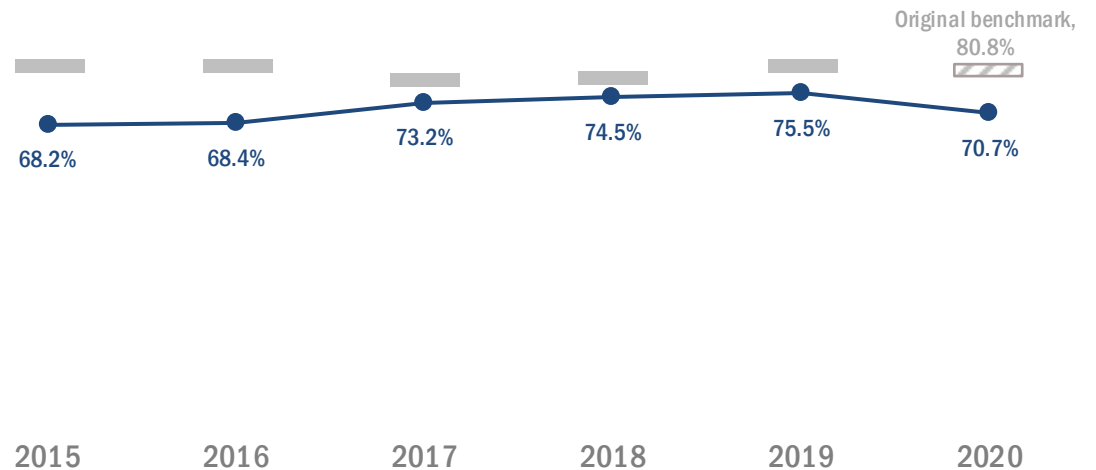
- Statewide change since 2019: **-6.4%**
- Number of CCOs that improved*: **1**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

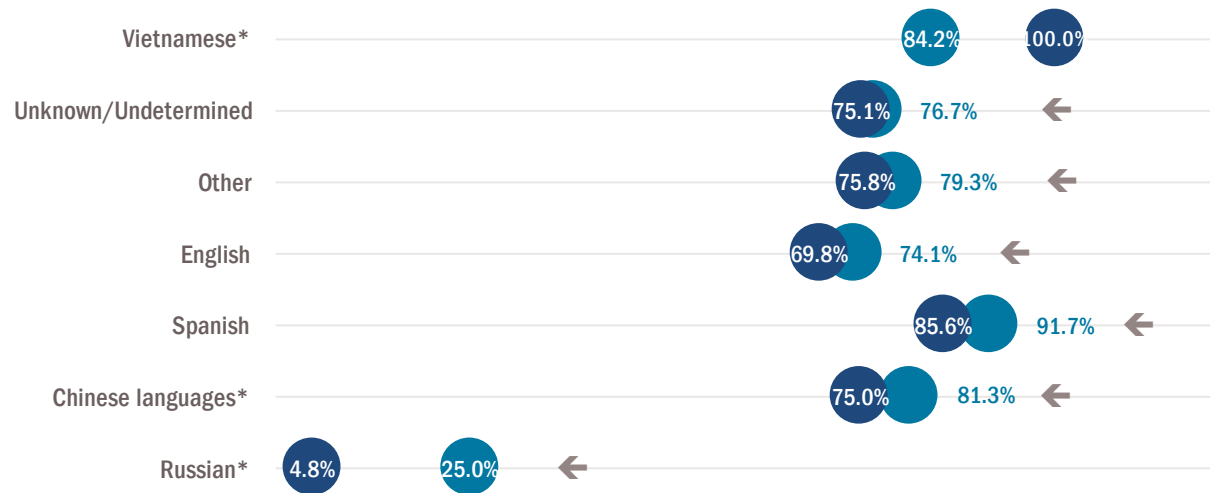
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Statewide



Household language

2019 and 2020, by household language.



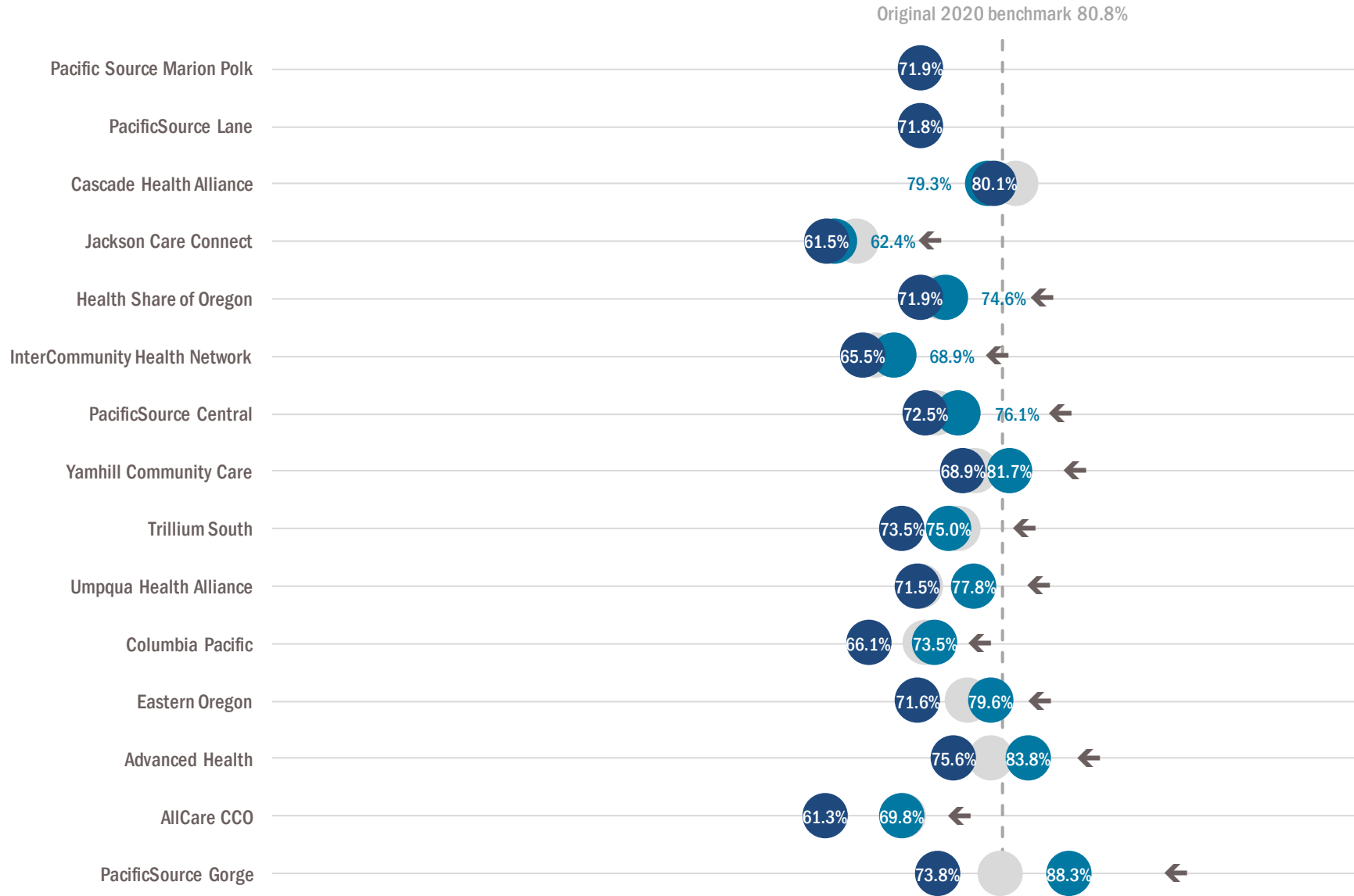
*note small denominator (n<30)



CHILDHOOD IMMUNIZATION STATUS

Childhood immunization status in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CIGARETTE SMOKING PREVALENCE

Cigarette smoking prevalence

Percentage of Medicaid members age 13 years and older who were screened for smoking status and identified as current smokers.

Data source:

Electronic Health Records

Original 2020 benchmark source:

Committee consensus and alignment with 1115 demonstration waiver goals

2020 data (n=297,481)

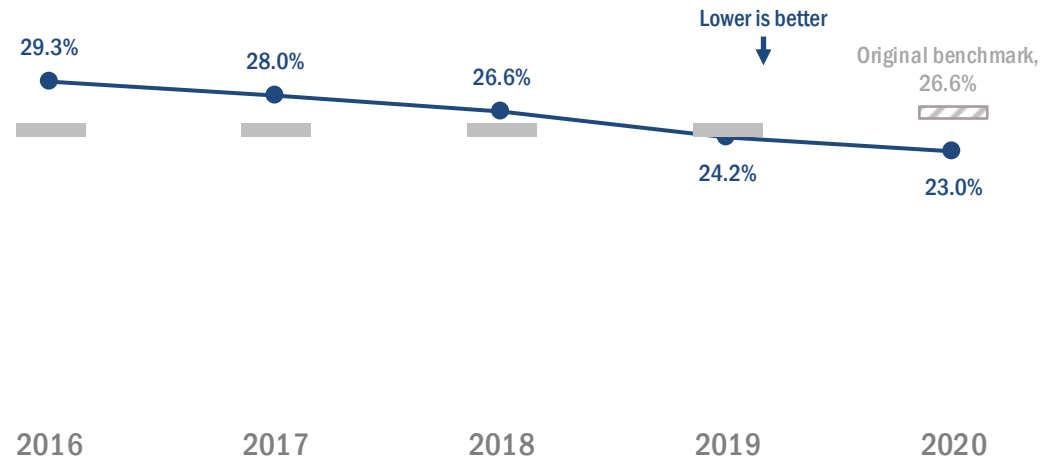
- Statewide change since 2019 (lower is better): **-5.0%**
- Number of CCOs that improved*: **8**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

[Back to table of contents.](#)

Statewide



Household language

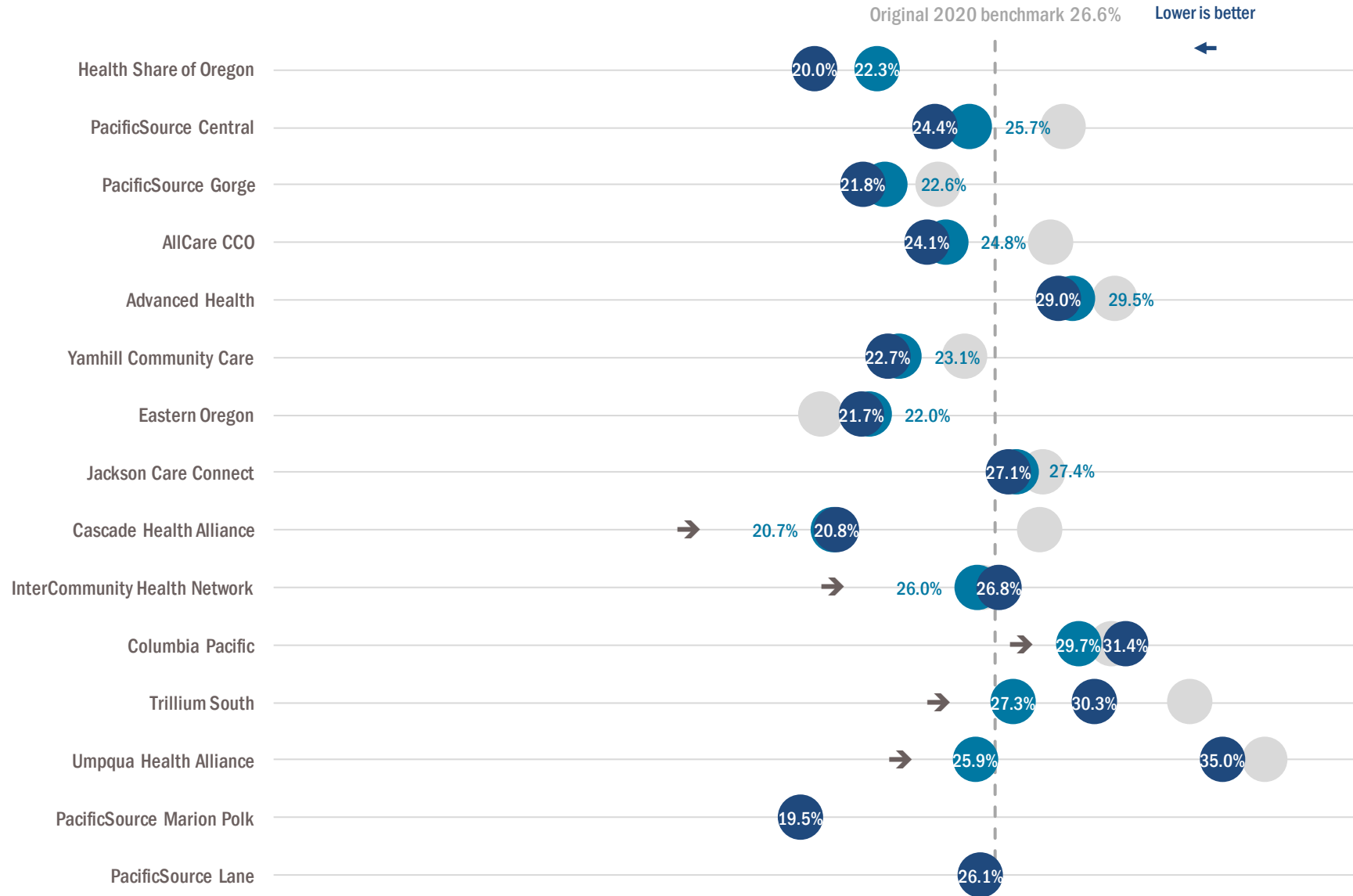
OHA receives aggregated data for this measure that cannot be stratified by household language.



CIGARETTE SMOKING PREVALENCE

Cigarette smoking prevalence in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





DEPRESSION SCREENING AND FOLLOW-UP PLAN

Depression screening and follow-up

Percentage of patients (ages 12 and older) who had appropriate screening and follow-up planning for depression.

Data source:

Electronic Health Records

Original 2020 benchmark source:

N/A

2020 data (n=385,086)

- Statewide change since 2019: **-13.9%**
- Number of CCOs that improved*: **3**

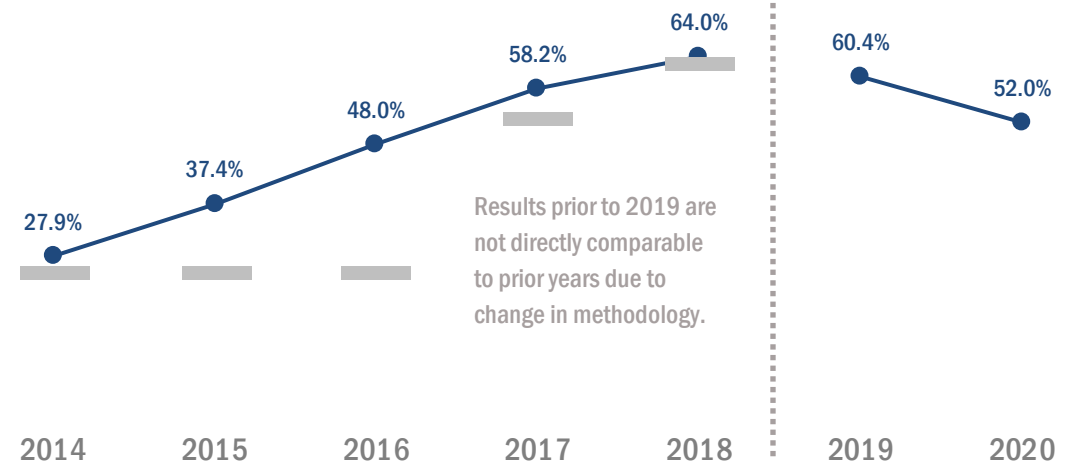
*This number excludes the two CCOs new in 2020.

Results prior to 2019 are not directly comparable to prior years due to changes in methodology.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

[Back to table of contents.](#)

Statewide



Household language

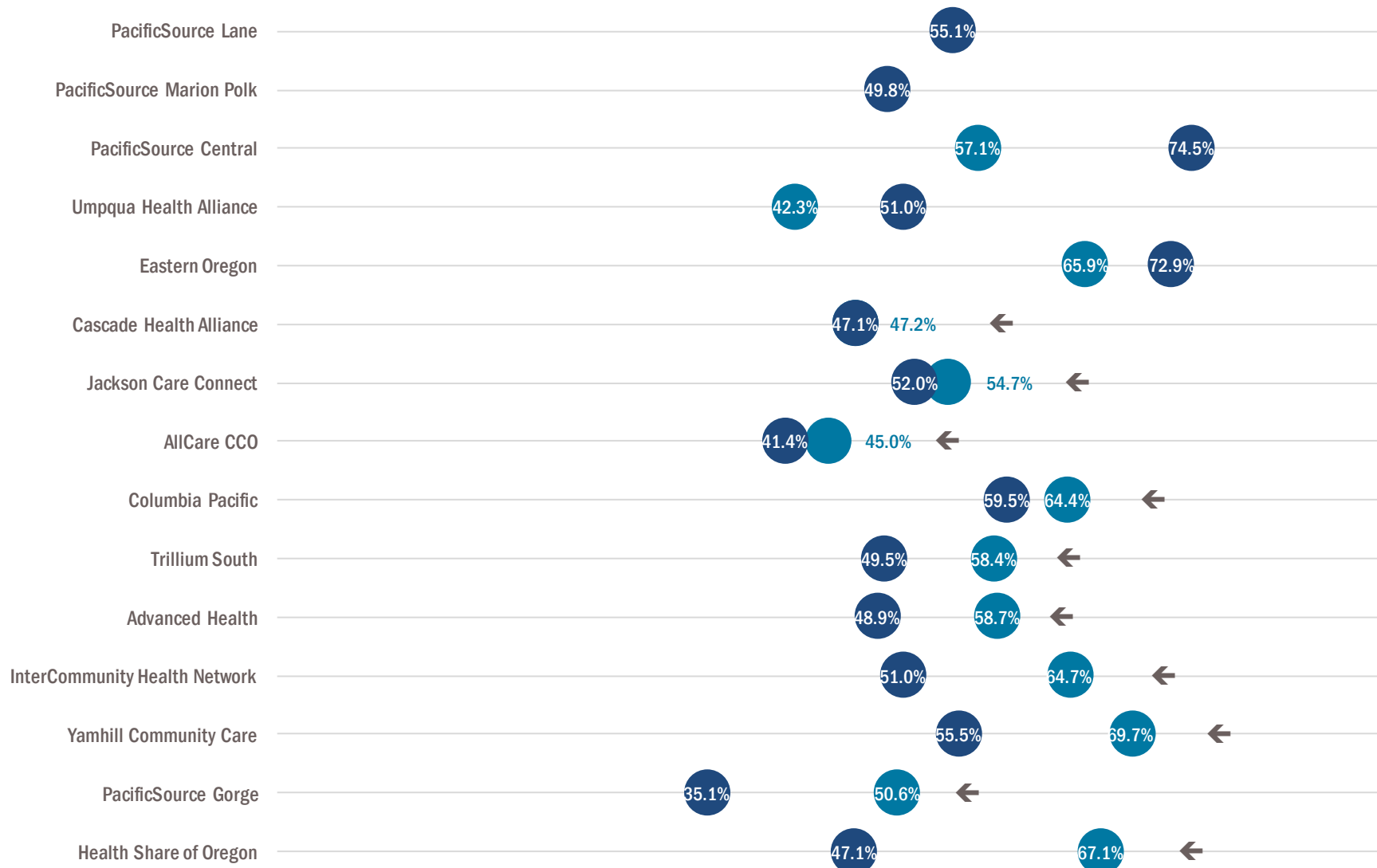
OHA receives aggregated data for this measure that cannot be stratified by household language.



DEPRESSION SCREENING AND FOLLOW-UP PLAN

Depression screening and follow-up plan in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





DIABETES CARE: HbA1c POOR CONTROL

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

Original 2020 benchmark source:

2018 CCO statewide average

2020 data (n=44,846)

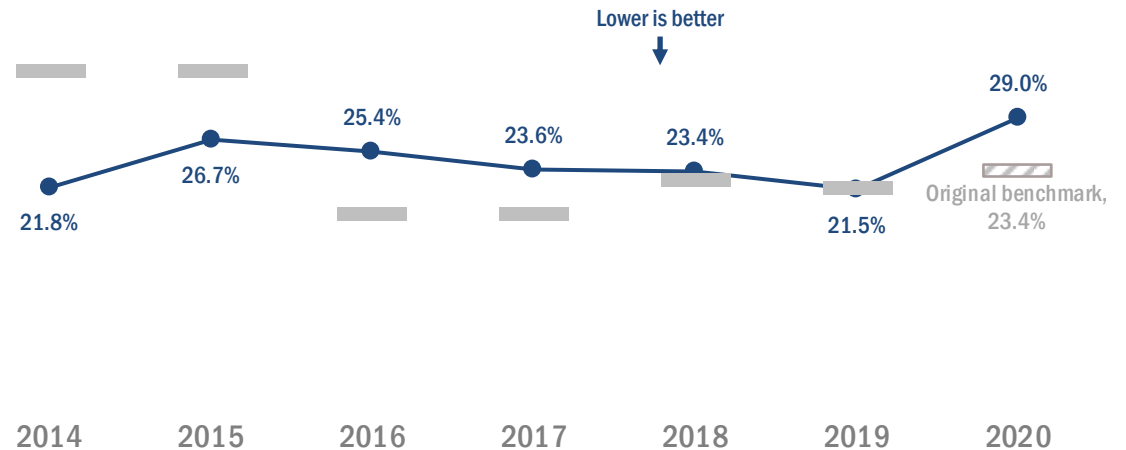
- Statewide change since 2019 (lower is better): **+34.9%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

[Back to table of contents.](#)

Statewide



Household language

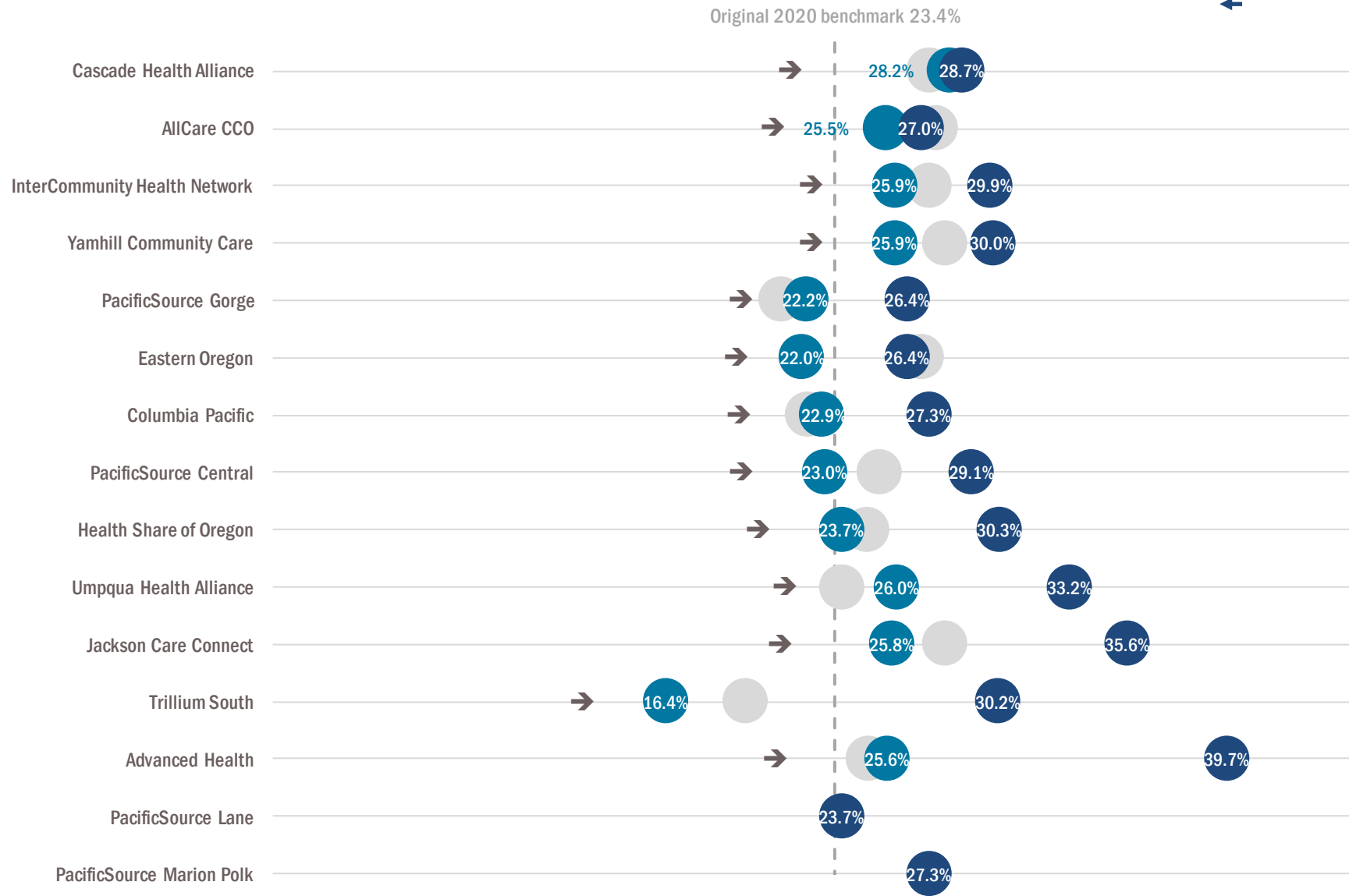
OHA receives aggregated data for this measure that cannot be stratified by household language.



DIABETES CARE: HbA1c POOR CONTROL

Diabetes care, HbA1c poor control in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020. Lower is better



\$ DISPARITY MEASURE: ED UTILIZATION AMONG MEMBERS WITH MENTAL ILLNESS

Disparity measure

Rate of ambulatory emergency department utilization for physical health conditions from members who have a history of mental illness. A lower rate is better for this measure.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2018 CCO 90th percentile

2020 data (n=2,083,442 member months)

- Statewide change since 2019 (lower is better): **-15.7%**
- Number of CCOs that improved*: **13**

*This number excludes the two CCOs new in 2020.

Rates are shown per 1,000 member months, which means that in one month, there are on average 83.6 visits occurring per 1,000 CCO members who have a history of mental illness.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

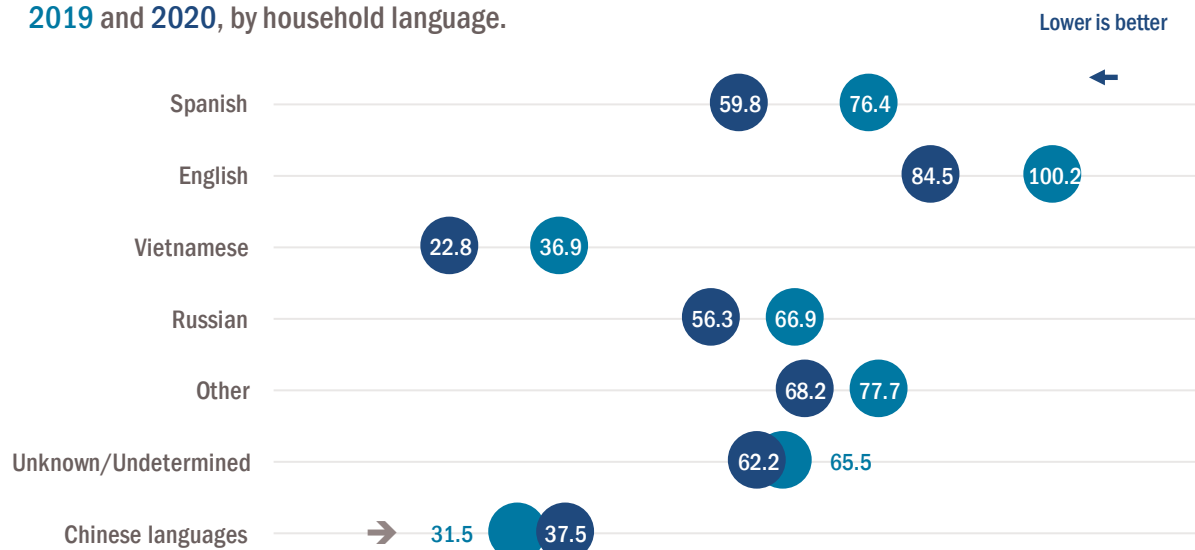
[Back to table of contents.](#)

Statewide



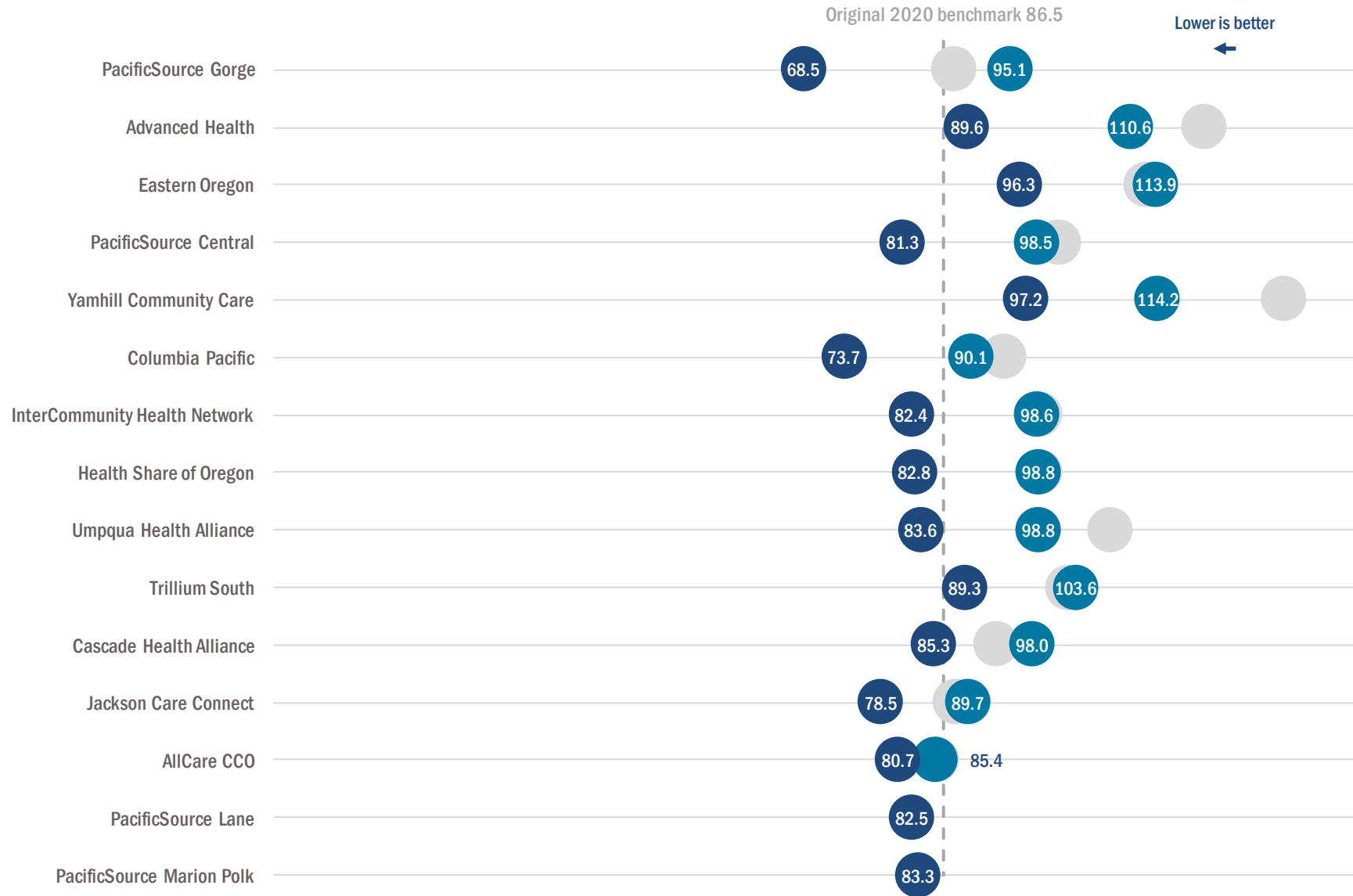
Household language

2019 and 2020, by household language.



\$ DISPARITY MEASURE: ED UTILIZATION AMONG MEMBERS WITH MENTAL ILLNESS

Emergency department utilization among members with mental illness in 2019 and 2020, by CCO.





IMMUNIZATIONS FOR ADOLESCENTS—Combo 2

Immunizations for adolescents

Percentage of adolescents who received recommended vaccines (Combo 2: meningococcal, Tdap/TD and HPV) before their 13th birthday.

Data source:

Administrative (billing) claims and ALERT immunization registry data

Original 2020 benchmark source:

2019 national Medicaid 75th percentile

2020 data (n=4,999)

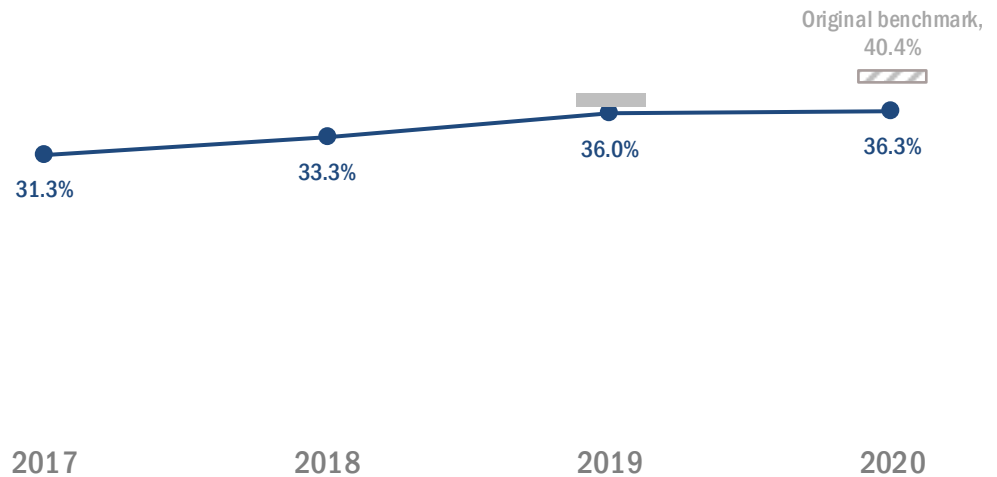
- Statewide change since 2019: **+0.8%**
- Number of CCOs that improved*: **8**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

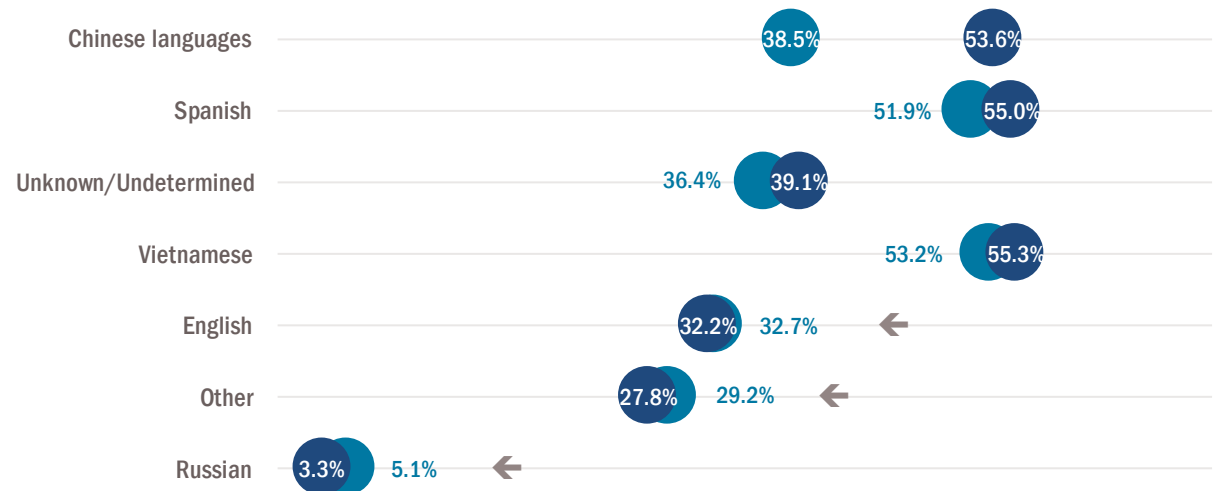
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

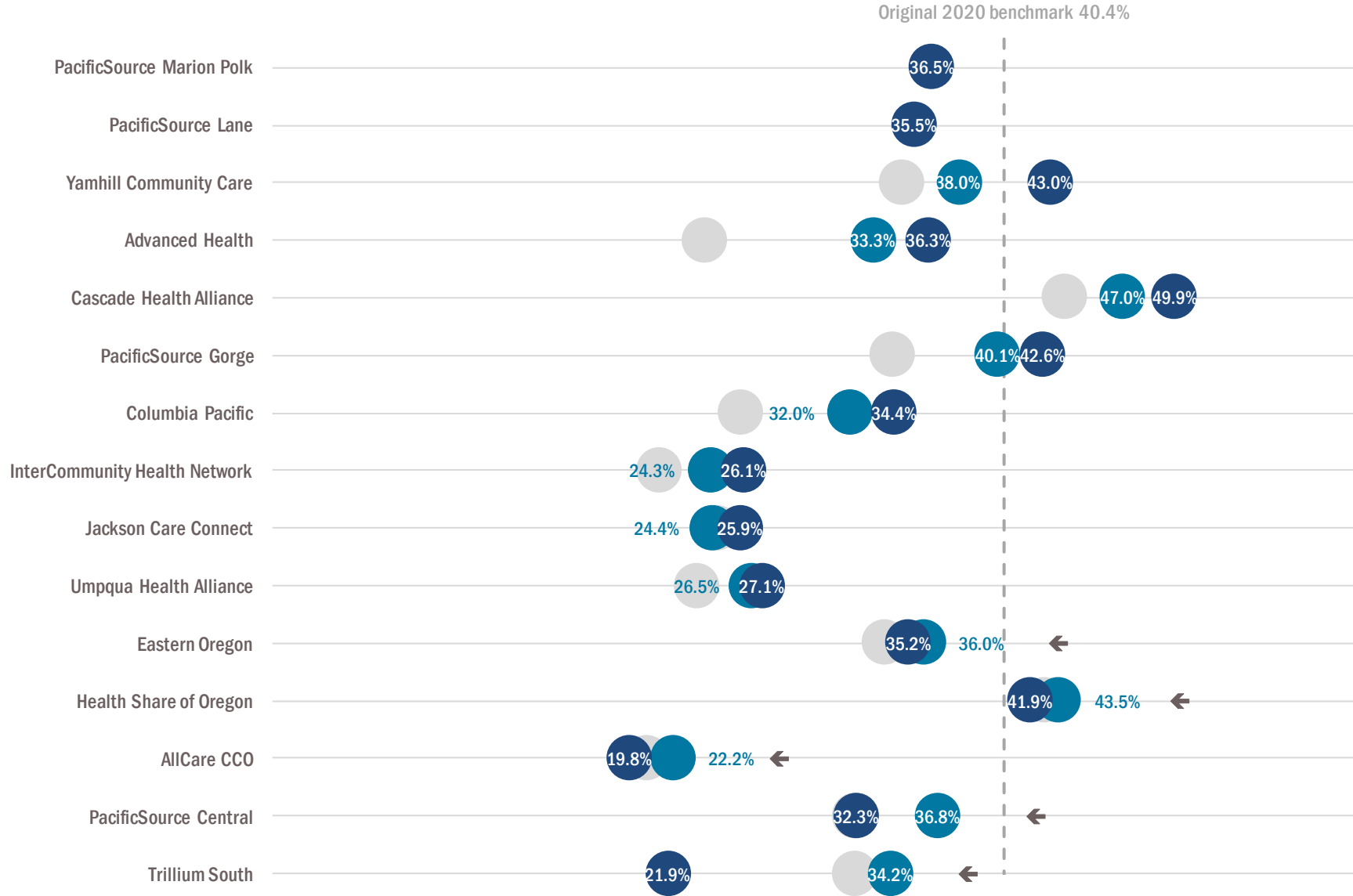




IMMUNIZATIONS FOR ADOLESCENTS—Combo 2

Immunizations for adolescents in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (INITIATION PHASE)

IET (Initiation)

Percentage of adult members newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of the initial diagnosis.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2019 national Medicaid 75th percentile

2020 data (n=31,985)

- Statewide change since 2019: **+2.3%**
- Number of CCOs that improved*: **9**

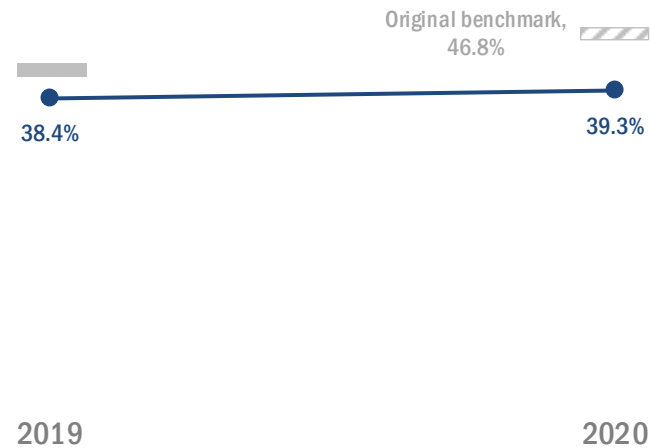
*This number excludes the two CCOs new in 2020.

Due to specification changes from the measurement steward and refinements in OHA's calculation for 2020, the 2019 results have been revised using the latest calculation and are not comparable with prior reports.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

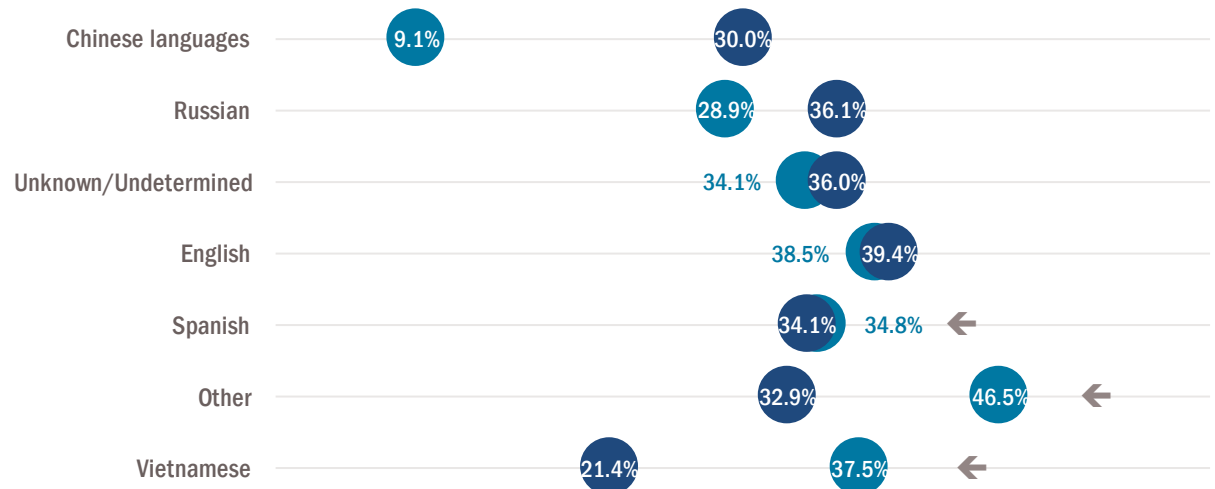
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

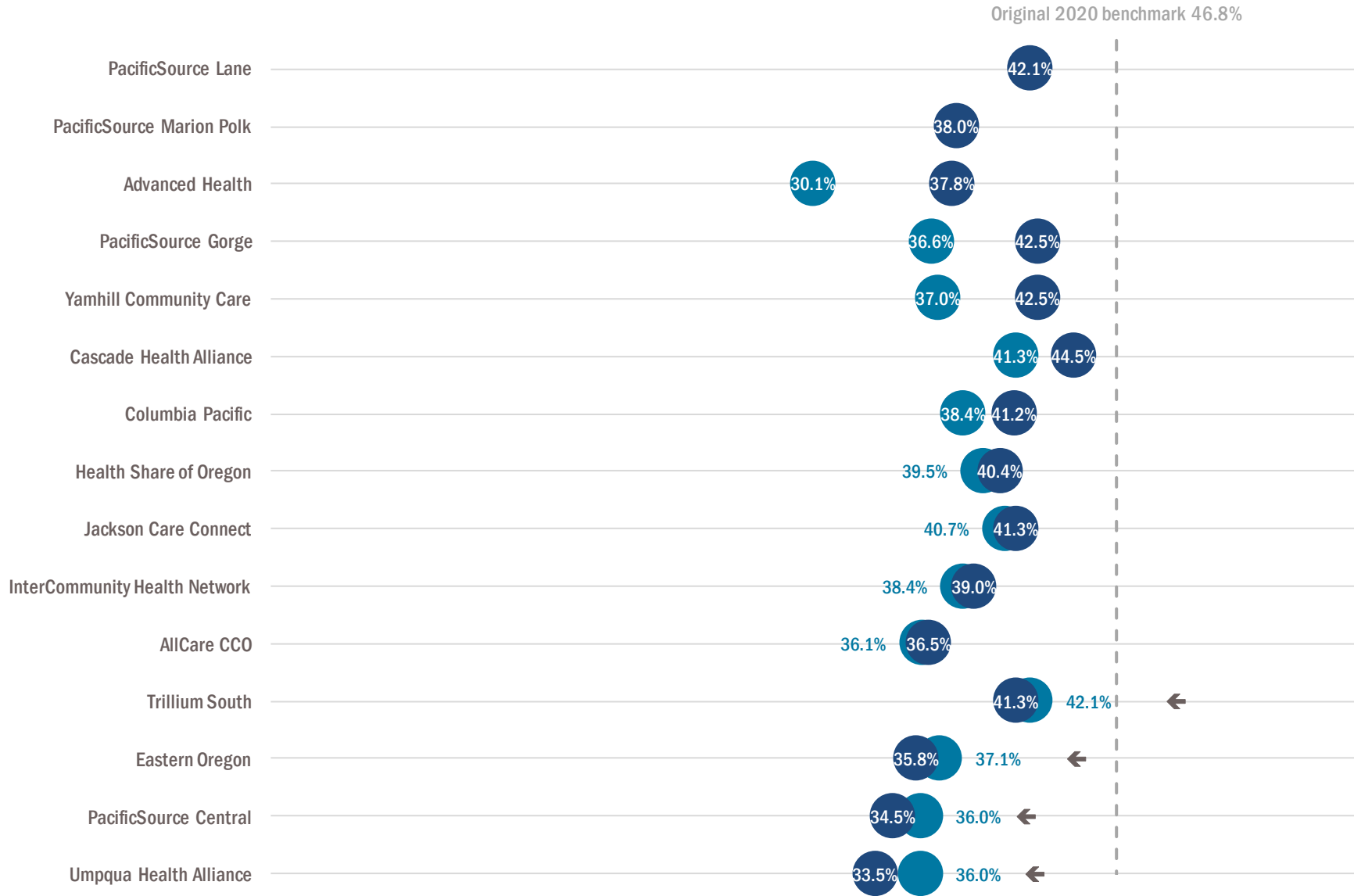




INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (INITIATION PHASE)

Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





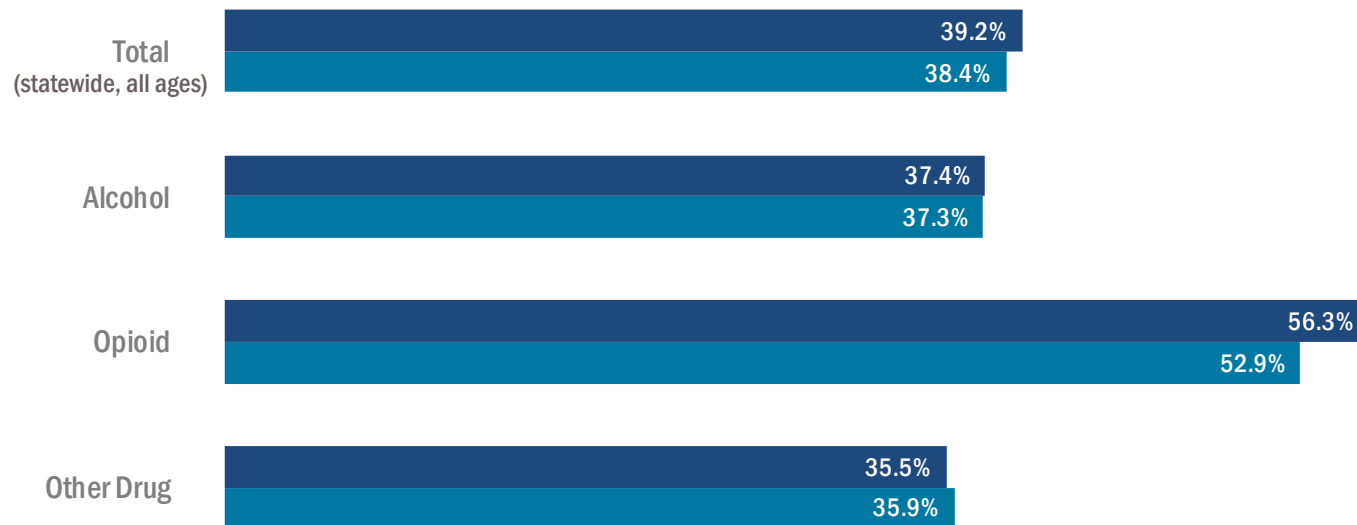
INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (INITIATION PHASE)

The measure specifications for Initiation and engagement of alcohol or other drug treatment include the additional break-outs shown here. For 2020, these break-outs show that among members newly diagnosed, those with Opioid Use Disorder were more likely to initiate treatment.

Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2019 and 2020, by age group.



Initiation of treatment for members newly diagnosed with alcohol or drug dependence in 2019 and 2020, by cohort.





INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (ENGAGEMENT PHASE)

IET (Engagement)

Percentage of adult members newly diagnosed with alcohol or other drug dependence who engaged in ongoing treatment of two or more additional services for alcohol or other drug dependence within 34 days of initial treatment.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2019 national Medicaid 75th percentile

2020 data (n=31,985)

- Statewide change since 2019: **-4.7%**
- Number of CCOs that improved*: **4**

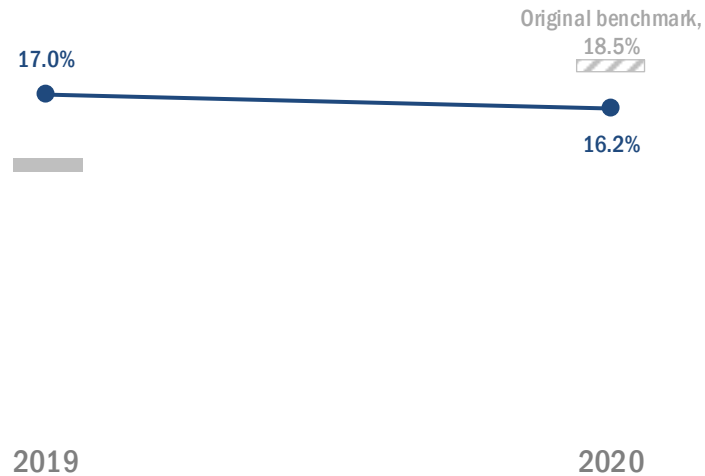
*This number excludes the two CCOs new in 2020.

Due to specification changes from the measurement steward and refinements in OHA's calculation for 2020, the 2019 results have been revised using the latest calculation and are not comparable with prior reports.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

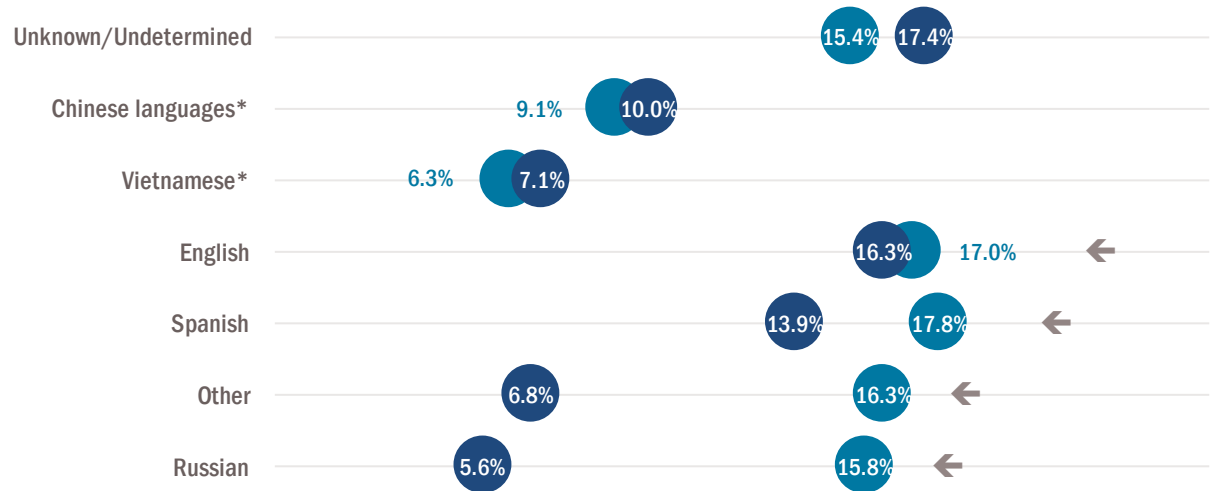
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



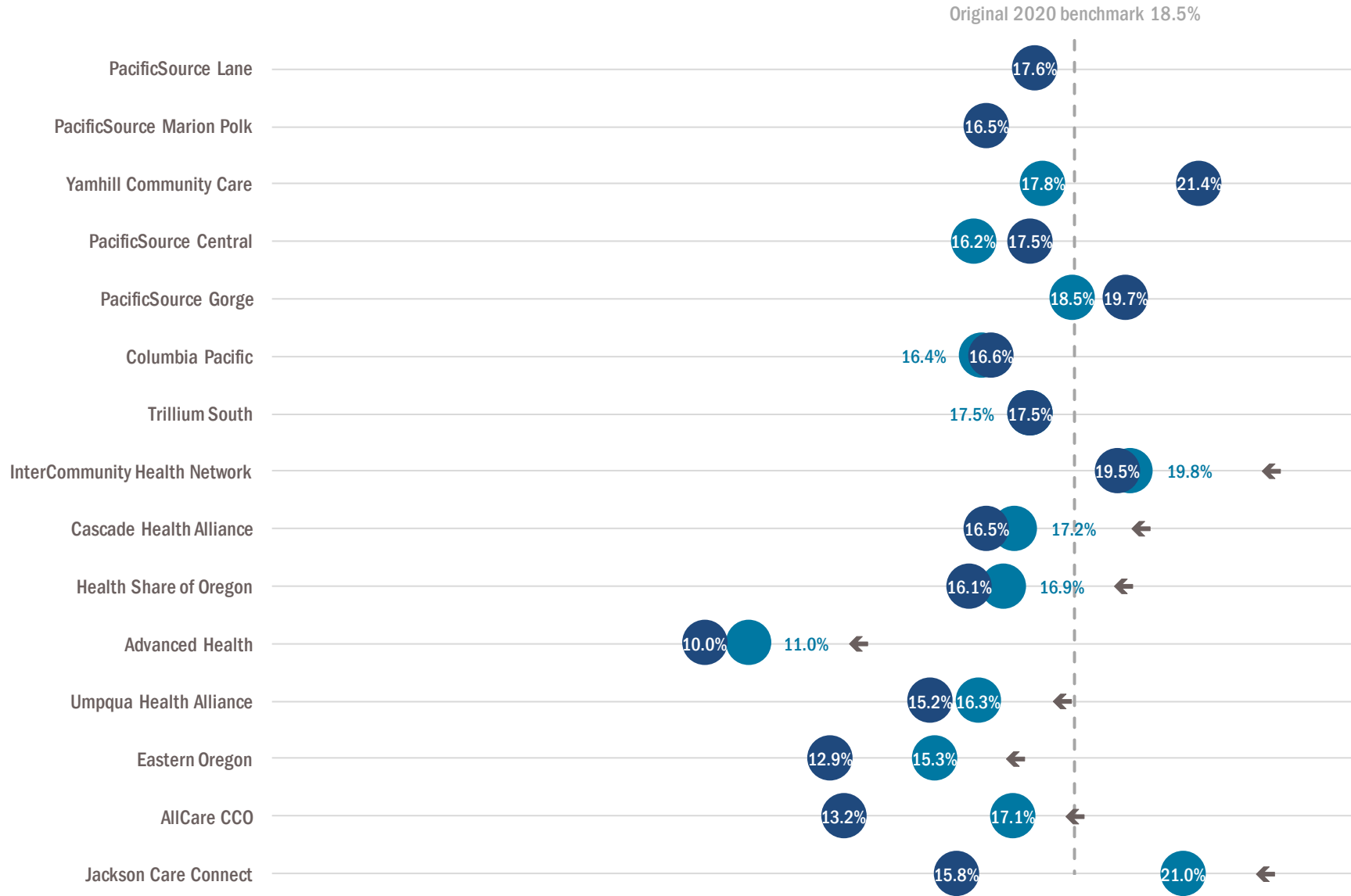
*note small denominator (n<30)



INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (ENGAGEMENT PHASE)

Engagement in ongoing treatment for members with alcohol or other drug dependence in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.



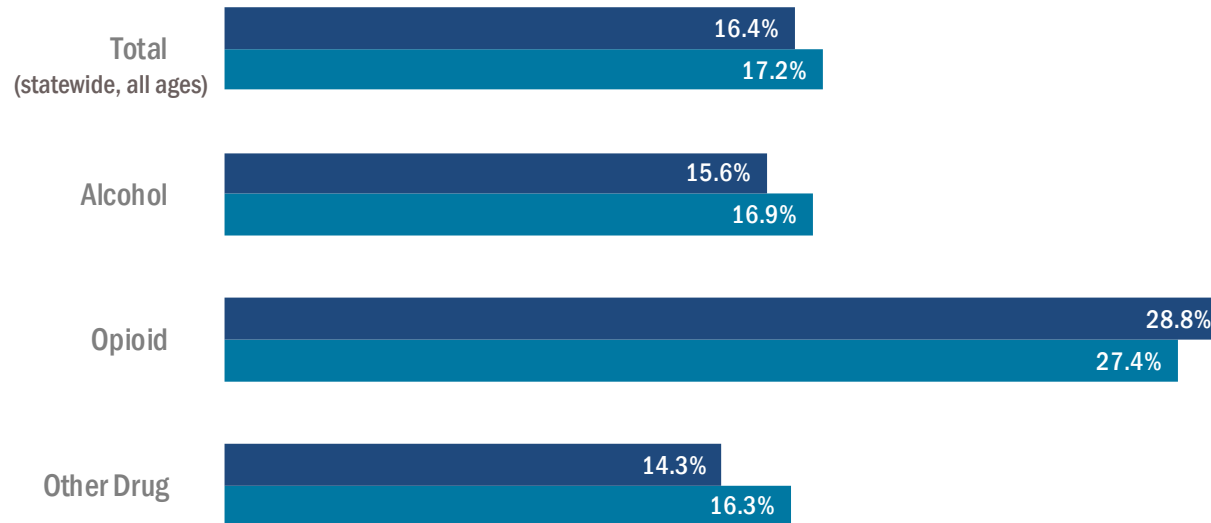


INITIATION AND ENGAGEMENT OF ALCOHOL OR OTHER DRUG TREATMENT (ENGAGEMENT PHASE)

Engagement of ongoing treatment for members with alcohol or other drug dependence in 2019 and 2020, by age group.



Engagement of ongoing treatment for members with alcohol or other drug dependence in 2019 and 2020, by cohort.





ORAL EVALUATION FOR ADULTS WITH DIABETES

Oral evaluation for diabetes

Percentage of adult CCO members identified as having diabetes who received at least one comprehensive dental evaluation within the reporting year.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2018 CCO 75th percentile

2020 data (n=43,970)

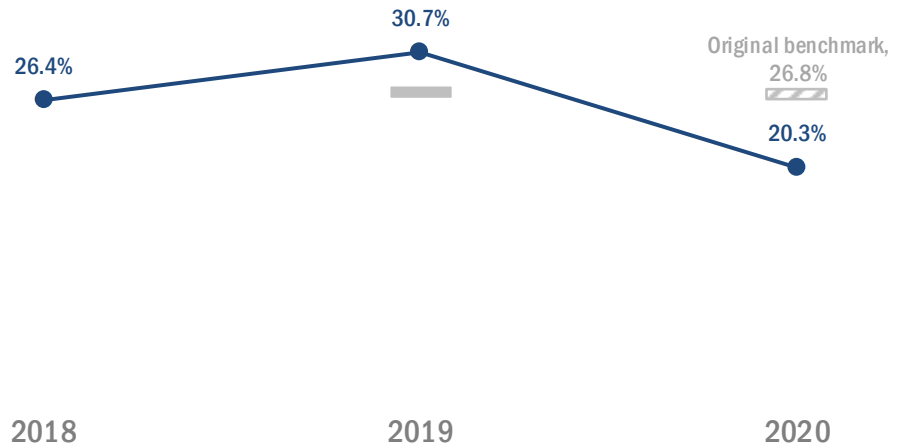
- Statewide change since 2019: **-33.9%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

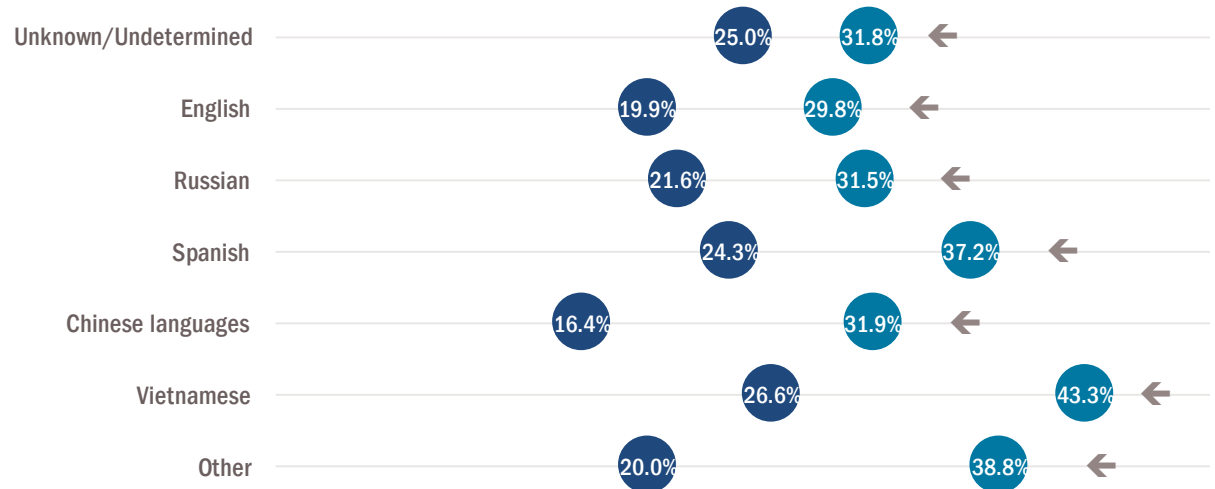
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

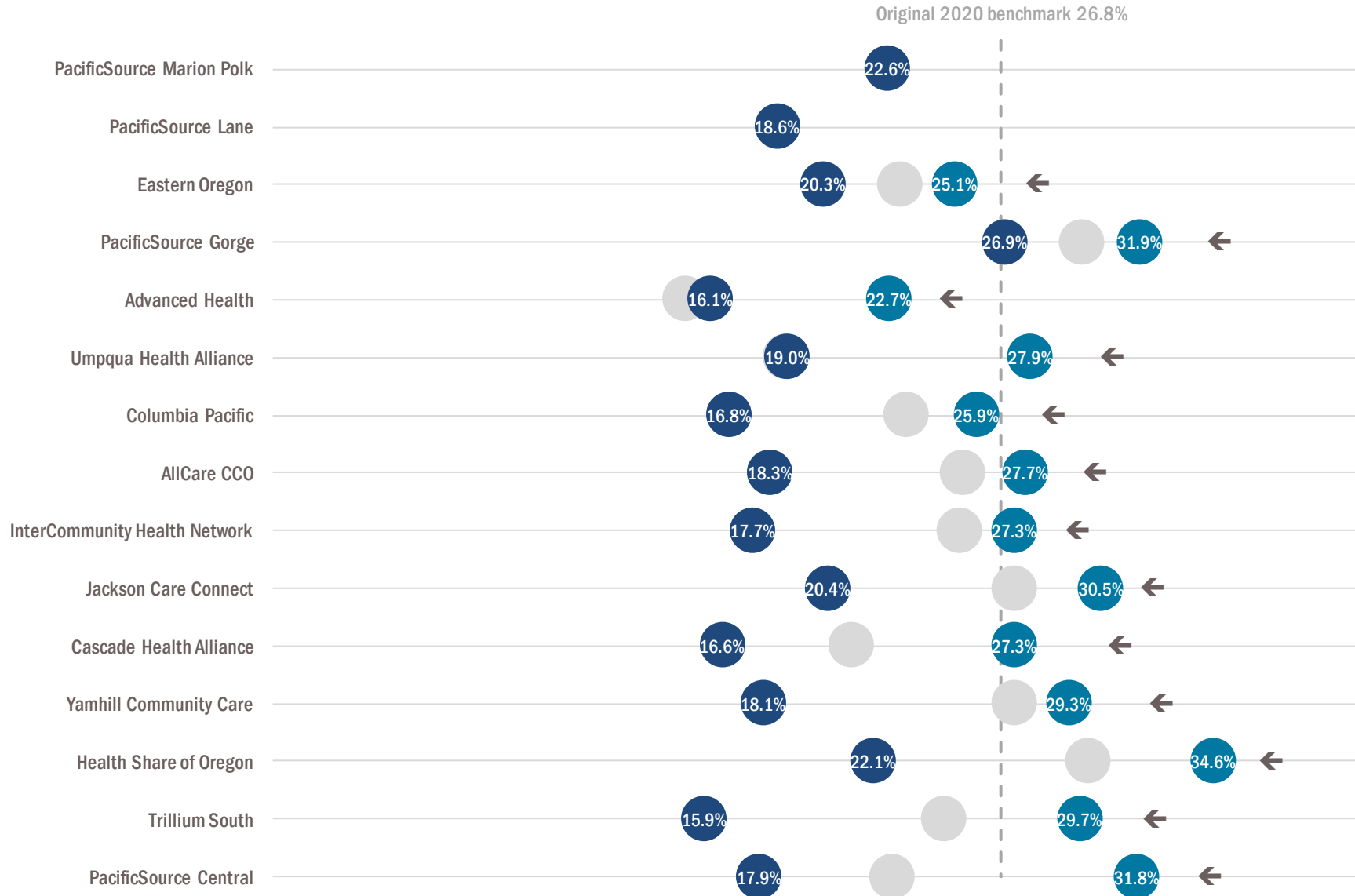




ORAL EVALUATION FOR ADULTS WITH DIABETES

Oral evaluations for adults with diabetes in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





PRENATAL AND POSTPARTUM CARE: RATE OF POSTPARTUM CARE

Postpartum care rate

Percentage of women who had a postpartum care visit on or between 7 and 84 days after delivery.

Data source:

Administrative (billing) claims and medical record review

Original 2020 benchmark source:

2018 CCO statewide average

2020 data (n=5,402)

- Statewide change since 2019: **+8.1%**
- Number of CCOs that improved*: **10**

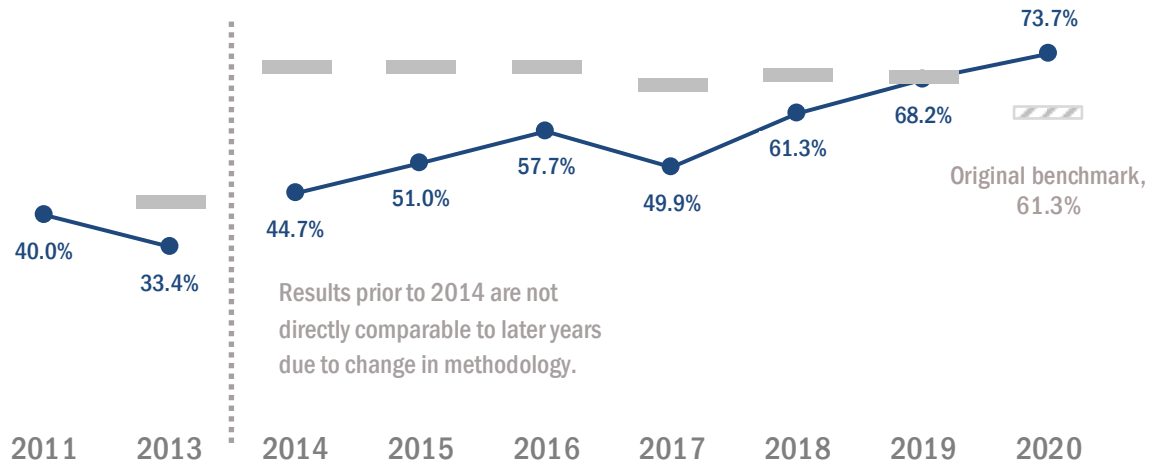
*This number excludes the two CCOs new in 2020.

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

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

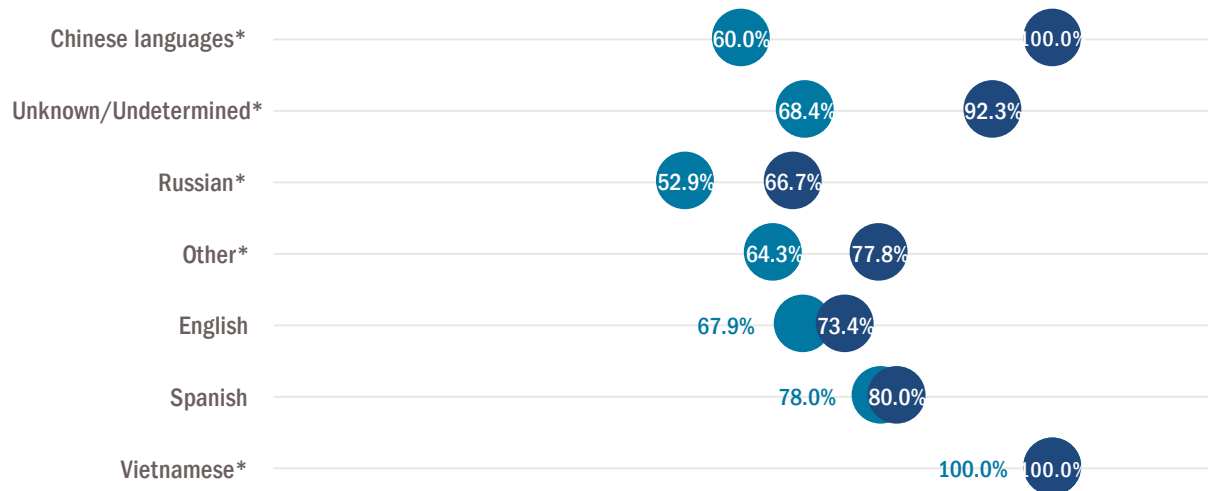
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



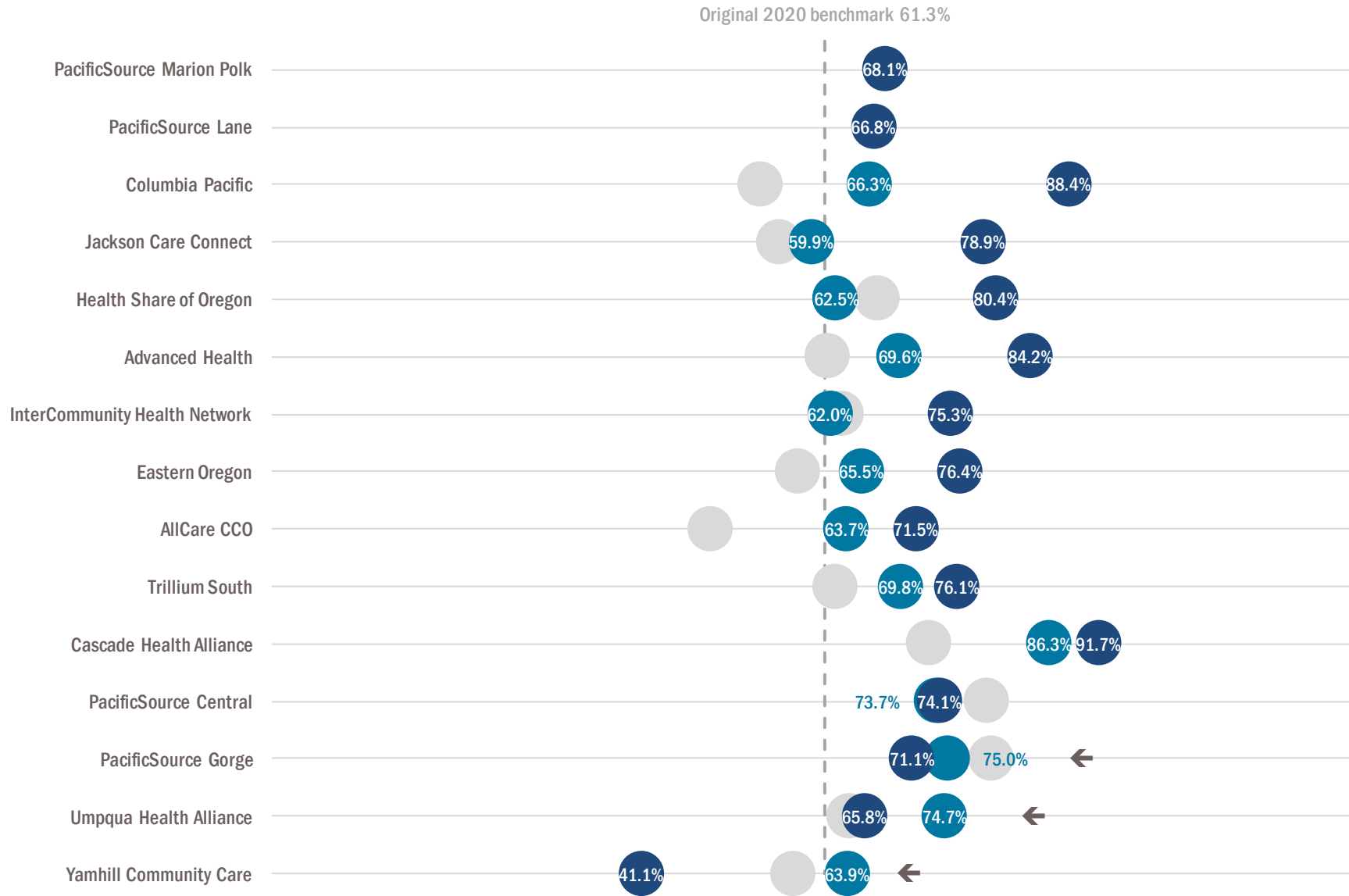
*note small denominator (n<30)



PRENATAL AND POSTPARTUM CARE: RATE OF POSTPARTUM CARE

Percentage of women receiving postpartum care in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 1-5)

Prev. dental/oral health services (1-5)

Percentage of enrolled children ages 1-5 who received a preventive dental or oral health service during the measurement year.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2018 CCO 75th percentile

2020 data (n=107,438)

- Statewide change since 2019: **-17.0%**
- Number of CCOs that improved*: **1**

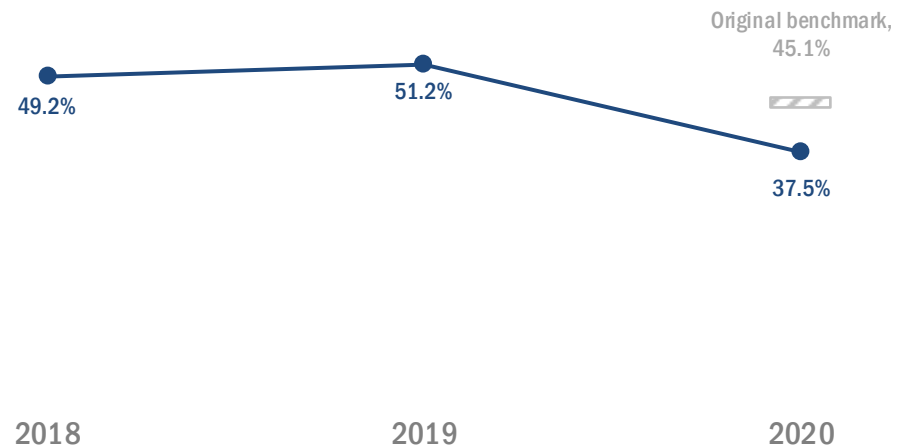
*This number excludes the two CCOs new in 2020.

Due to specification changes from the measurement steward and refinements in OHA's calculation for 2020, the 2018 and 2019 results have been revised using the latest calculation and are not comparable with prior reports.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

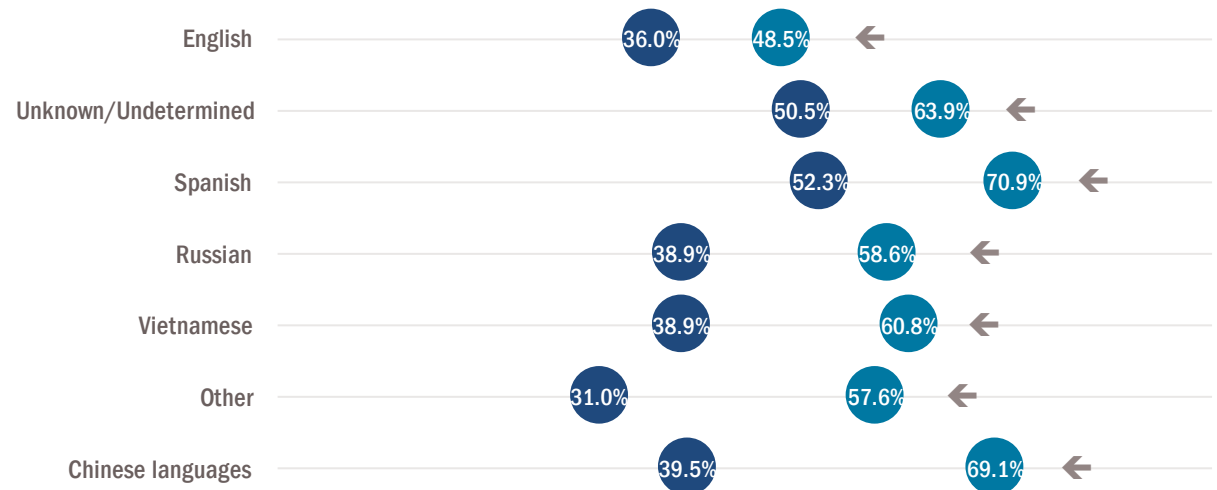
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

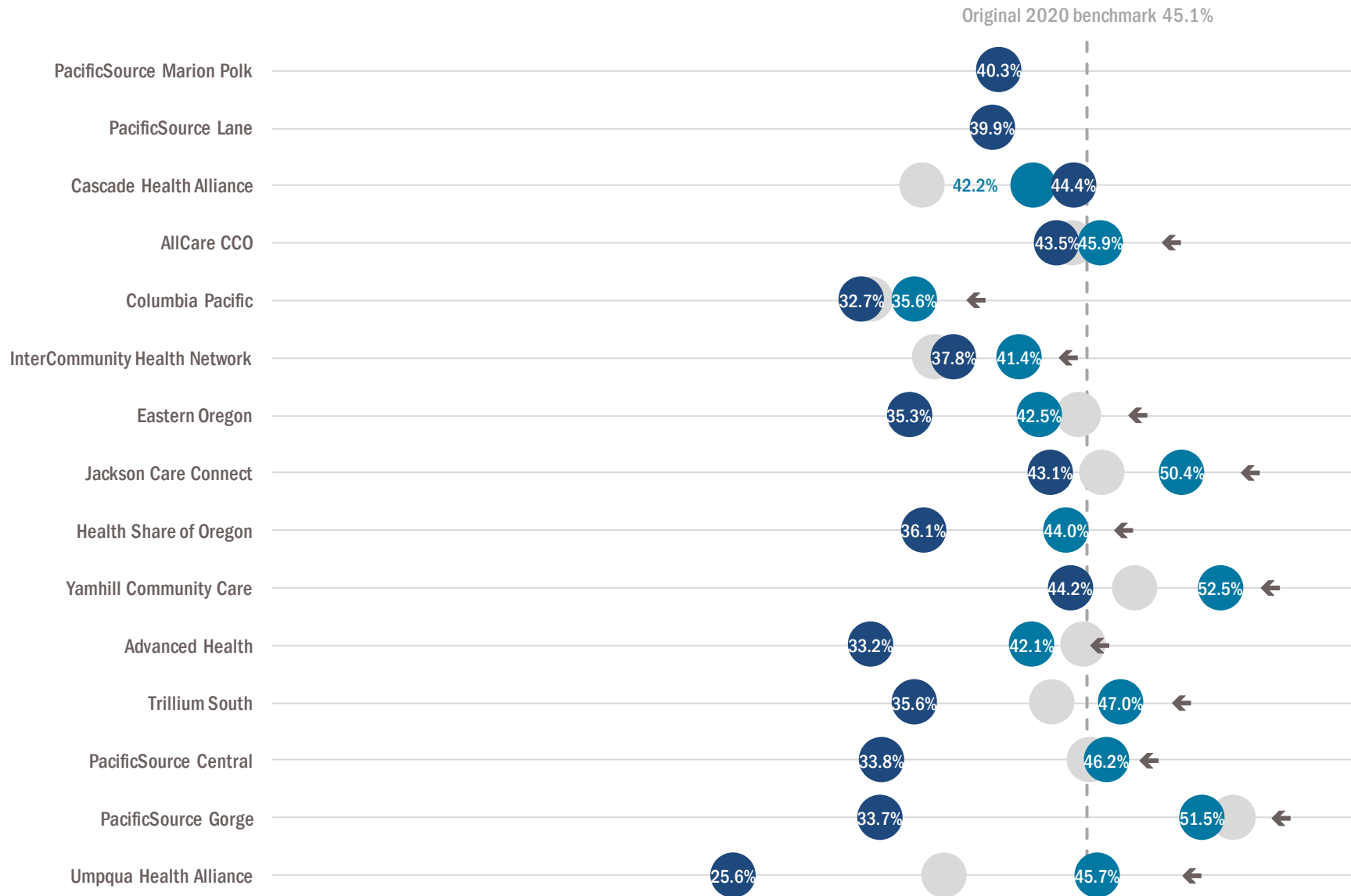




PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 1-5)

Preventive dental or oral health services for children ages 1 to 5 in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

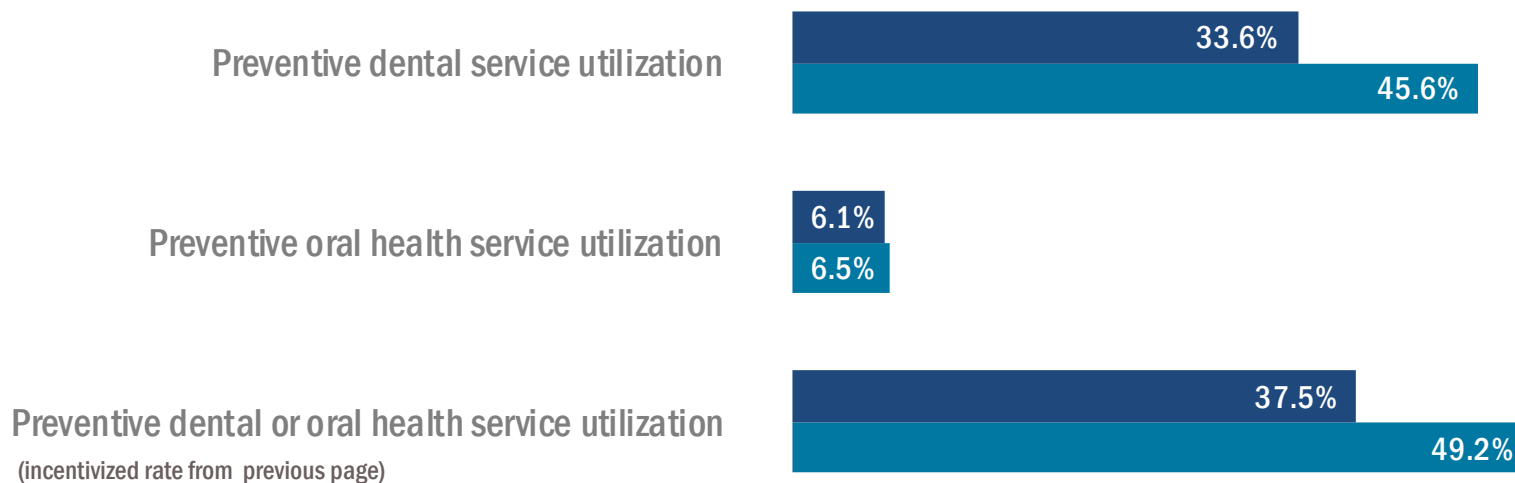




PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 1-5)

The Preventive Dental or Oral Health Services measure includes break-outs by service type, shown here. These break-outs show that the percentage of members ages 1-5 who received a preventive dental or oral health service decreased from 2019 to 2020 across all service types.

Preventive dental or oral health services for children ages 1 to 5 in 2019 and 2020, by service type.



PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 6-14)

Prev. dental/oral health services (6-14)

Percentage of enrolled children ages 6-14 who received a preventive dental or oral health service during the measurement year.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2018 CCO 75th percentile

2020 data (n=192,043)

- Statewide change since 2019: **-26.4%**
- Number of CCOs that improved*: **0**

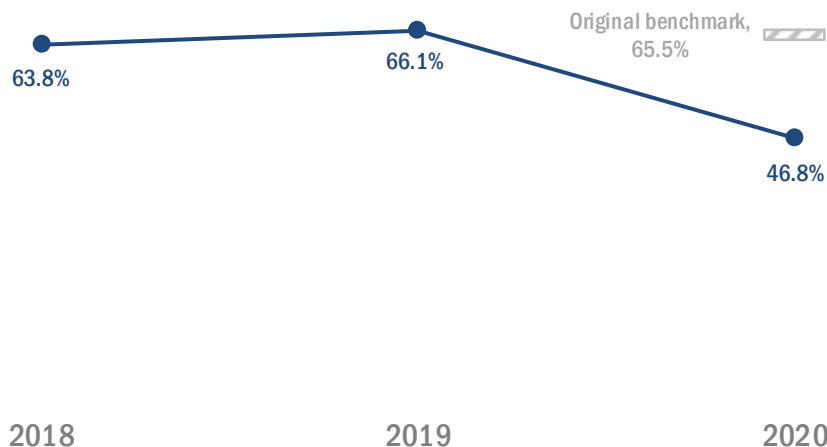
*This number excludes the two CCOs new in 2020.

Due to specification changes from the measurement steward and refinements in OHA's calculation for 2020, the 2018 and 2019 results have been revised using the latest calculation and are not comparable with prior reports.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

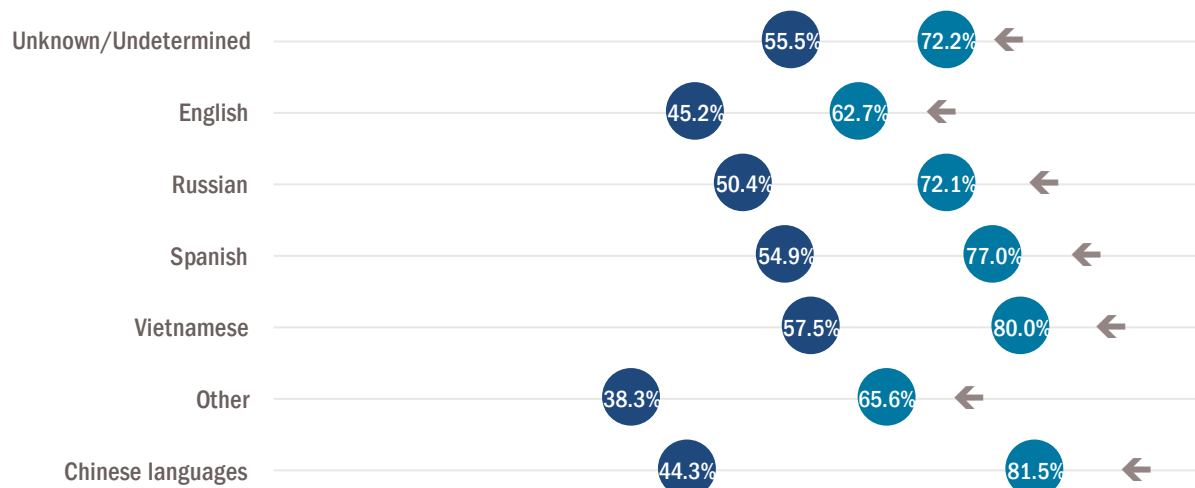
[Back to table of contents.](#)

Statewide



Household language

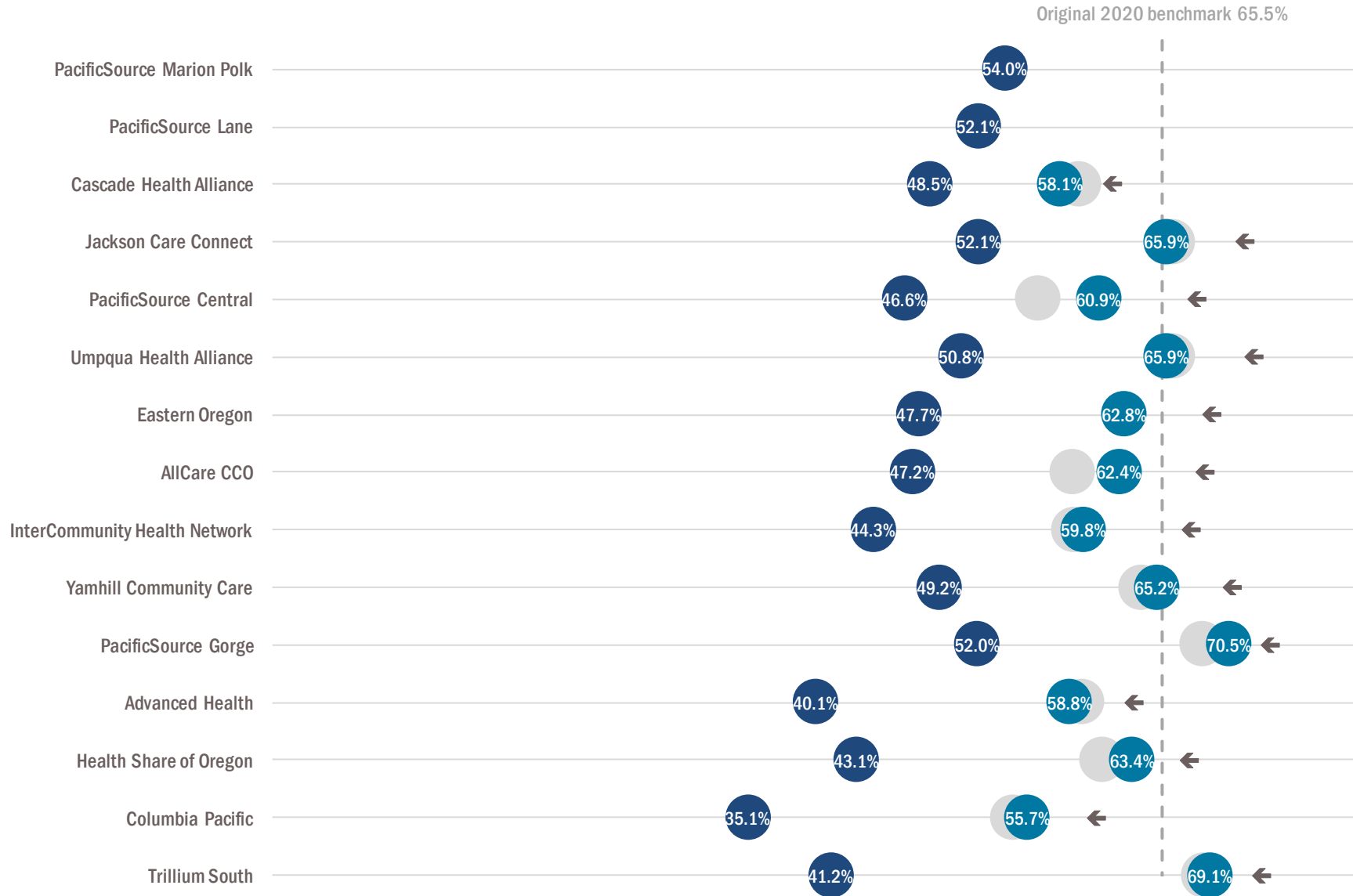
2019 and 2020, by household language.



PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 6-14)

Preventive dental or oral health services for children ages 6 to 14 in 2019 and 2020, by CCO.

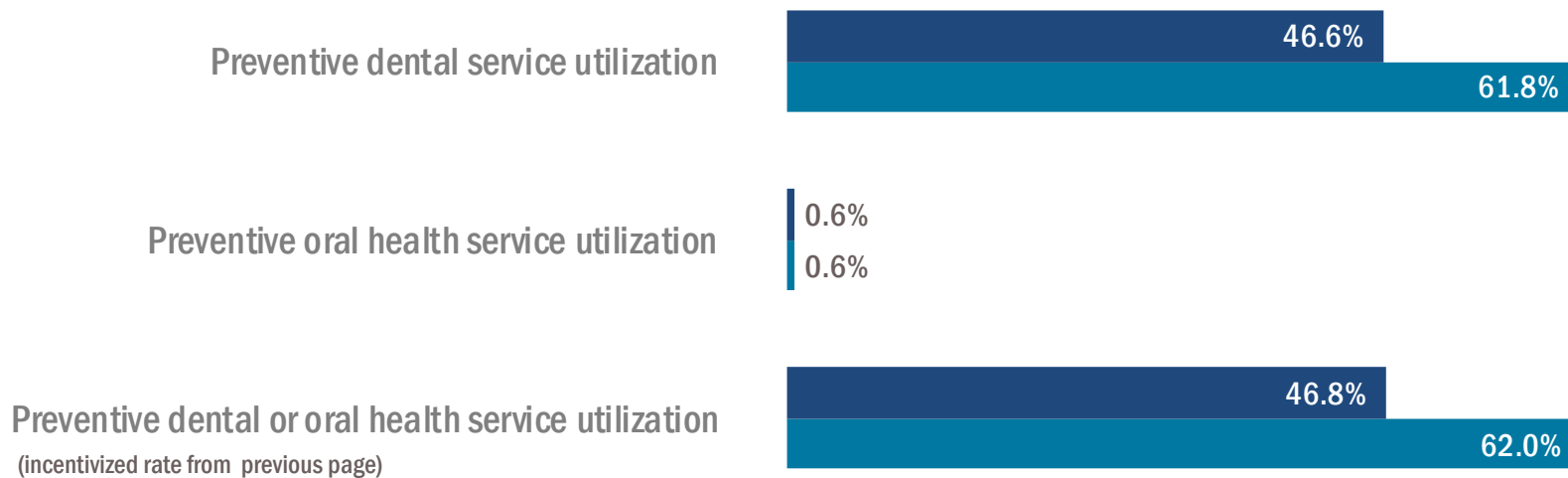
Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.



PREVENTIVE DENTAL OR ORAL HEALTH SERVICES (ages 6-14)

The Preventive Dental or Oral Health Services measure includes break-outs by service type, shown here. These break-outs show that the percentage of members ages 6-14 who received a preventive dental or oral health service decreased or stayed steady from 2019 to 2020 across all service types.

Preventive dental or oral health services for children ages 6 to 14 in 2019 and 2020, by service type.



\$ SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)—RATE 1

SBIRT (Rate 1) - Screening

Percentage of members 12 years and older who received an age-appropriate screening for alcohol or other substance abuse.

Data source:

Electronic Health Records

Original 2020 benchmark source:

N/A

2020 data (n=307,902)

- Statewide change since 2019: **-20.0%**
- Number of CCOs that improved*: **5**

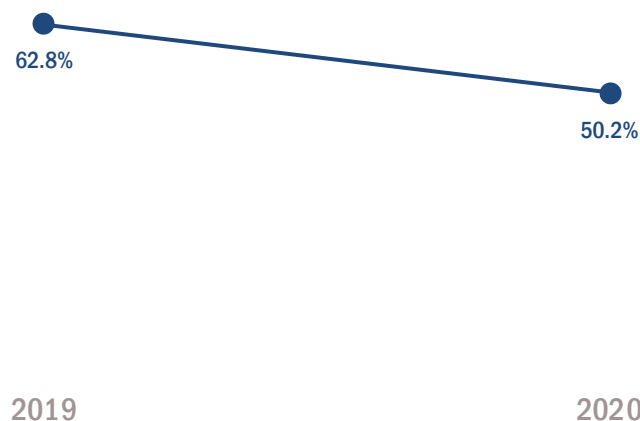
*This number excludes the two CCOs new in 2020.

A claims-based version of this measure was reported in previous years. For 2020, the minimum population threshold to report was 20% of each CCO's membership as of the end of the measurement year. The actual percentage of members included in each CCO's reporting varied significantly, from 33.7% to 89.6%.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

[Back to table of contents.](#)

Statewide



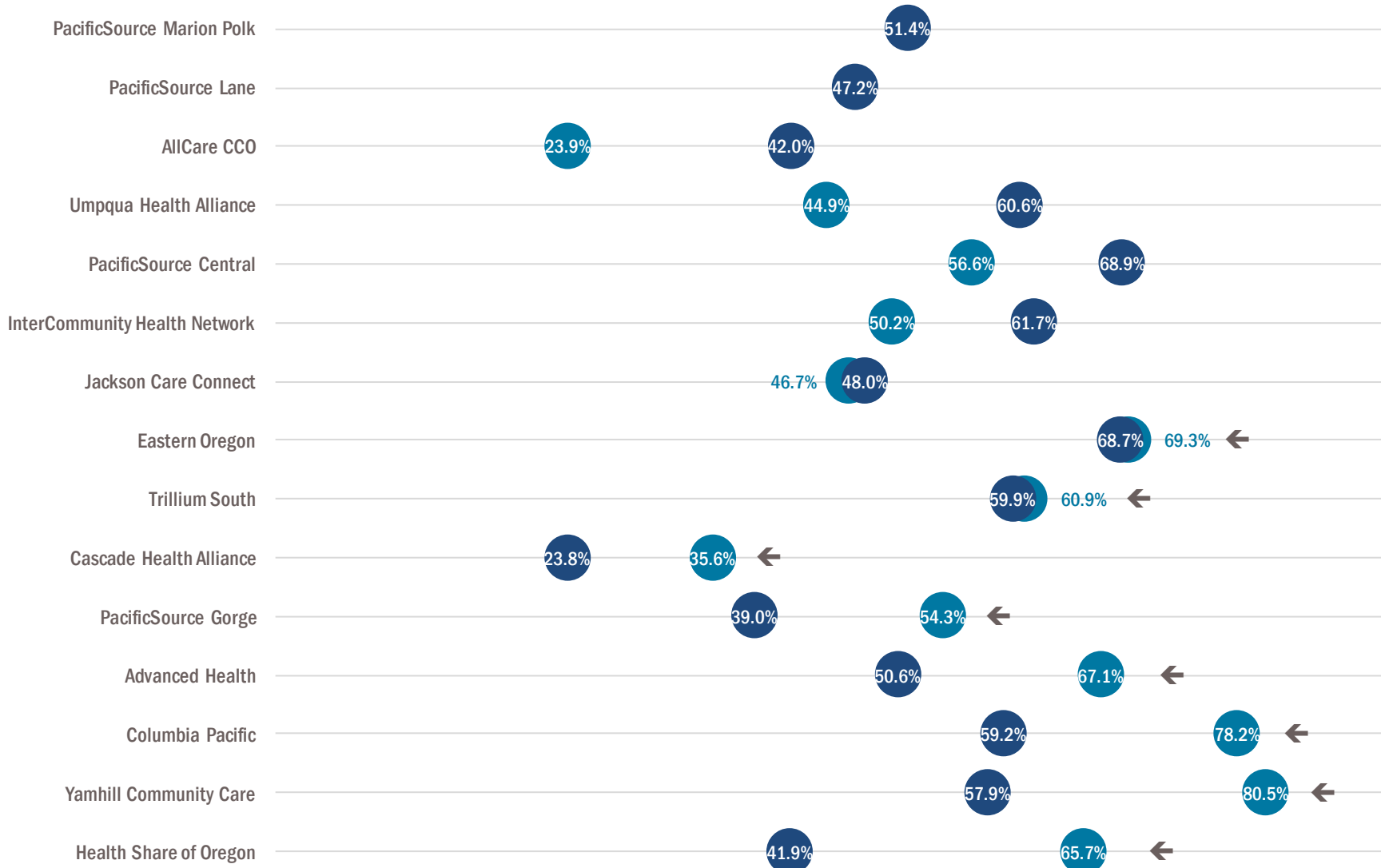
Household language

OHA receives aggregated data for this measure that cannot be stratified by household language.

\$ SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)—RATE 1

Screening for alcohol and other substance abuse in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.



\$ SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)—RATE 2

SBIRT (Rate 2) - Brief intervention/referral

Percentage of members who screened positive for alcohol or other substance abuse and received a brief intervention or referral to treatment.

Data source:

Electronic Health Records

Original 2020 benchmark source:

N/A

2020 data (n=23,387)

- Statewide change since 2019: **-31.8%**
- Number of CCOs that improved*: **9**

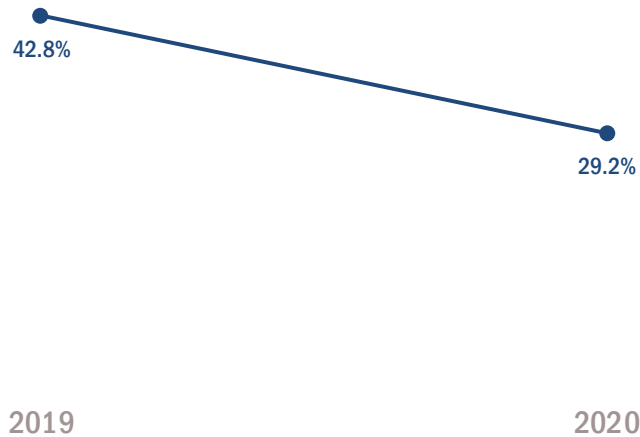
*This number excludes the two CCOs new in 2020.

A claims-based version of this measure was reported in previous years. For 2020, the minimum population threshold to report was 20% of each CCO's membership as of the end of the measurement year. The actual percentage of members included in each CCO's reporting varied significantly, from 33.7% to 89.6%.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

[Back to table of contents.](#)

Statewide



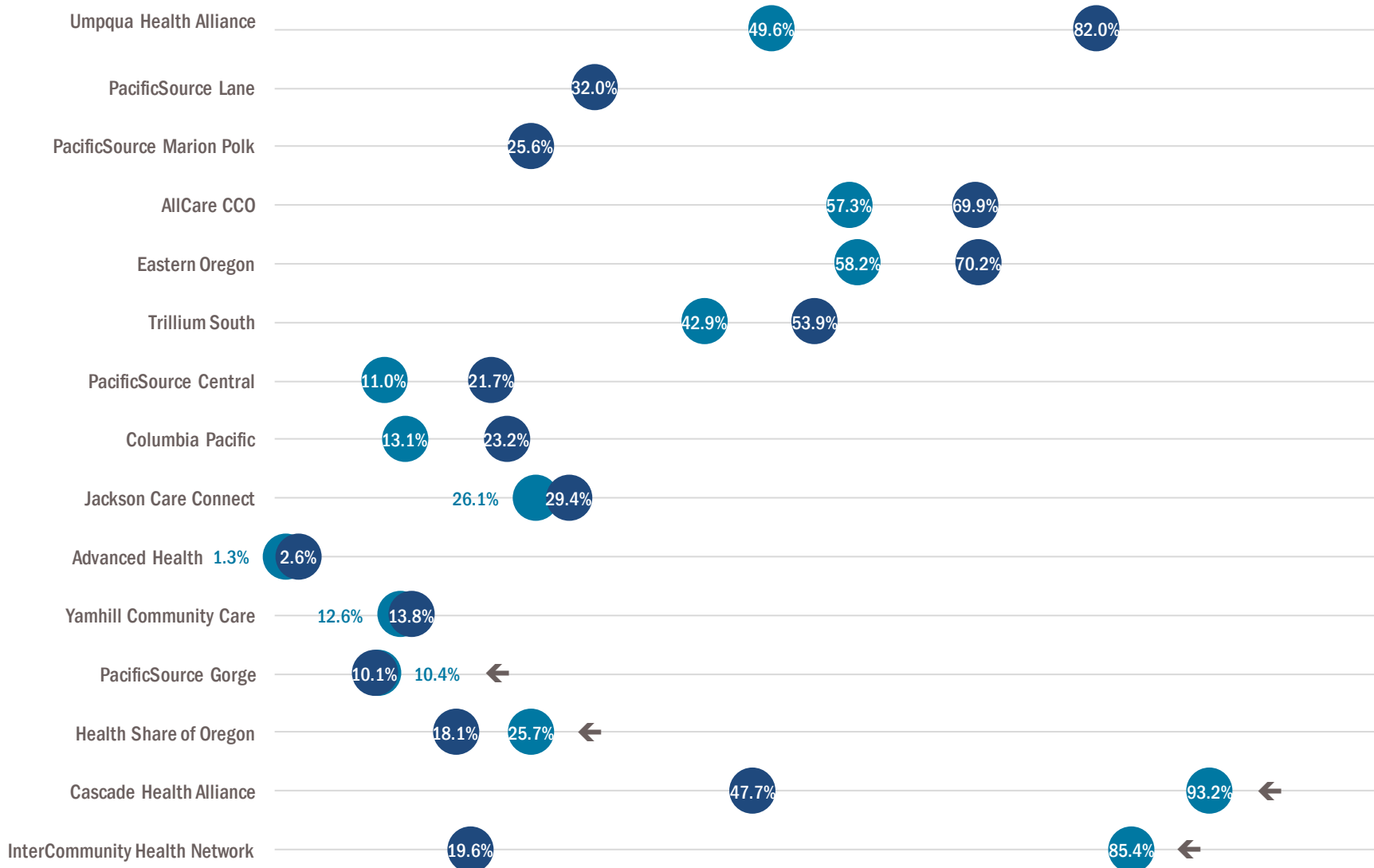
Household language

OHA receives aggregated data for this measure that cannot be stratified by household language.

\$ SCREENING, BRIEF INTERVENTION AND REFERRAL TO TREATMENT (SBIRT)—RATE 2

Screening, brief intervention and referral to treatment in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CHILD AND ADOLESCENT WELL-CARE VISITS—AGES 3-6

Well-care visits 3-6 years

Percentage of children ages 3 to 6 that had one or more well-care visits with a primary care provider during the measurement year.

Data source:

Administrative (billing) claims

Original 2020 benchmark source:

2019 national Medicaid 75th percentile

2020 data (n=75,516)

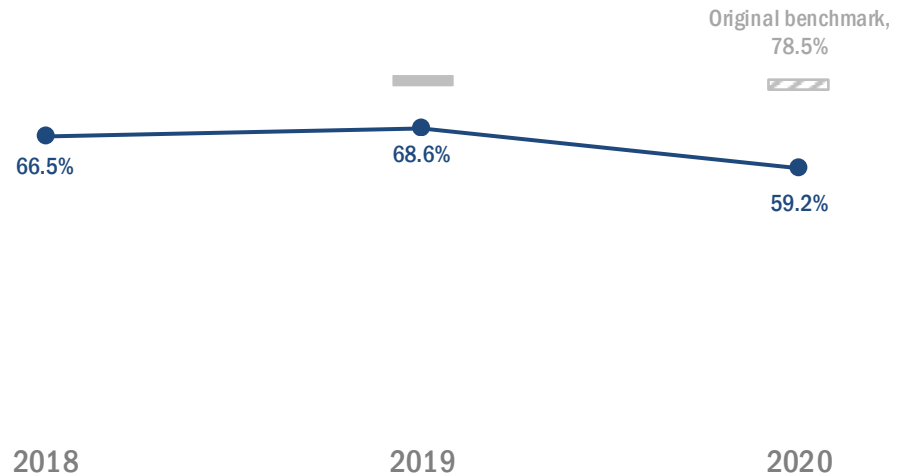
- Statewide change since 2019: **-13.7%**
- Number of CCOs that improved*: **1**

*This number excludes the two CCOs new in 2020.

More details about this metric are available here: <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>

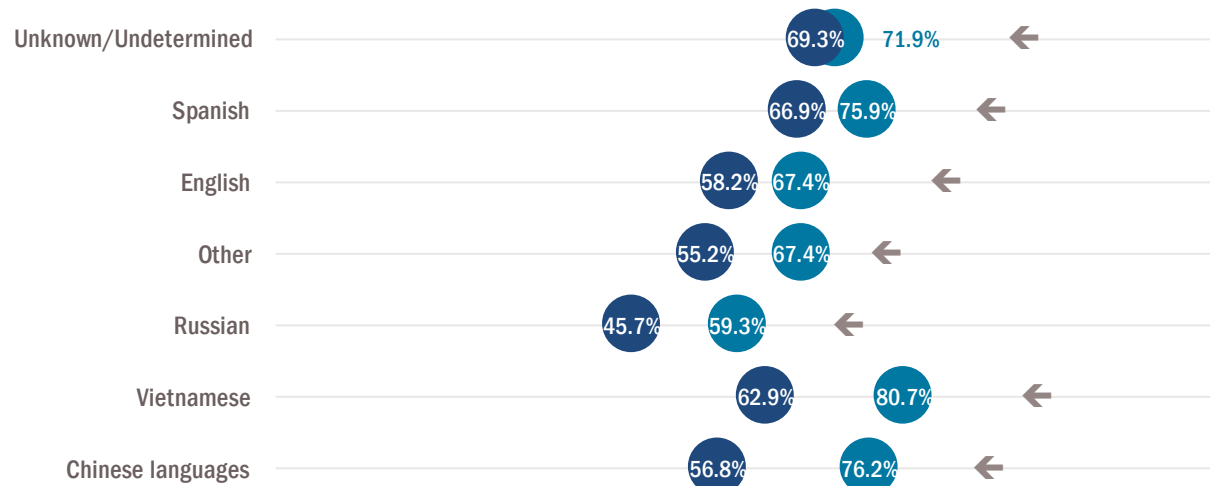
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

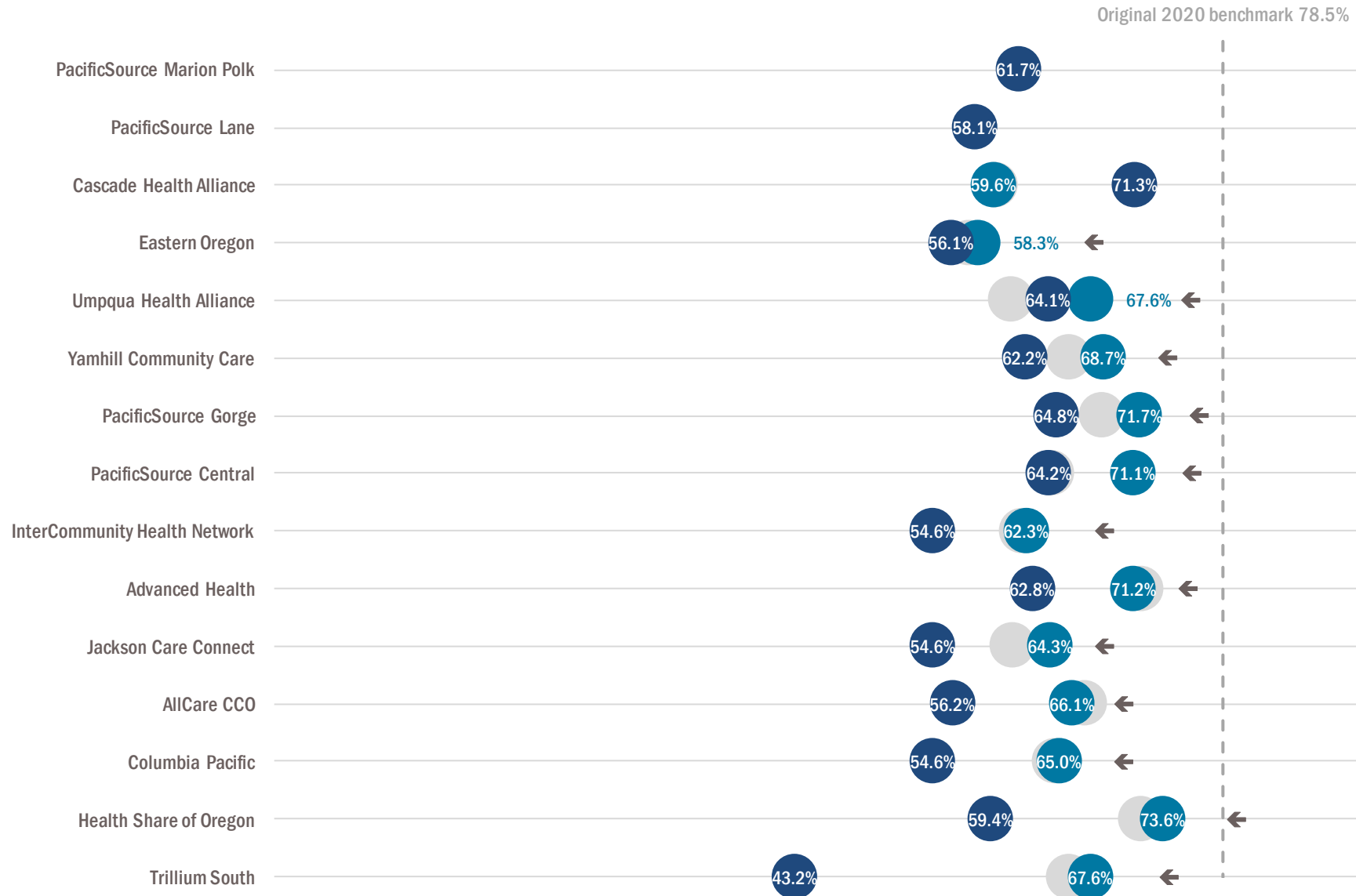




CHILD AND ADOLESCENT WELL-CARE VISITS—AGES 3-6

Well-care visits ages 3-6 in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

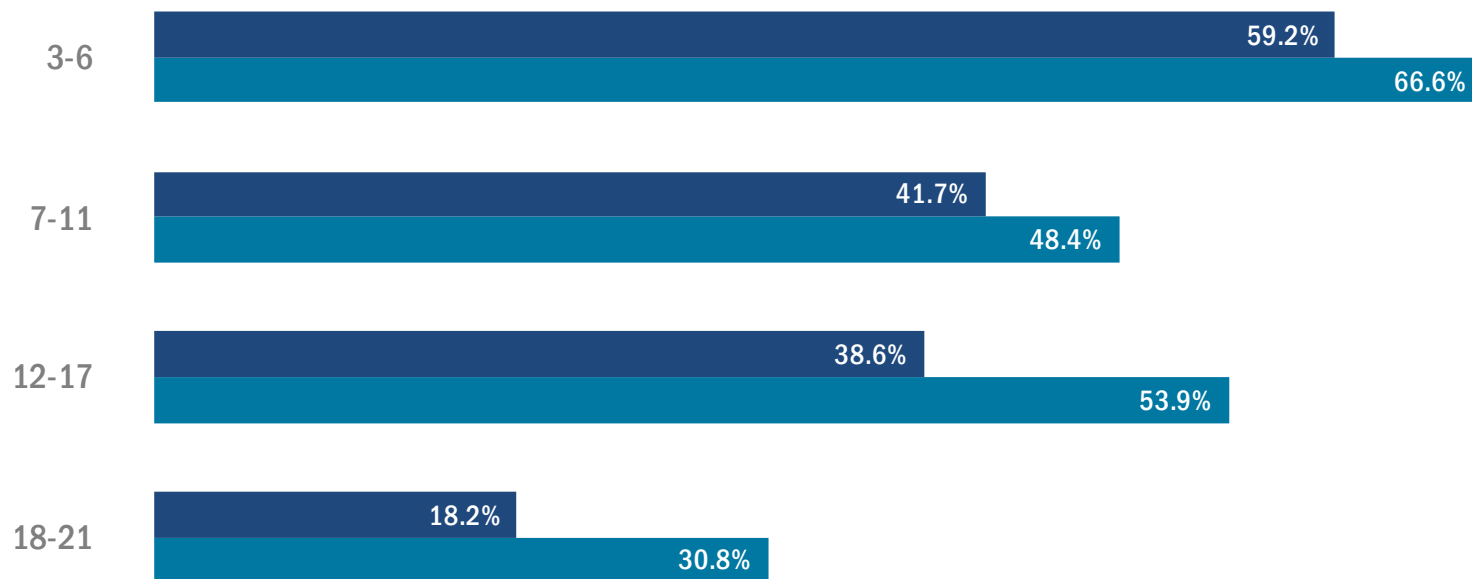




CHILD AND ADOLESCENT WELL-CARE VISITS

The Child and Adolescent Well-Care Visits measure includes break-outs by age group, shown here. The 3-6 years old age group is incentivized as part of the CCO incentive program. These break-outs show that the percentage of child and adolescent members who had one or more well-care visits decreased from 2019 to 2020 across all age groups. The combined result of ages 12-17 and 18-21 is equivalent to the legacy Adolescent Well-Care Visits measure, which was retired by the measure steward.

Well-care visits in 2019 and 2020, by age.



Appendix B



State Quality and



CMS Core measures



ALL-CAUSE READMISSIONS—OBSERVED

All-cause readmissions—observed

The percent of acute inpatient and observation stays by adult members during the measurement year that were followed by an unplanned readmission within 30 days. A lower Observed Readmission rate is better.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=26,876)

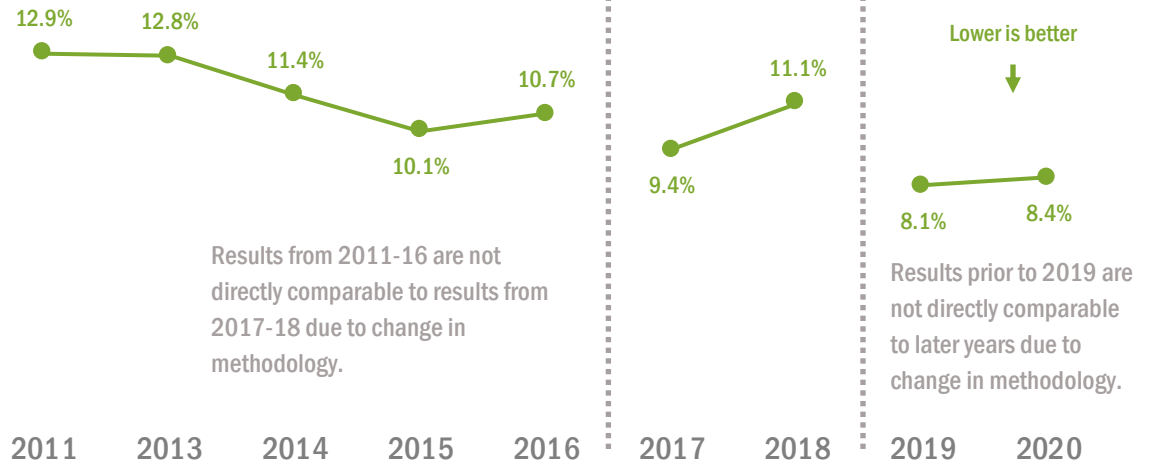
- Statewide change since 2019 (lower is better): **+3.7%**
- Number of CCOs that improved*: **4**

*This number excludes the two CCOs new in 2020.

Due to specification changes from the measurement steward and refinements in OHA's calculation for 2020, the 2019 results have been revised using the latest calculation and are not comparable with prior reports.

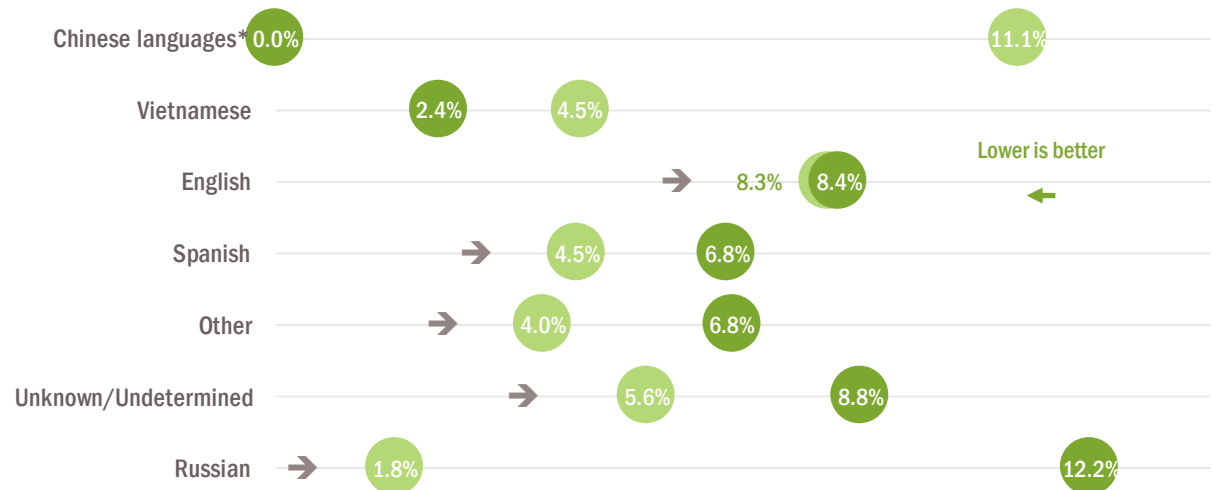
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



*note small denominator (n<30)



ALL-CAUSE READMISSIONS—OBSERVED

Observed hospital all-cause readmissions in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better





ALL-CAUSE READMISSIONS—EXPECTED

All-cause readmissions—expected

The expected percent of acute inpatient and observation stays by adult members during the measurement year to be followed by an unplanned readmission within 30 days. The Expected Readmission rate is predicted based on risk factors including the patients' gender, age and history of comorbidities.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=26,582)

- Statewide change since 2019 (lower is better): **-0.9%**
- Number of CCOs that improved*: **4**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide

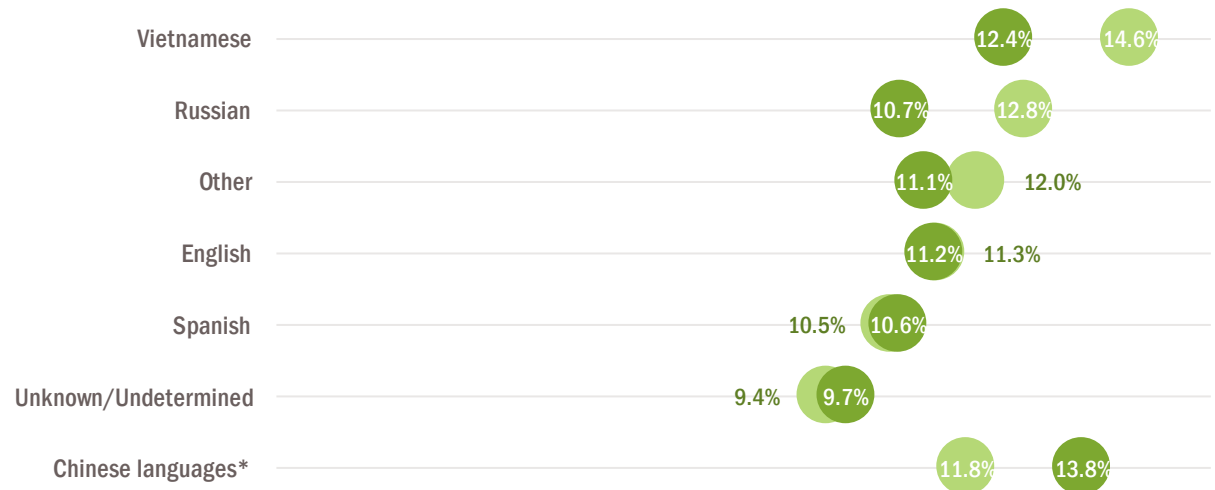


2019

2020

Household language

2019 and 2020, by household language.



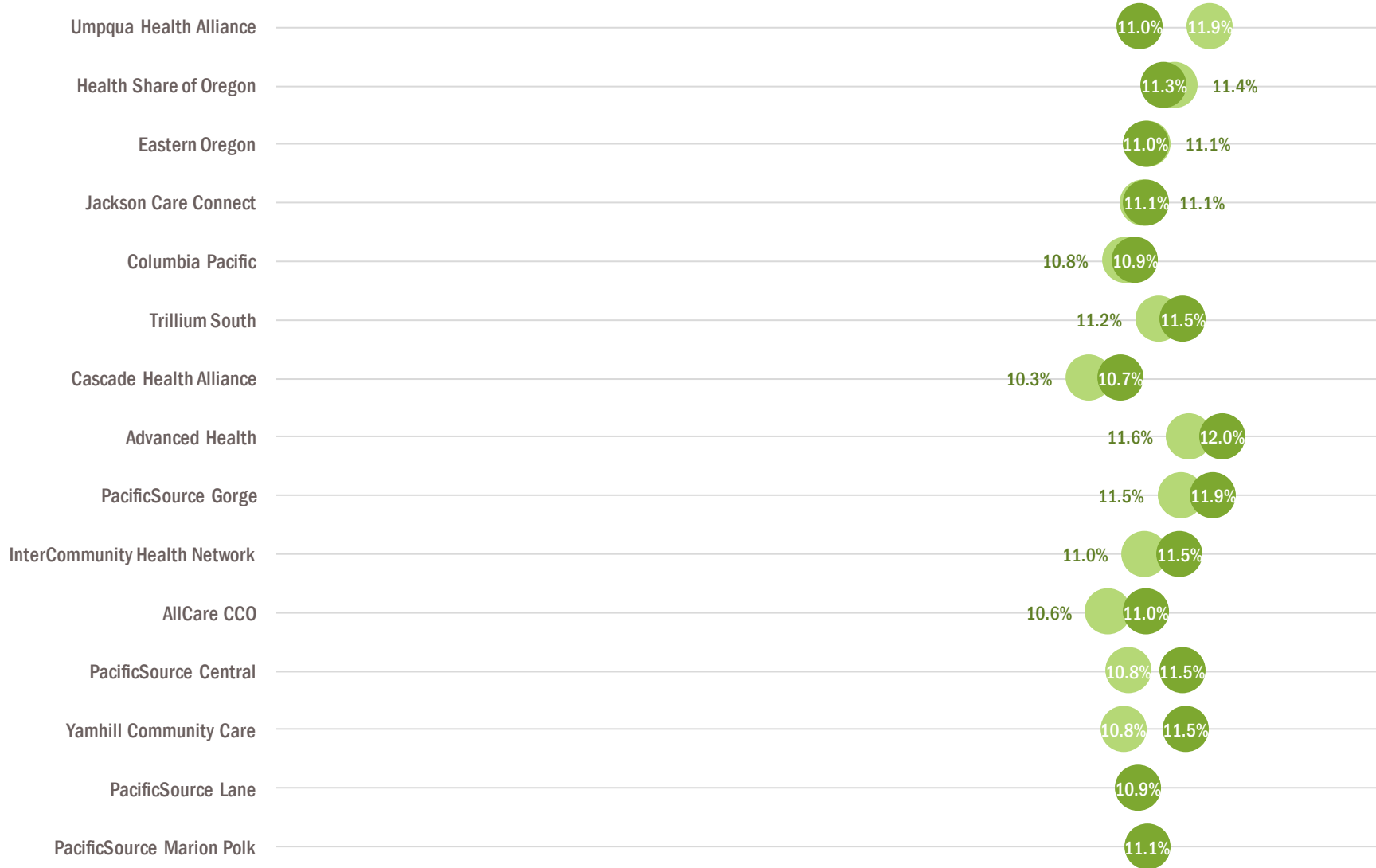
*note small denominator (n<30)



ALL-CAUSE READMISSIONS—EXPECTED

Expected hospital all-cause readmissions in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





ALL-CAUSE READMISSIONS—OBSERVED TO EXPECTED RATIO

All-cause readmissions—O/E

Count of Observed 30-day readmissions divided by count of Expected 30-day readmissions. Lower is better for the Observed-to-Expected ratio. An O/E ratio < 1.0 means the organization had fewer readmissions than expected given the case mix.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data

- Statewide change since 2019 (lower is better): **+4.2%**
- Number of CCOs that improved*: **5**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



2019

2020

Household language

2019 and 2020, by household language.



*note small denominator (n<30)



ALL-CAUSE READMISSIONS—OBSERVED TO EXPECTED RATIO

Observed to expected ratio of hospital all-cause readmissions in 2019 and 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better





AMBULATORY CARE: AVOIDABLE EMERGENCY DEPARTMENT UTILIZATION

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

2020 benchmark source:

N/A

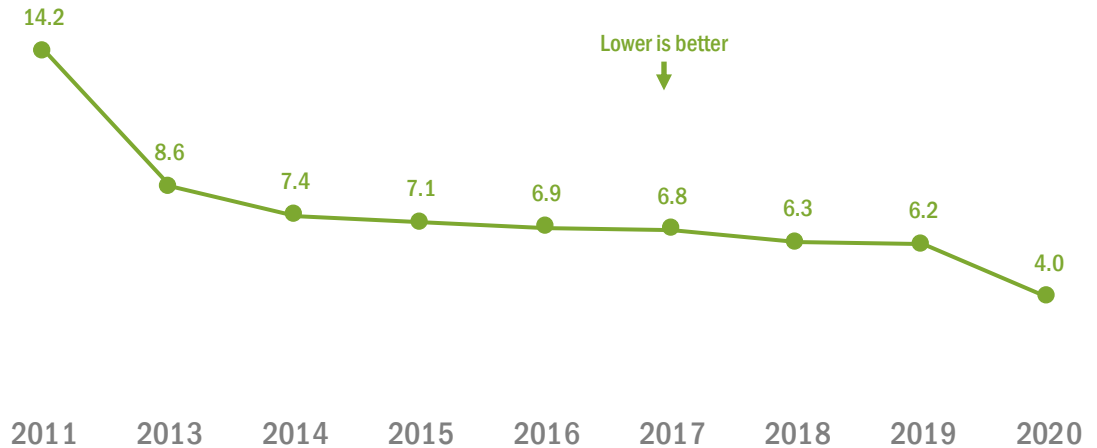
2020 data (n=11,474,080 member months)

- Statewide change since 2019 (lower is better): **-35.5%**
- Number of CCOs that improved*: **13**

*This number excludes the two CCOs new in 2020.

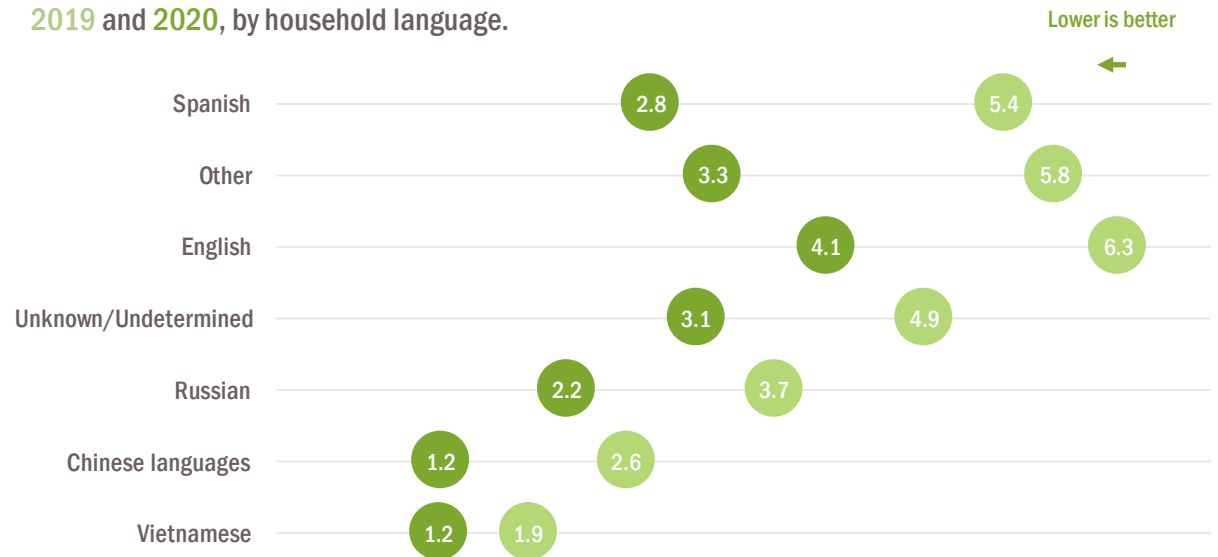
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.





AMBULATORY CARE: AVOIDABLE EMERGENCY DEPARTMENT UTILIZATION

Avoidable emergency department utilization in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better





AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

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

2020 benchmark source:

N/A

2020 data

(n=11,474,080 member months)

- Statewide change since 2019: **-22.1%**
- Number of CCOs that improved*: **13**

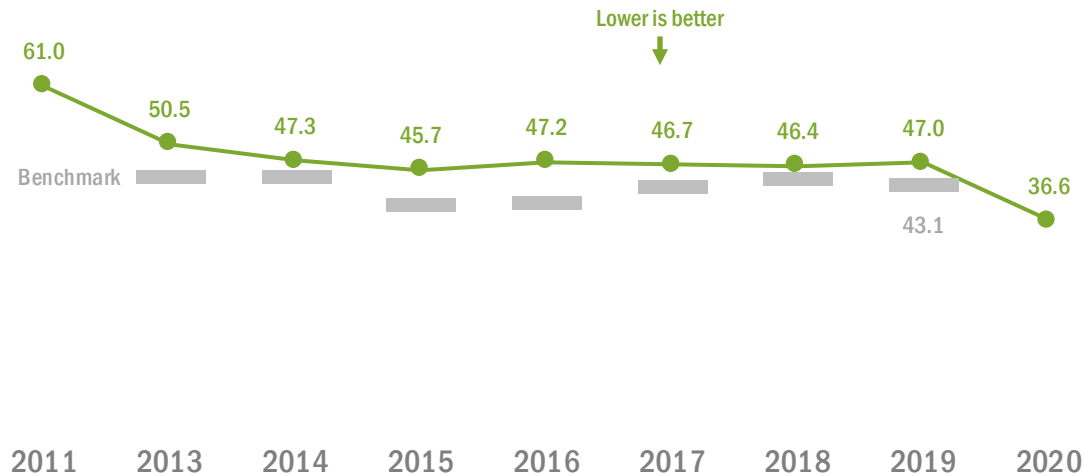
*This number excludes the two CCOs new in 2020.

Rates are shown per 1,000 member months, which means that in one month, there are on average 36.6 visits occurring per 1,000 CCO members.

This measure was incentivized from 2013-2019.

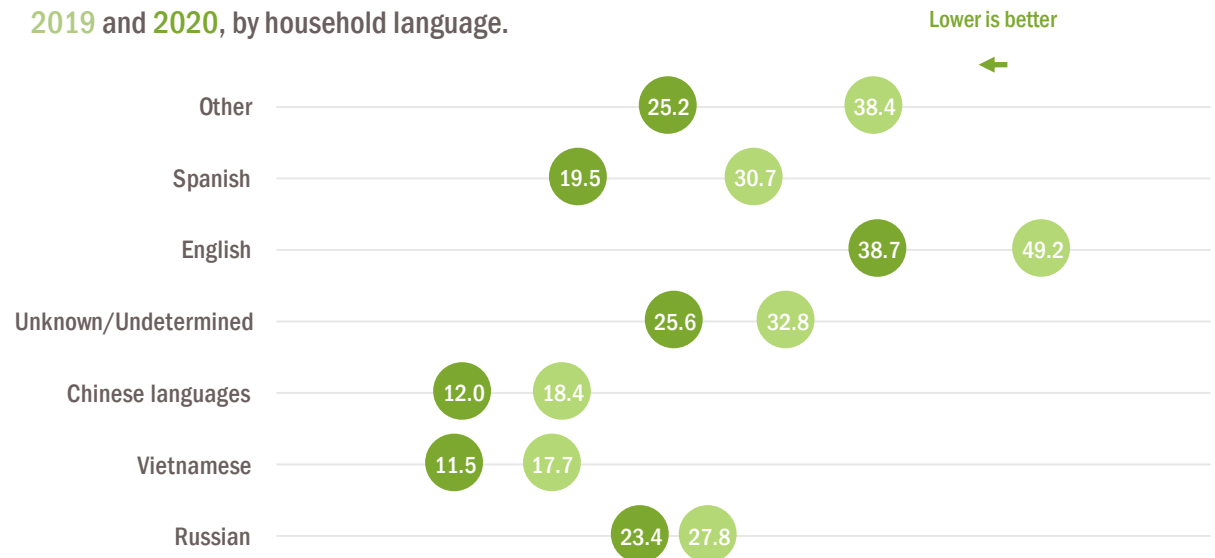
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.





AMBULATORY CARE: EMERGENCY DEPARTMENT UTILIZATION

Emergency department utilization in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better ←





AMBULATORY CARE: OUTPATIENT UTILIZATION

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

2020 benchmark source:

N/A

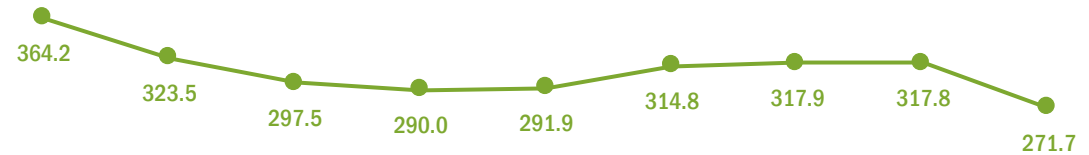
2020 data (n=11,474,080 member months)

- Statewide change since 2019: **-14.5%**
- # of CCOs that improved: **N/A**

Rates are shown per 1,000 member months, which means that in one month, there are on average 271.7 visits occurring per 1,000 CCO members.

[Back to table of contents.](#)

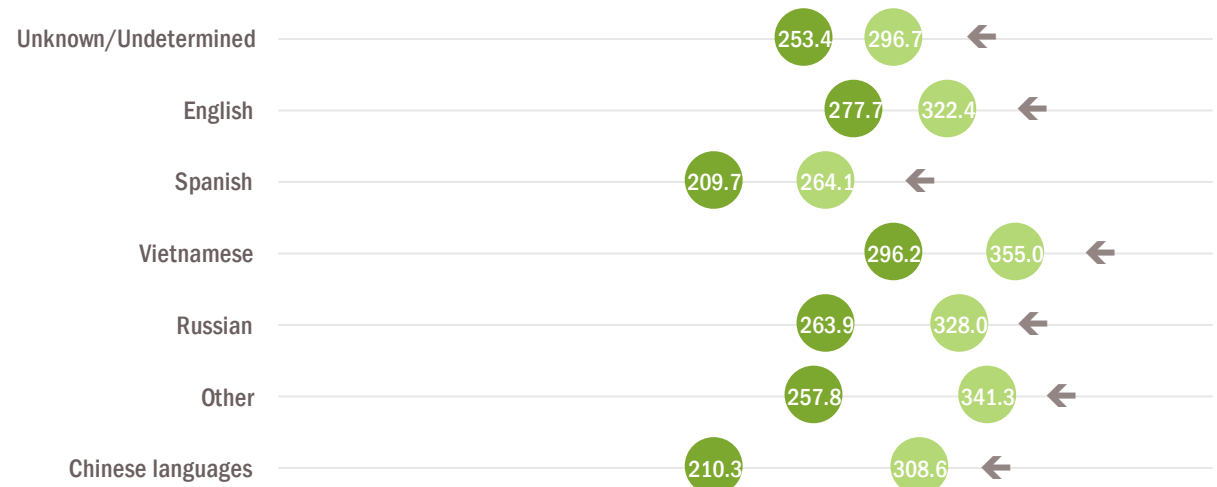
Statewide



2011 2013 2014 2015 2016 2017 2018 2019 2020

Household language

2019 and 2020, by household language.





AMBULATORY CARE: OUTPATIENT UTILIZATION

Outpatient utilization in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





ANY DENTAL SERVICE

Any dental service

Percentage of members who received any dental service. This metric was added to state quality measures to enhance dental health service integration.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

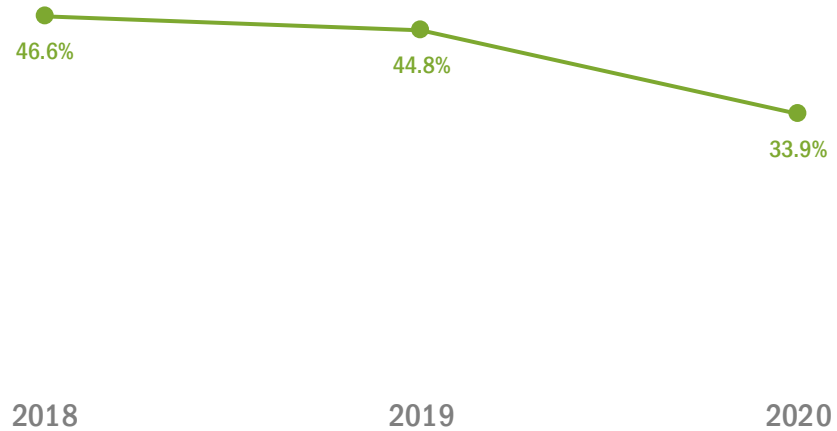
2020 data (n=948,246)

- Statewide change since 2019: **-24.3%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

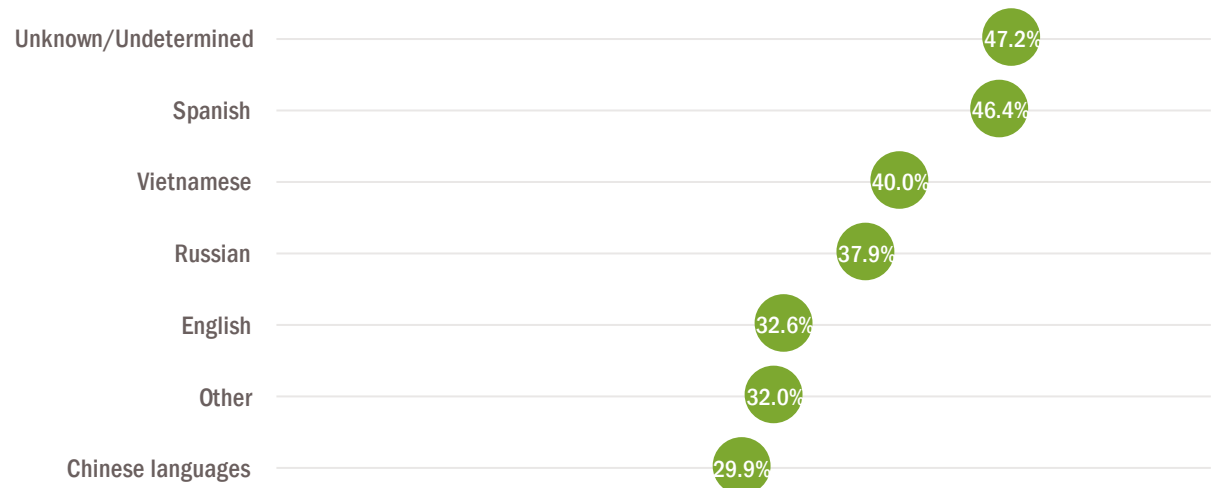
[Back to table of contents.](#)

Statewide



Household language

2020, by household language.

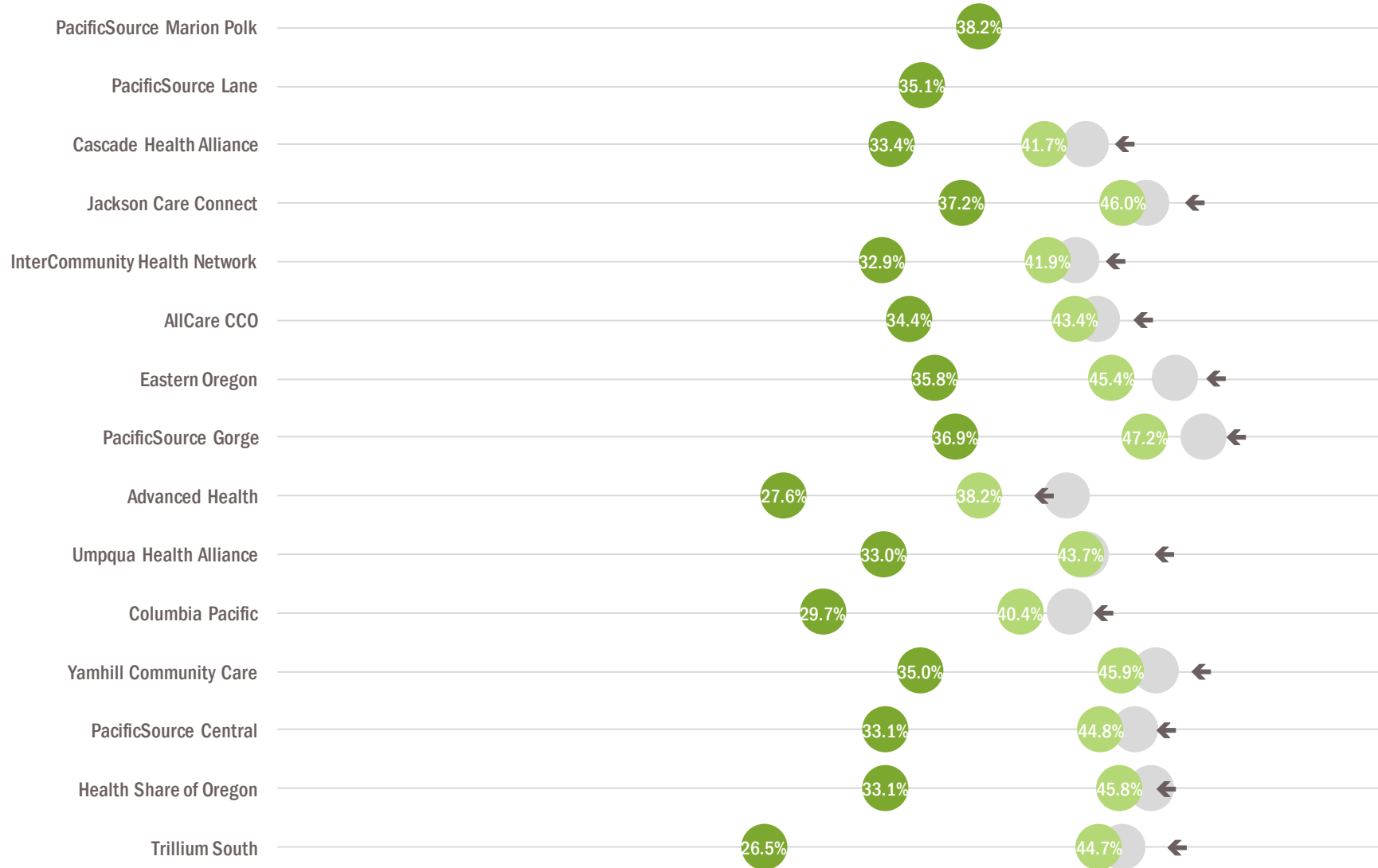




ANY DENTAL SERVICE

Any dental service in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

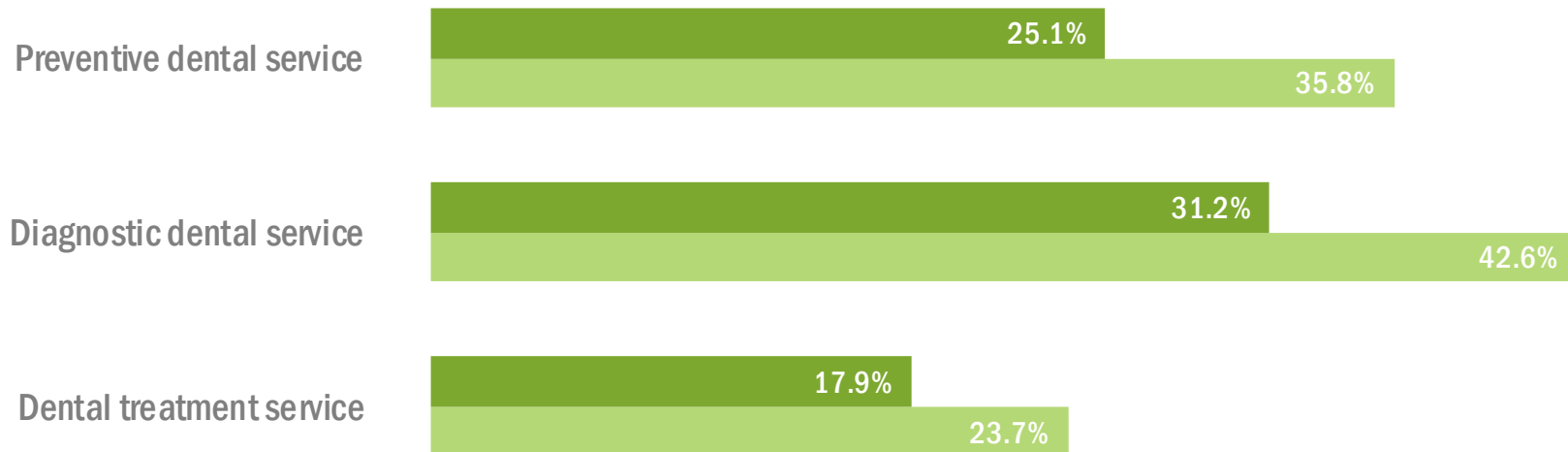




ANY DENTAL SERVICE

The Any Dental Service measure includes break-outs by service type, shown here. These break-outs show that the percentage of members who received a dental service decreased from 2019 to 2020 across all service types.

Any dental service in 2019 and 2020, by service type.





ACCESS TO CARE (CAHPS SURVEY) - ADULTS

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 communication skills of providers and ease of access to health care services.

2020 benchmark source:

N/A

2020 data (n=1,924)

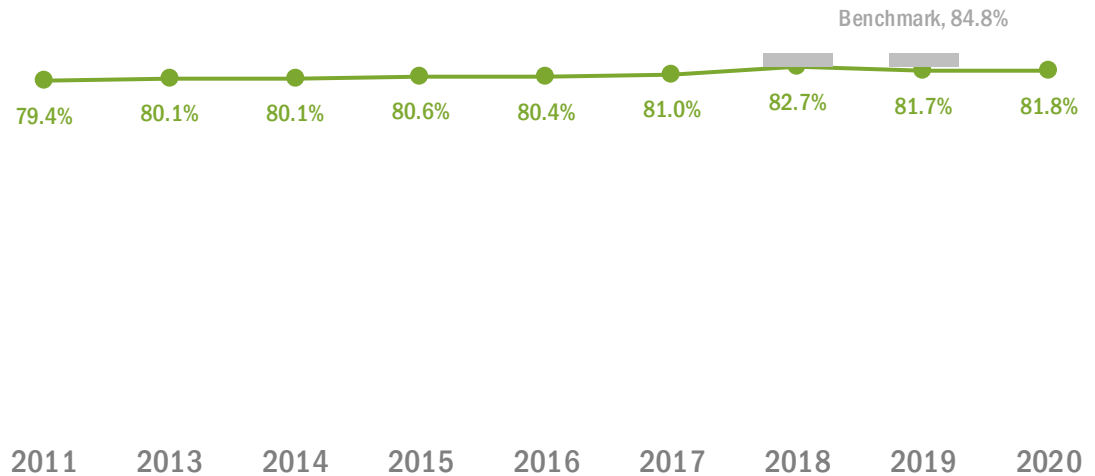
- Statewide change since 2019: **+0.1%**
- Number of CCOs that improved*: **7**

*This number excludes the two CCOs new in 2020.

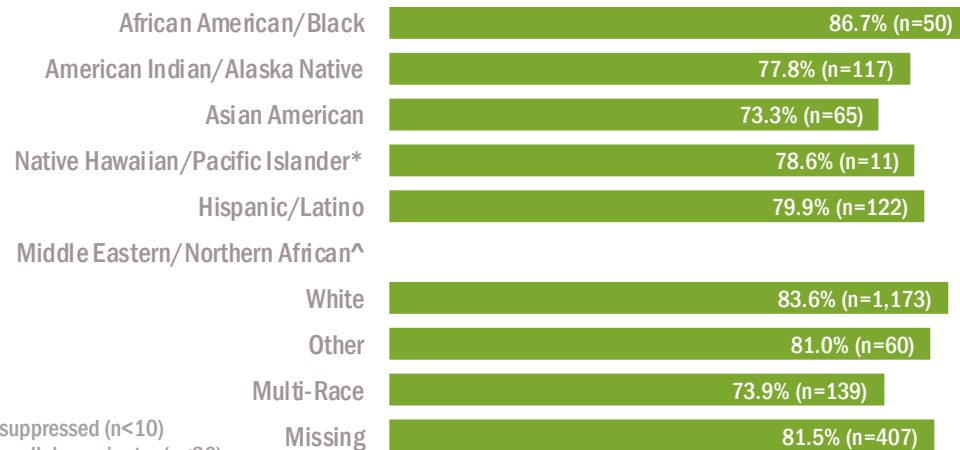
This measure was incentivized from 2013-2019.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

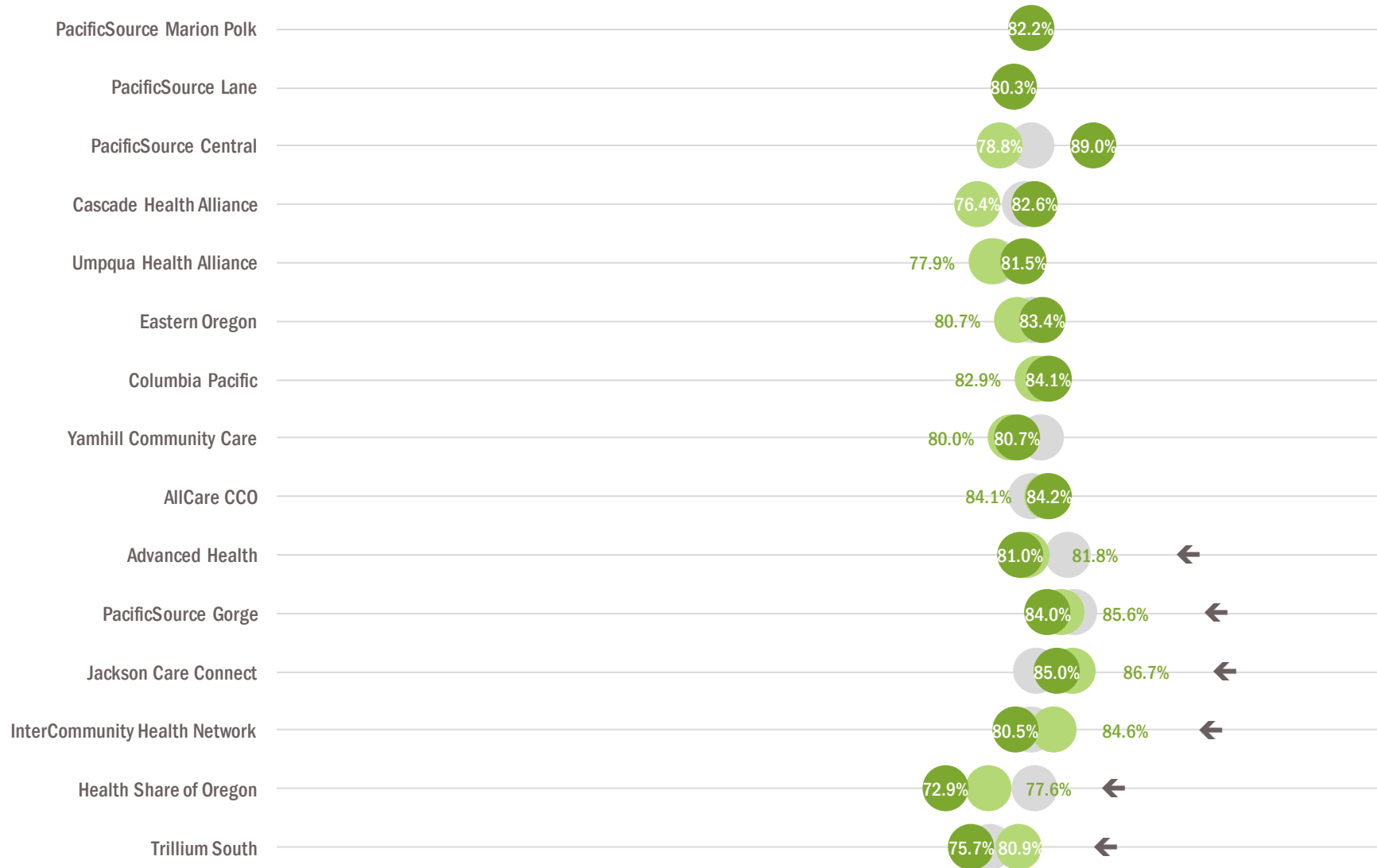
n = subpopulation denominator



ACCESS TO CARE (CAHPS SURVEY) - ADULTS

Access to care among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





ACCESS TO CARE (CAHPS SURVEY) - CHILDREN

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 communication skills of providers and ease of access to health care services.

2020 benchmark source:

N/A

2020 data (n=1,116)

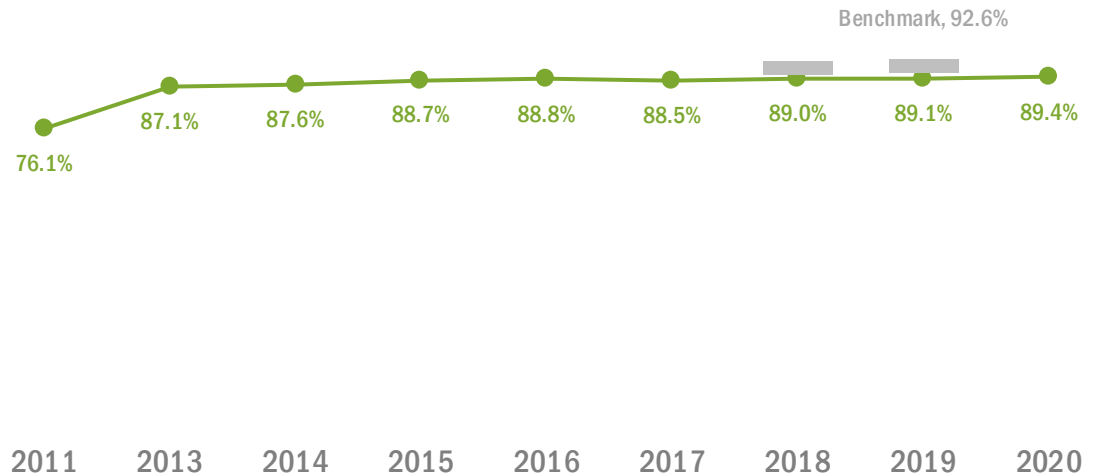
- Statewide change since 2019: **+0.3%**
- Number of CCOs that improved*: **8**

*This number excludes the two CCOs new in 2020.

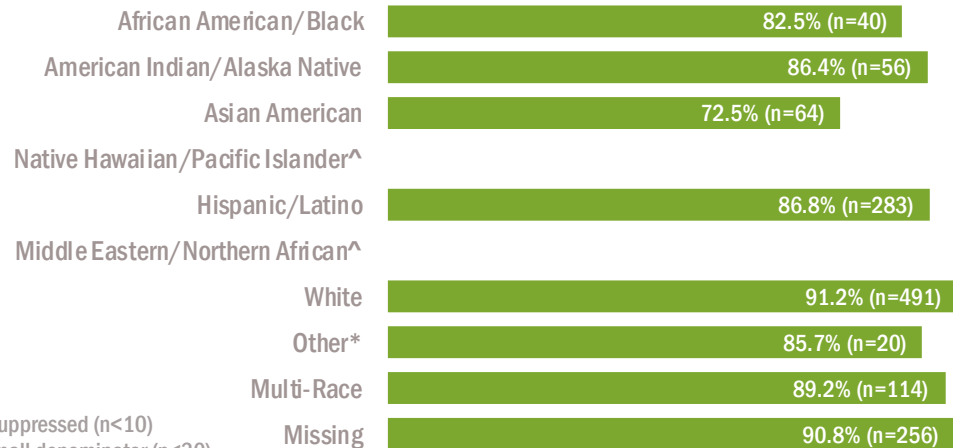
This measure was incentivized from 2013-2019.

[Back to table of contents.](#)

Statewide



By race/ethnicity



[^] data suppressed (n<10)

*note small denominator (n<30)

n = subpopulation denominator



ACCESS TO CARE (CAHPS SURVEY) - CHILDREN

Access to care among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: ACCESS TO DENTAL CARE—ADULTS

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.

2020 benchmark source:

N/A

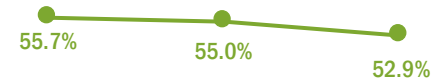
2020 data (n=2,119)

- Statewide change since 2019: **-3.8%**
- Number of CCOs that improved*: **4**

*This number excludes the two CCOs new in 2020.

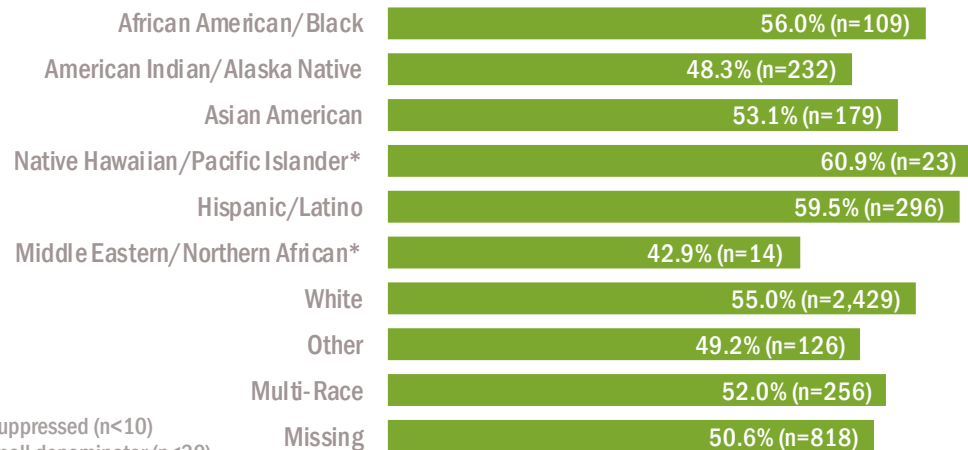
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

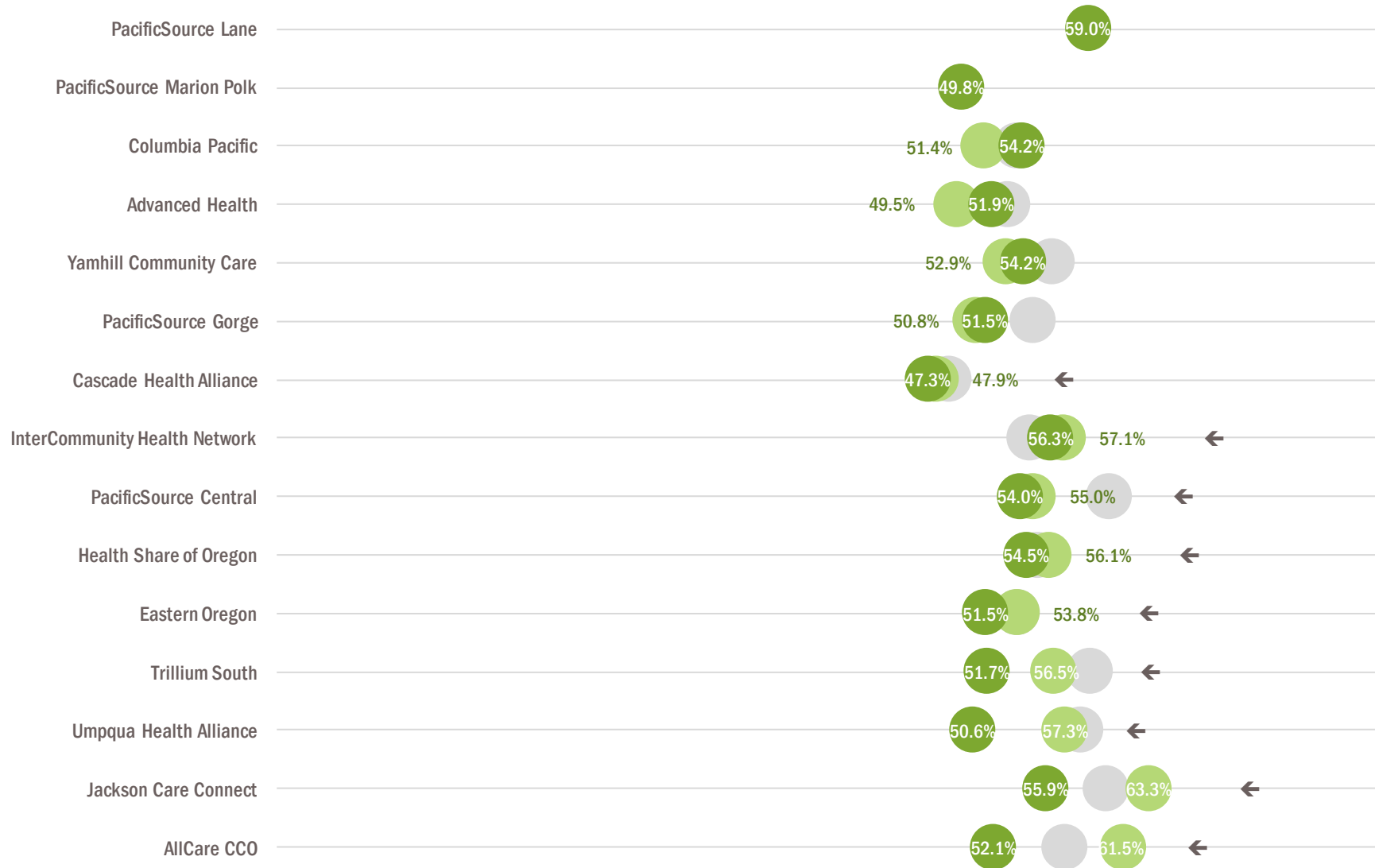
n = subpopulation denominator



CAHPS: ACCESS TO DENTAL CARE—ADULTS

CAHPS: Access to dental care among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: ACCESS TO DENTAL CARE—CHILDREN

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.

2020 benchmark source:

N/A

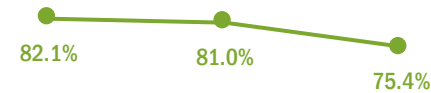
2020 data (n=3,302)

- Statewide change since 2019: **-6.9%**
- Number of CCOs that improved*: **1**

*This number excludes the two CCOs new in 2020.

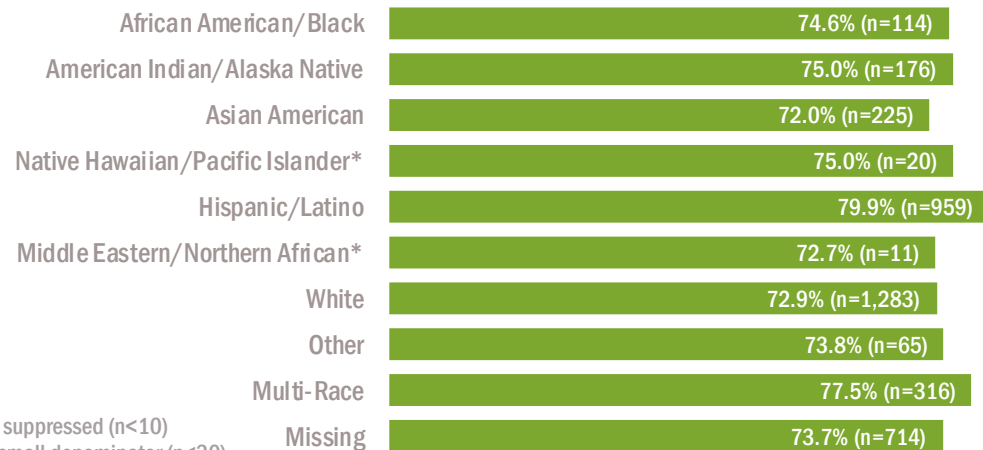
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

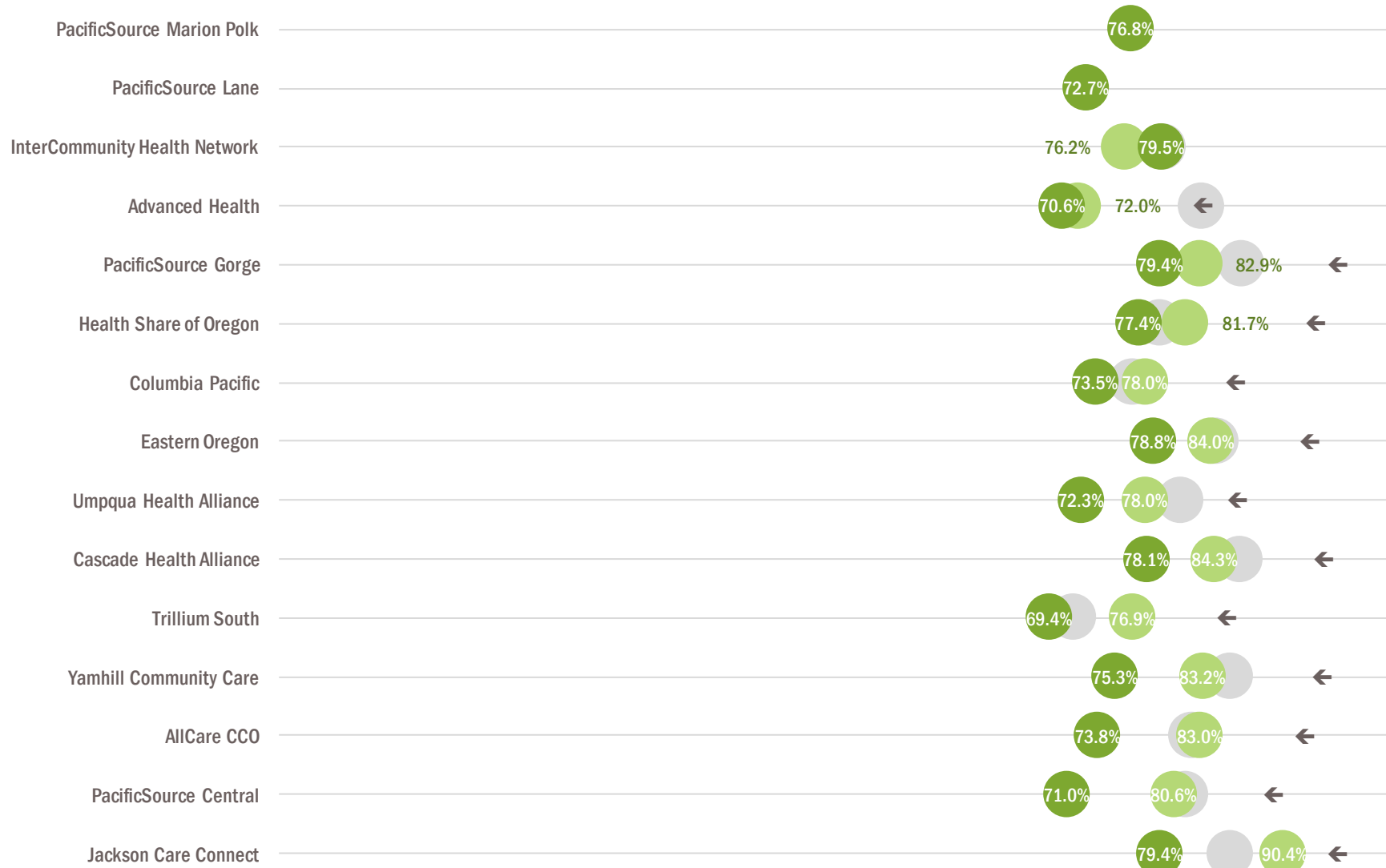
n = subpopulation denominator



CAHPS: ACCESS TO DENTAL CARE—CHILDREN

CAHPS: Access to dental care among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: GETTING NEEDED CARE—ADULTS

CAHPS: Getting needed care—Adults

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.

2020 benchmark source:

N/A

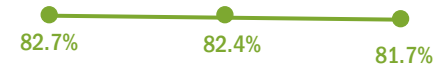
2020 data (n=2,202)

- Statewide change since 2019: **-0.8%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

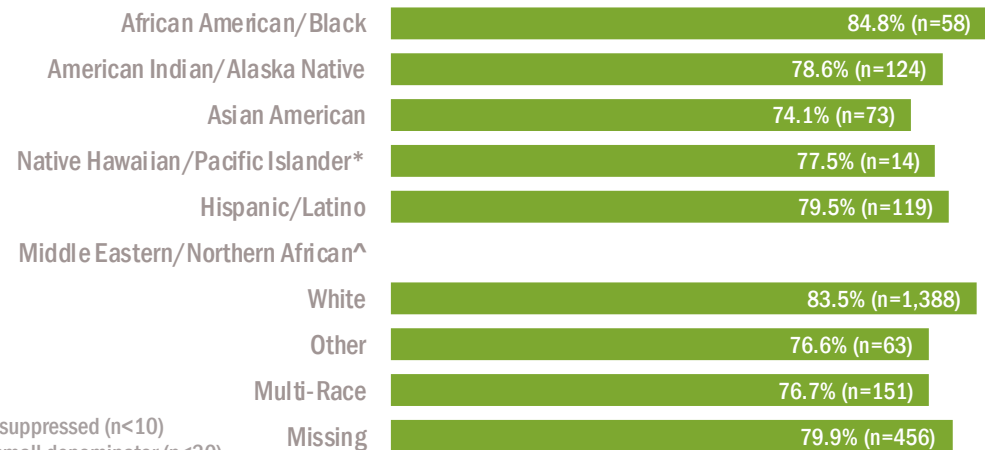
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

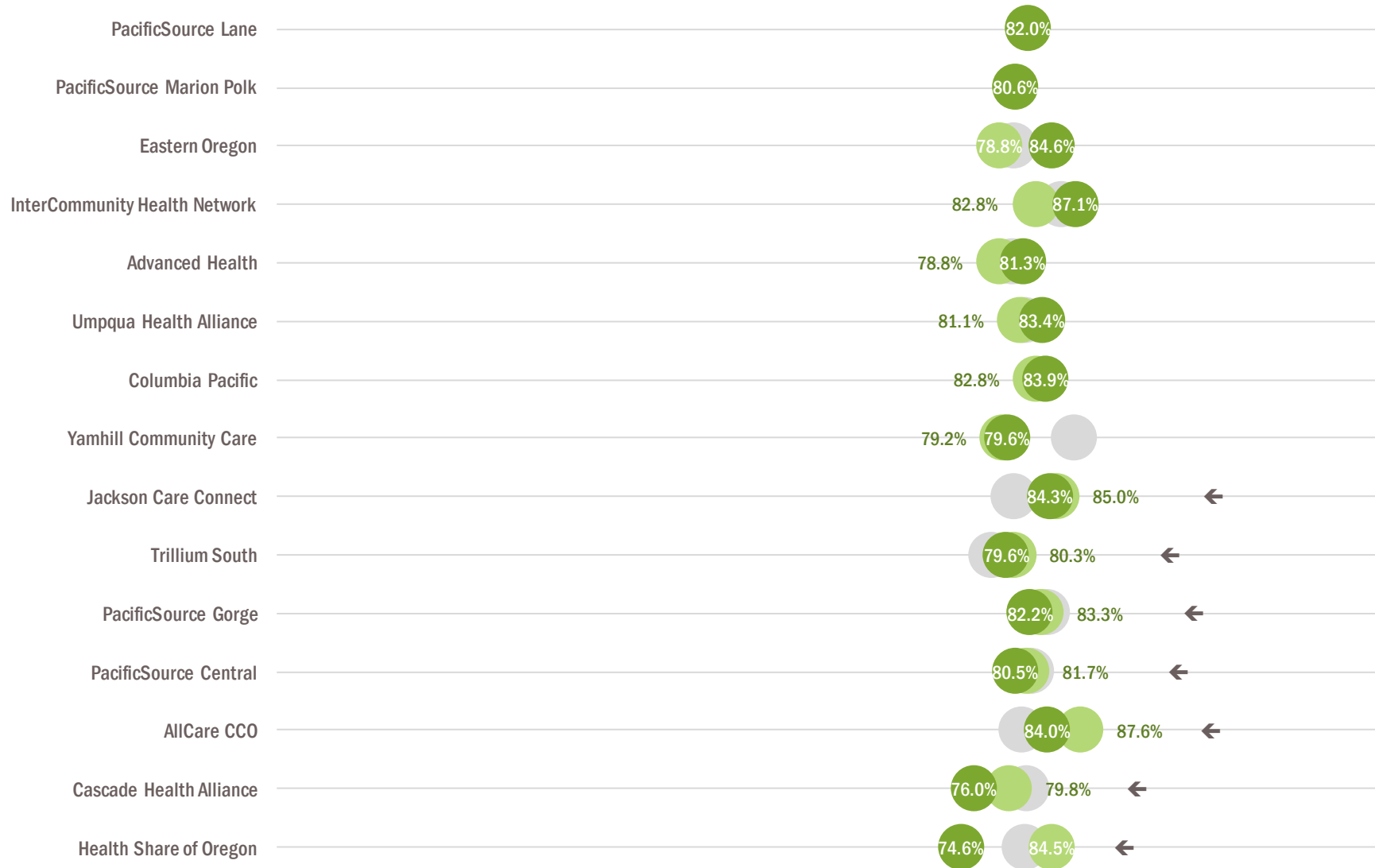
n = subpopulation denominator



CAHPS: GETTING NEEDED CARE—ADULTS

CAHPS: Adults getting needed care in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: GETTING NEEDED CARE—CHILDREN

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.

2020 benchmark source:

N/A

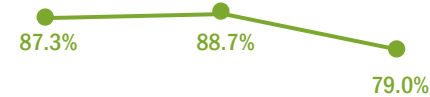
2020 data (n=1,141)

- Statewide change since 2019: **-10.9%**
- Number of CCOs that improved*: **2**

*This number excludes the two CCOs new in 2020.

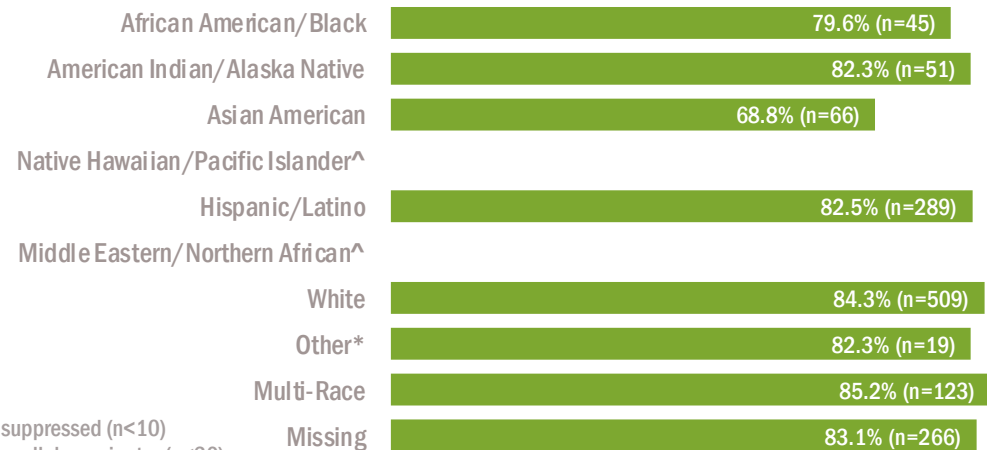
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



[^] data suppressed (n<10)

*note small denominator (n<30)

n = subpopulation denominator



CAHPS: GETTING NEEDED CARE—CHILDREN

CAHPS: Children getting needed care in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: HEALTH STATUS—ADULTS

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.

2020 benchmark source:

N/A

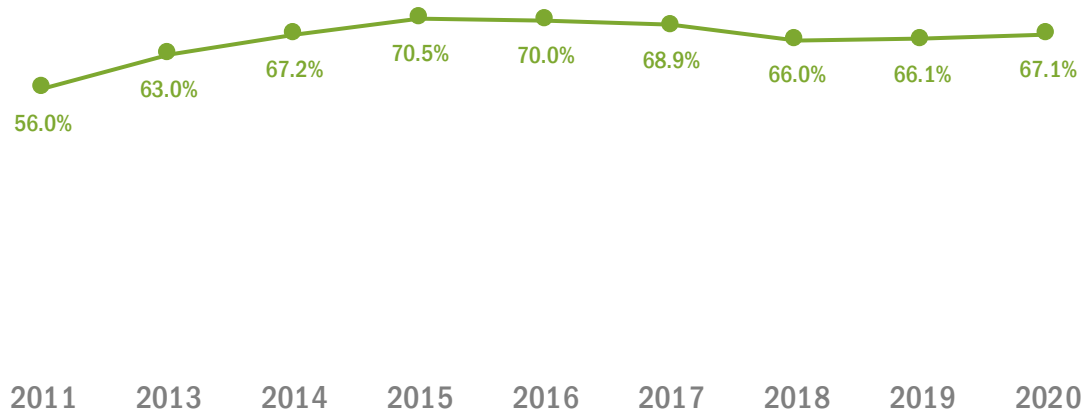
2020 data (n=2,673)

- Statewide change since 2019: **+1.5%**
- Number of CCOs that improved*: **10**

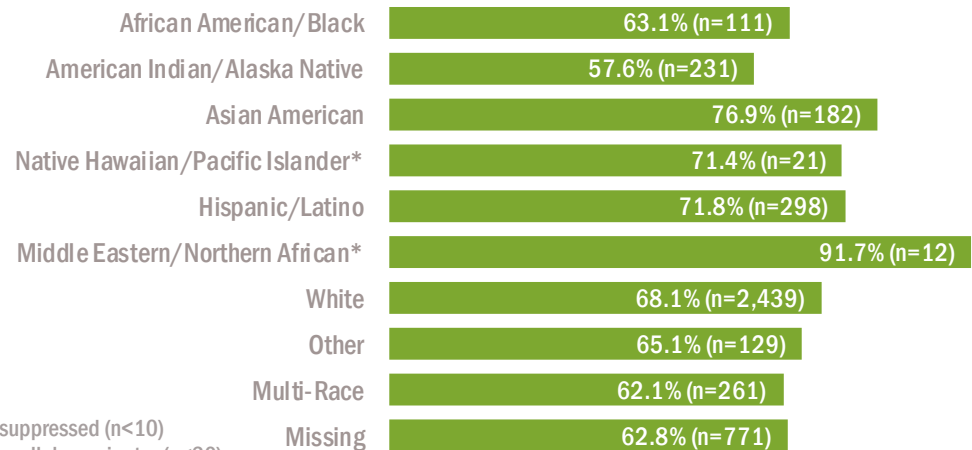
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

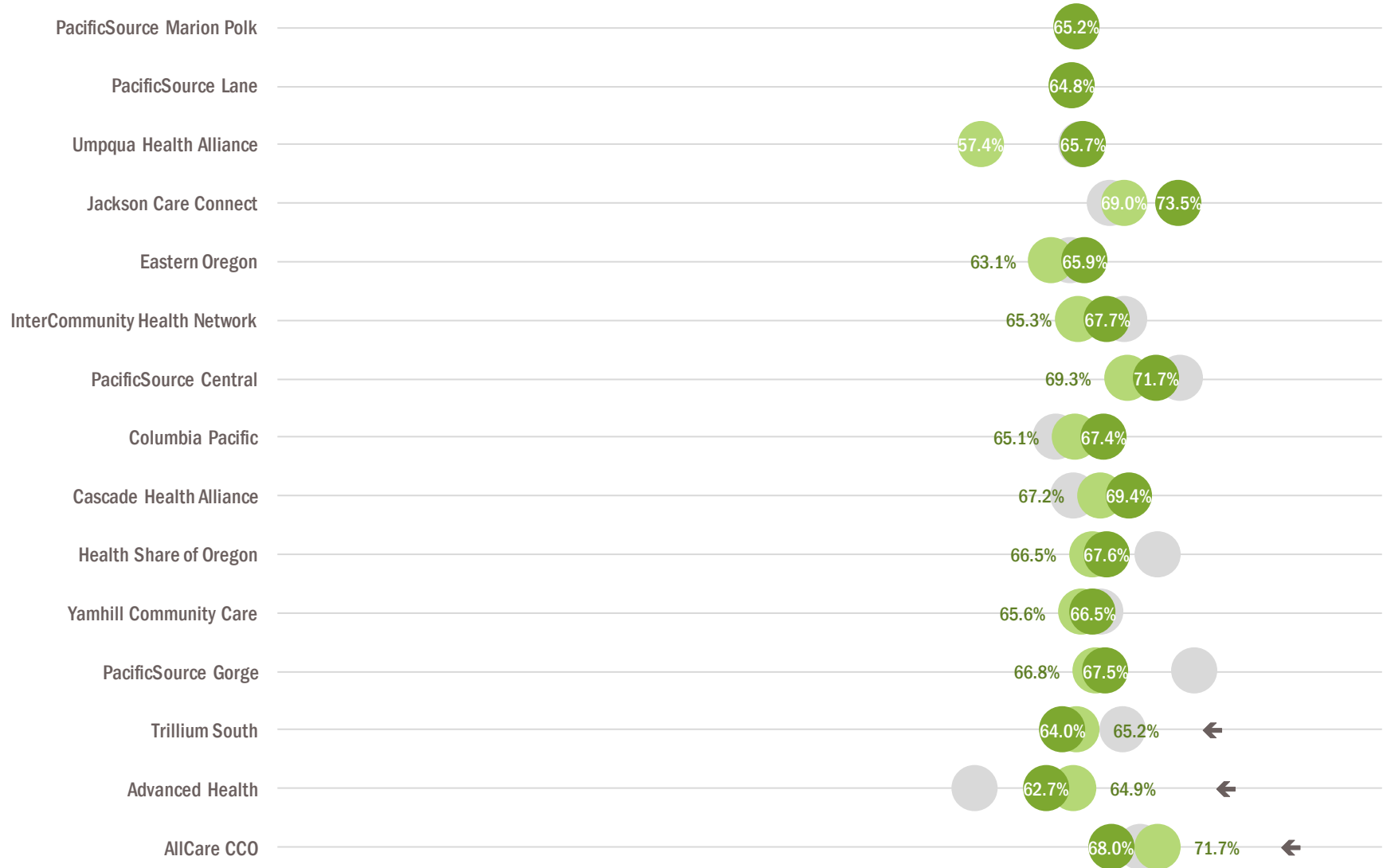
n = subpopulation denominator



CAHPS: HEALTH STATUS—ADULTS

CAHPS: Health status among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: HEALTH STATUS—CHILDREN

CAHPS: Health status—Children

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.

2020 benchmark source:

N/A

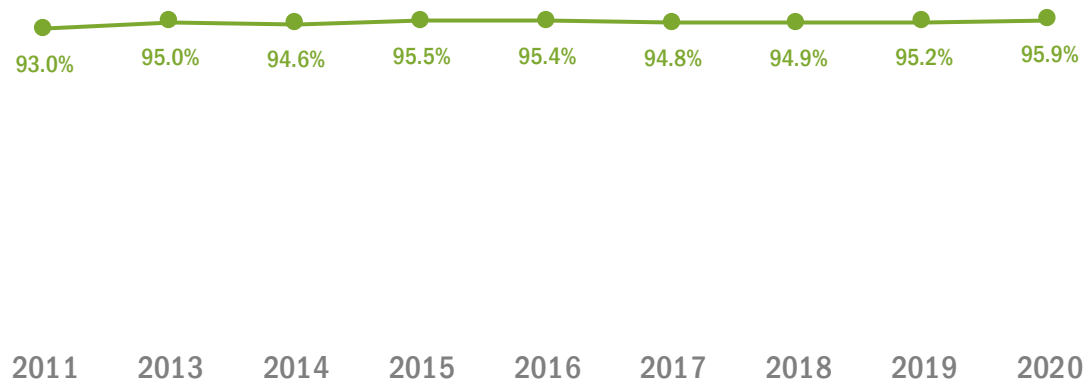
2020 data (n=3,301)

- Statewide change since 2019: **+0.7%**
- Number of CCOs that improved*: **8**

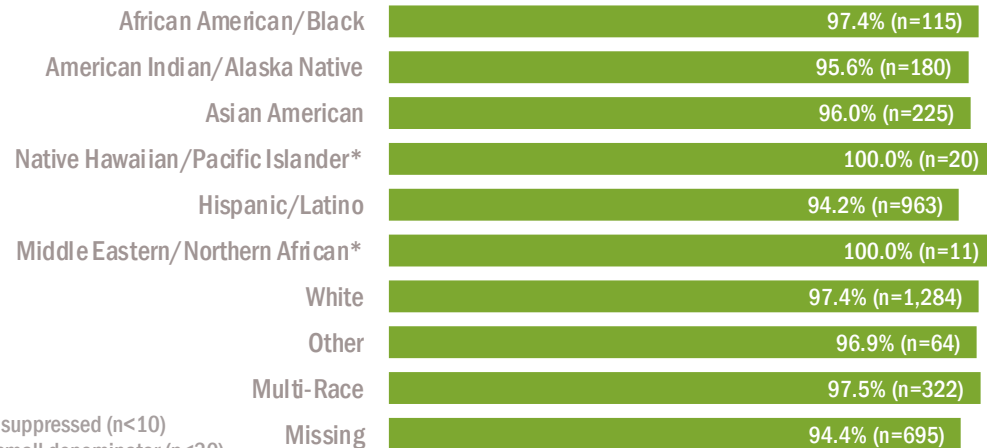
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

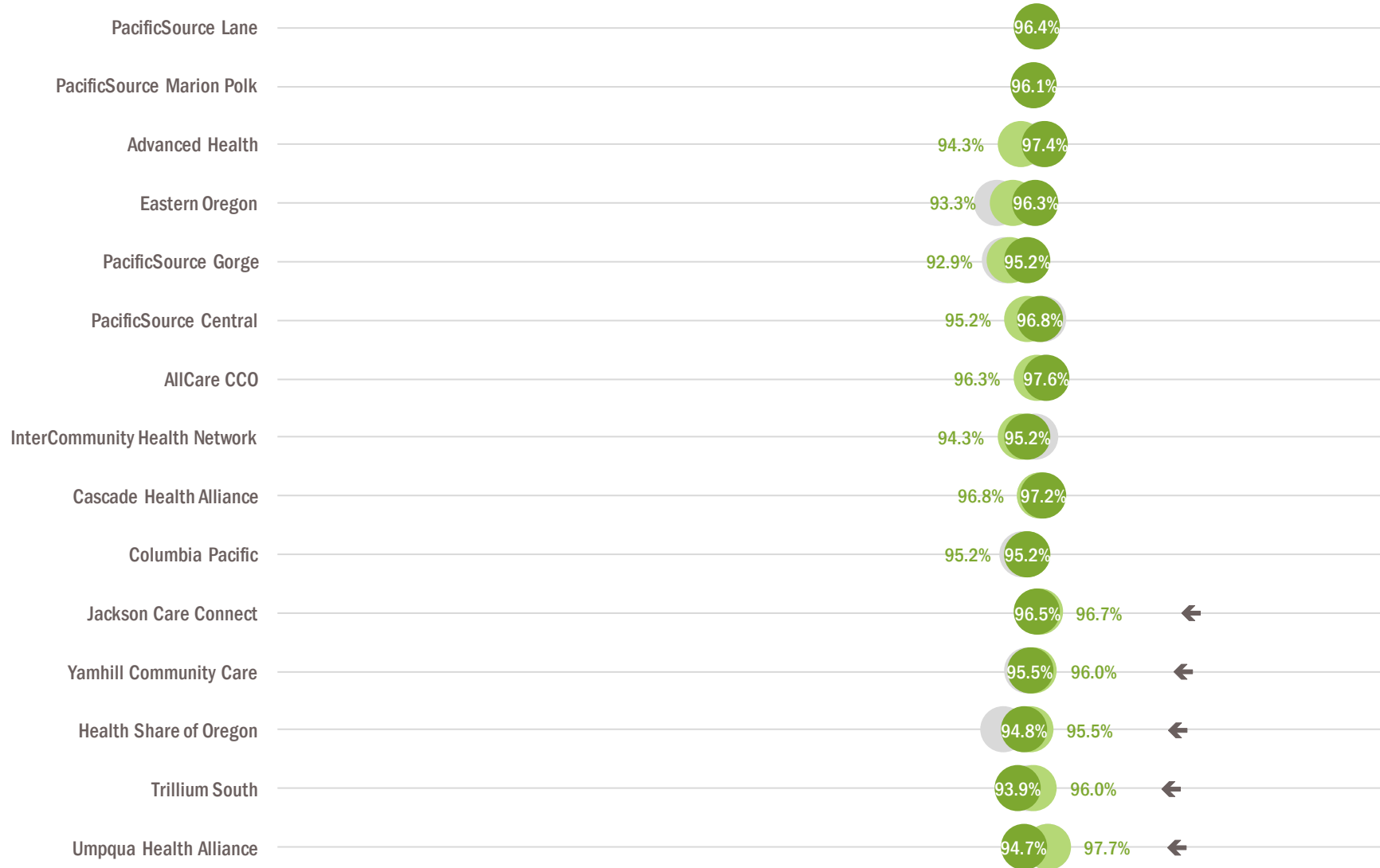
n = subpopulation denominator



CAHPS: HEALTH STATUS—CHILDREN

CAHPS: Health status among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.



CAHPS: HOW WELL DOCTORS COMMUNICATE—ADULTS

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.

2020 benchmark source:

N/A

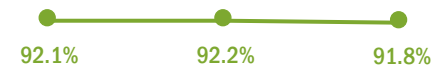
2020 data (n=2,439)

- Statewide change since 2019: **-0.4%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

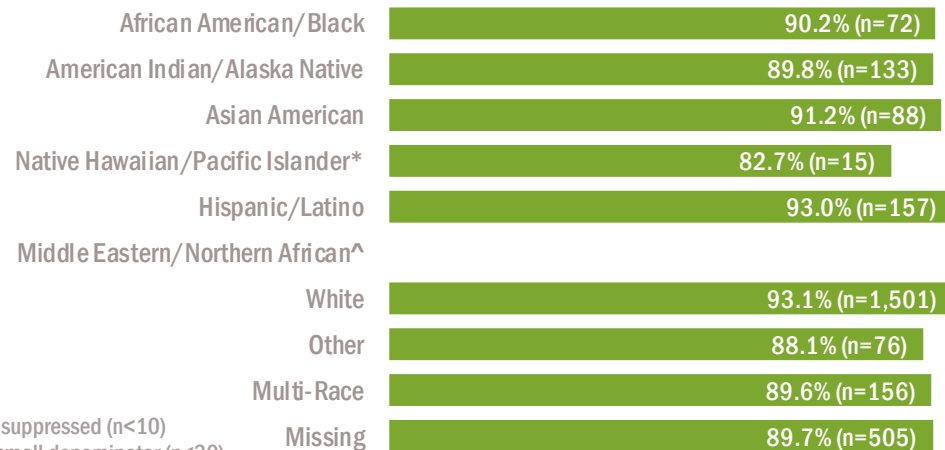
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

n = subpopulation denominator

CAHPS: HOW WELL DOCTORS COMMUNICATE—ADULTS

CAHPS: How well doctors communicate among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: HOW WELL DOCTORS COMMUNICATE—CHILDREN

CAHPS: 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.

2020 benchmark source:

N/A

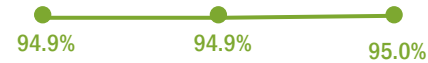
2020 data (n=1,686)

- Statewide change since 2019: **+0.1%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

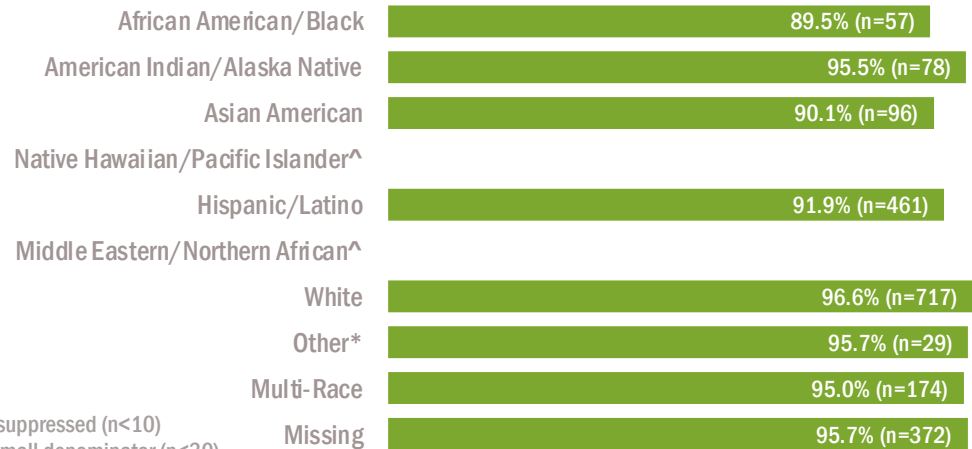
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

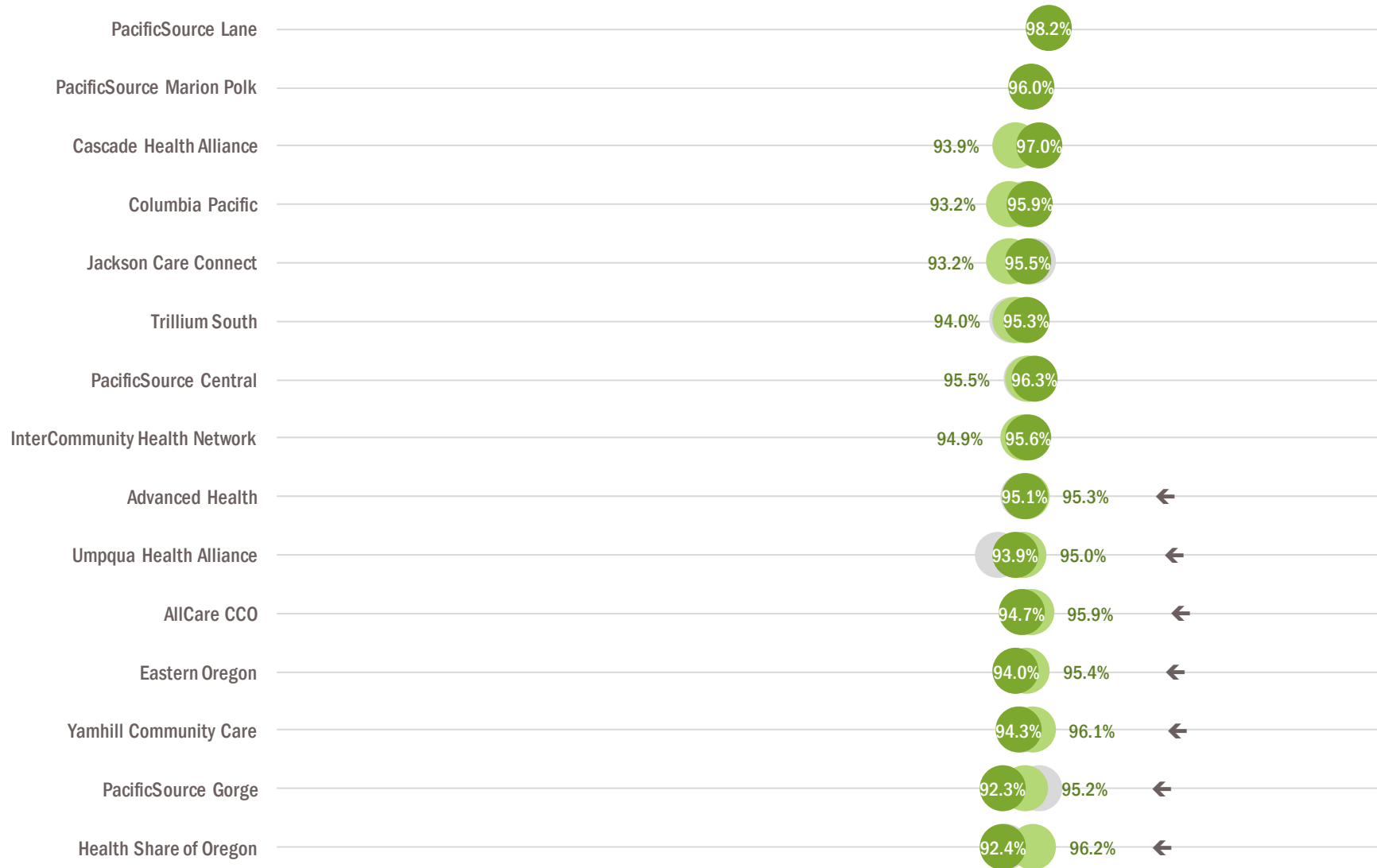
n = subpopulation denominator



CAHPS: HOW WELL DOCTORS COMMUNICATE—CHILDREN

CAHPS: How well doctors communicate among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





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.

2020 benchmark source:

N/A

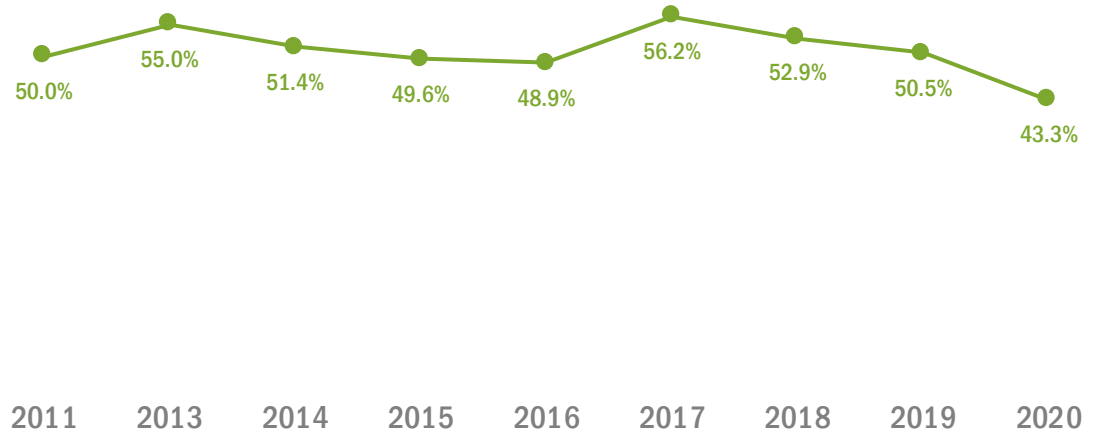
2020 data (n=1,063)

- Statewide change since 2019: **-14.3%**
- Number of CCOs that improved*: **3**

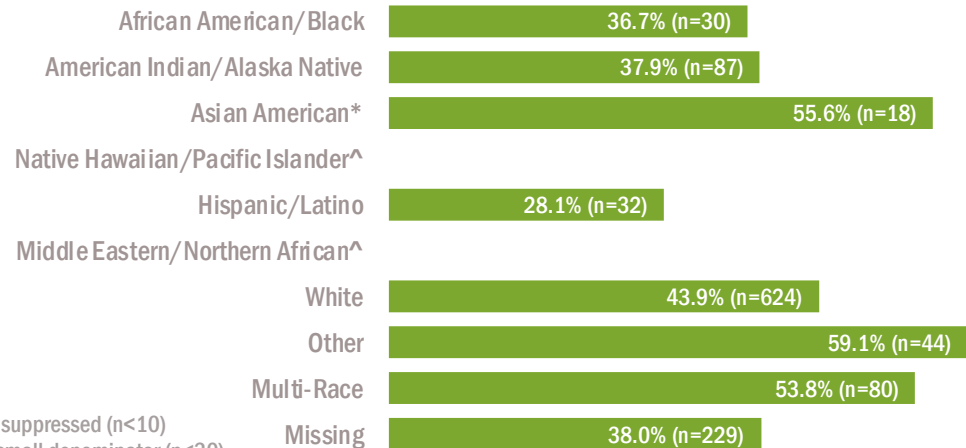
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

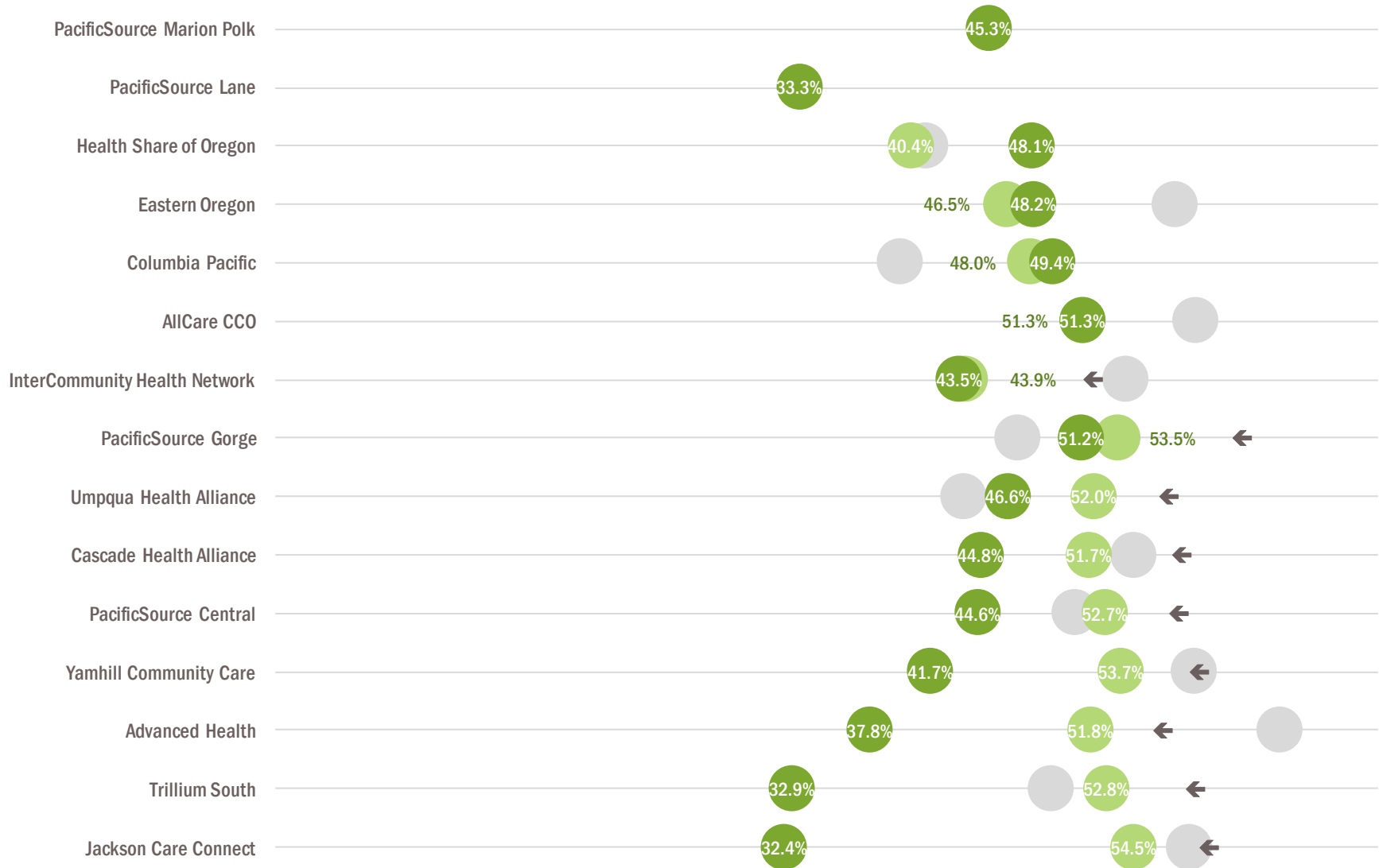
*note small denominator (n<30)

n = subpopulation denominator



Med cessation: Advised to quit in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





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.

2020 benchmark source:

N/A

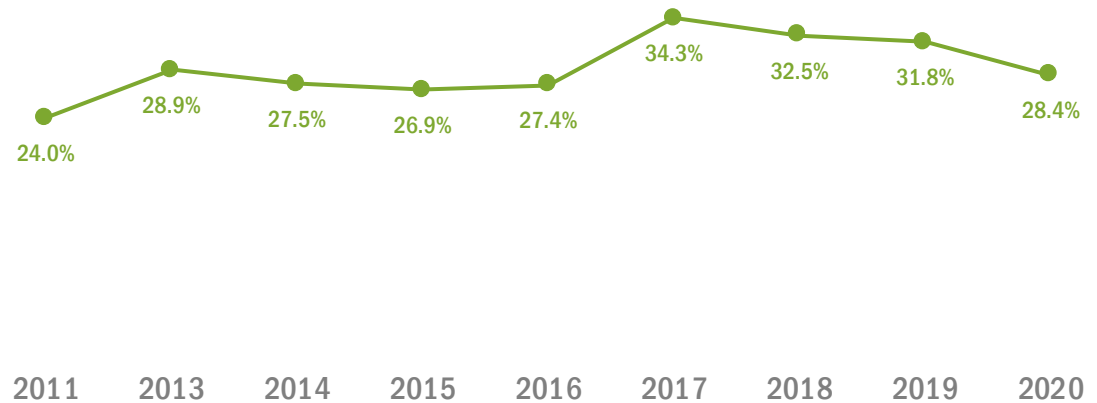
2020 data (n=1,055)

- Statewide change since 2019: **-10.7%**
- Number of CCOs that improved*: **5**

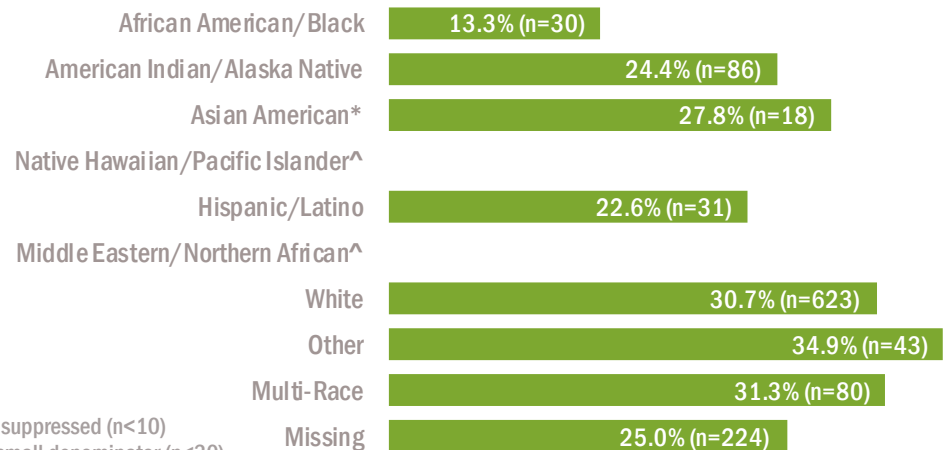
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

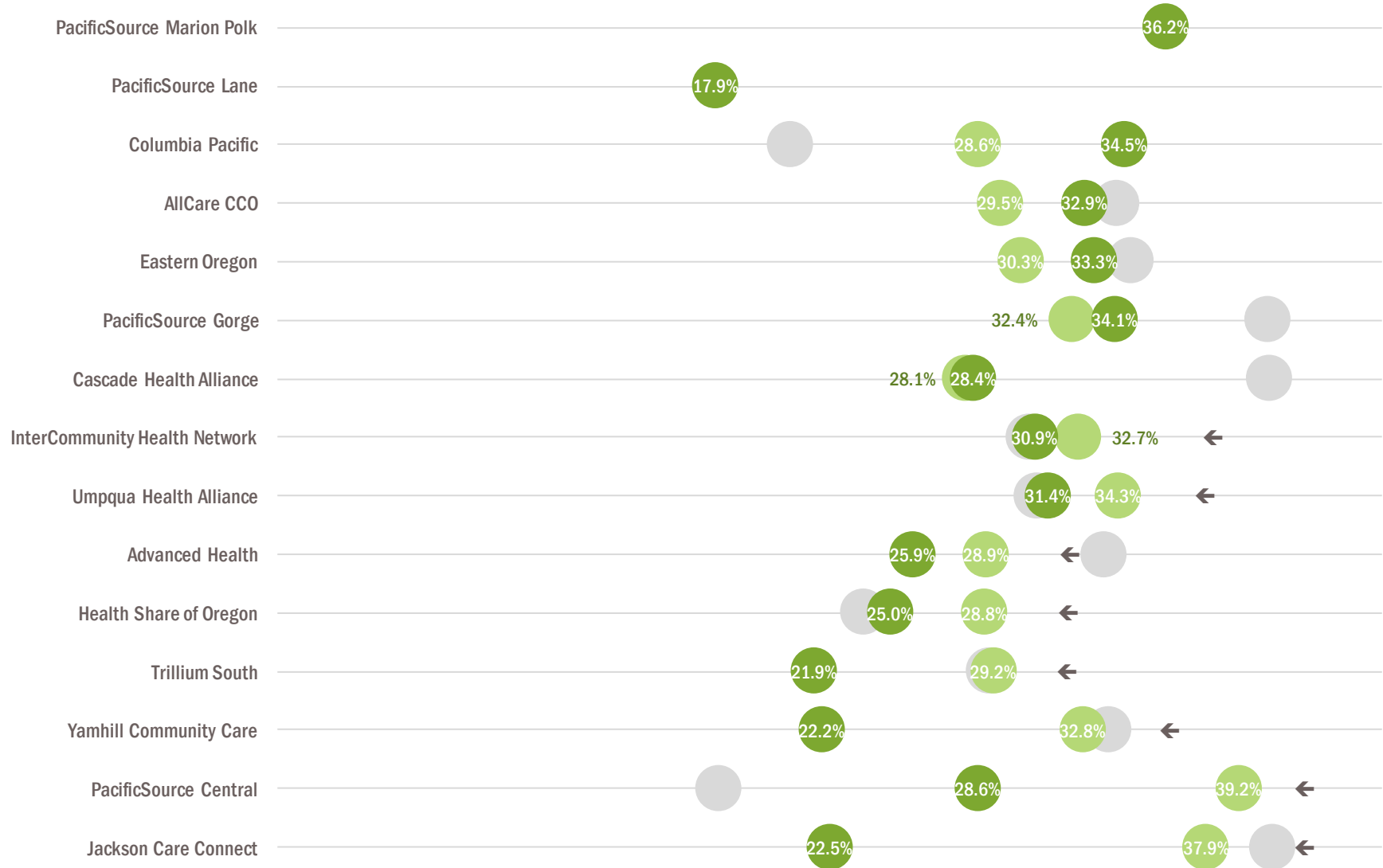
*note small denominator (n<30)

n = subpopulation denominator



Med assistance: Advised medication in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





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.

2020 benchmark source:

N/A

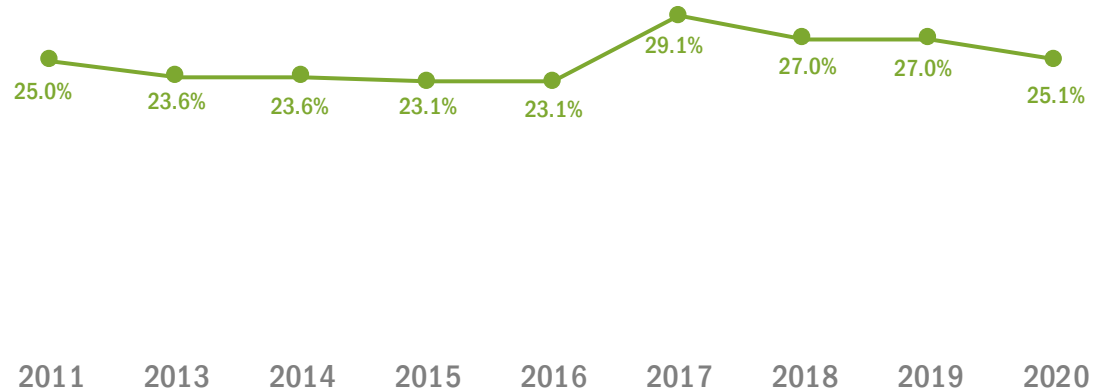
2020 data (n=1,046)

- Statewide change since 2019: **-7.0%**
- Number of CCOs that improved*: **6**

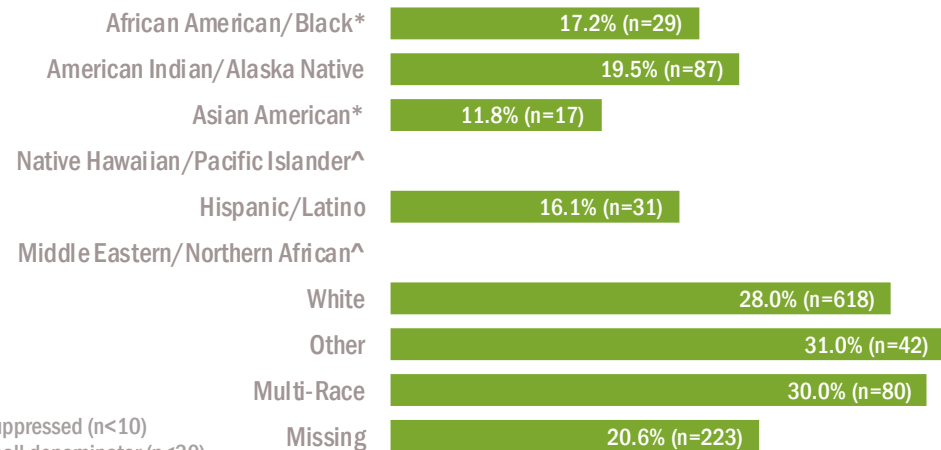
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

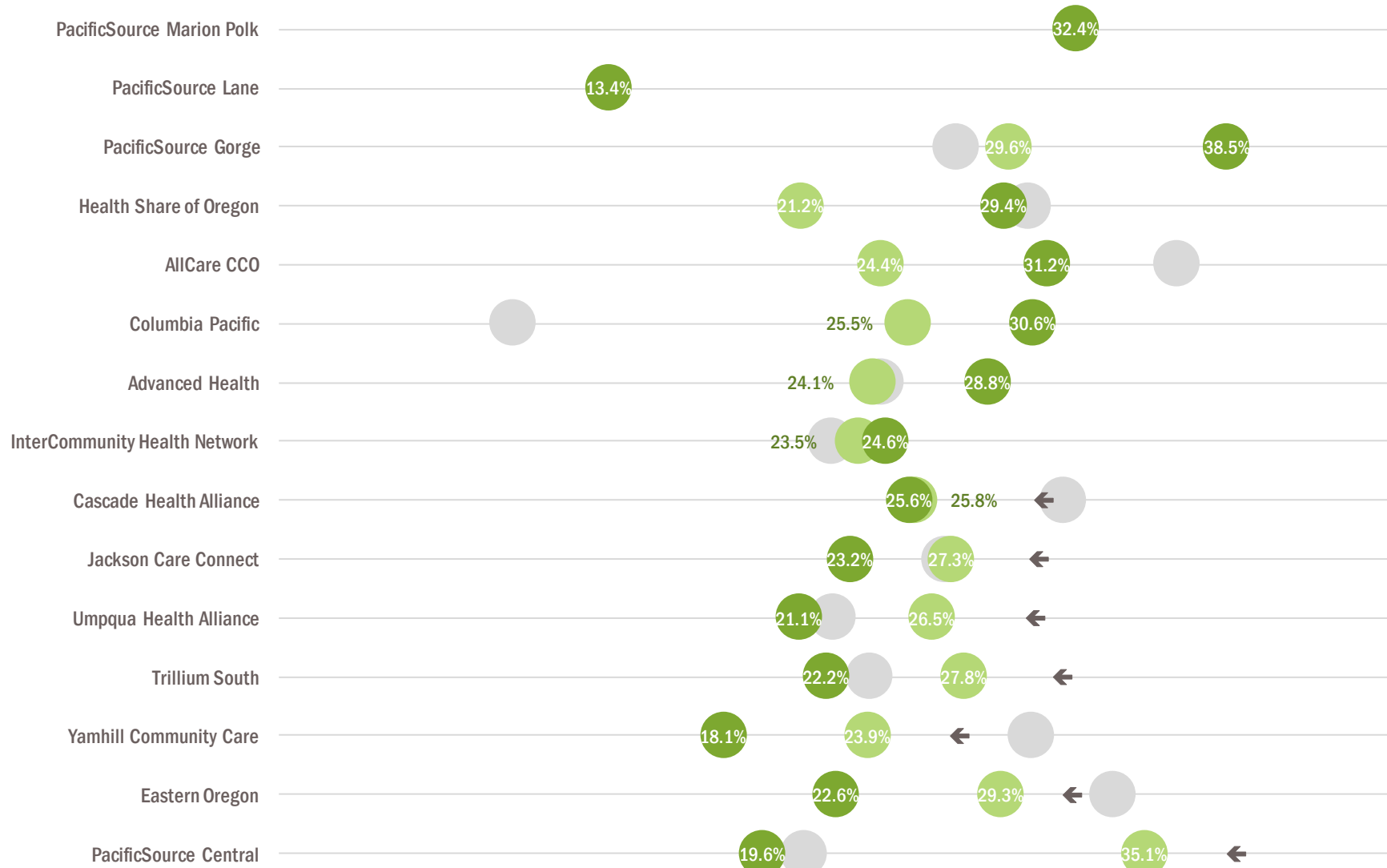
*note small denominator (n<30)

n = subpopulation denominator



Med assistance: Advised strategies in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: OVERALL RATINGS—ADULTS

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.

2020 benchmark source:

N/A

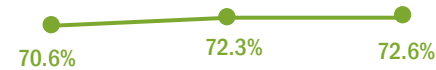
2020 data (n=1,941)

- Statewide change since 2019: **+0.4%**
- Number of CCOs that improved*: **7**

*This number excludes the two CCOs new in 2020.

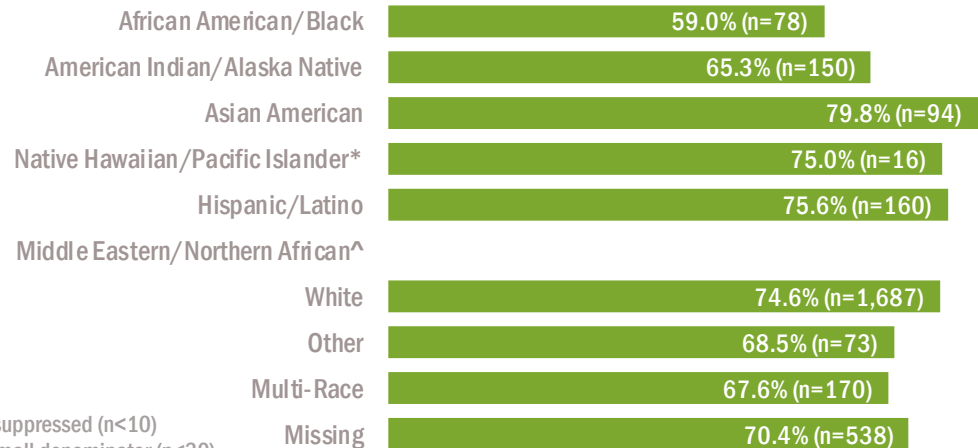
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

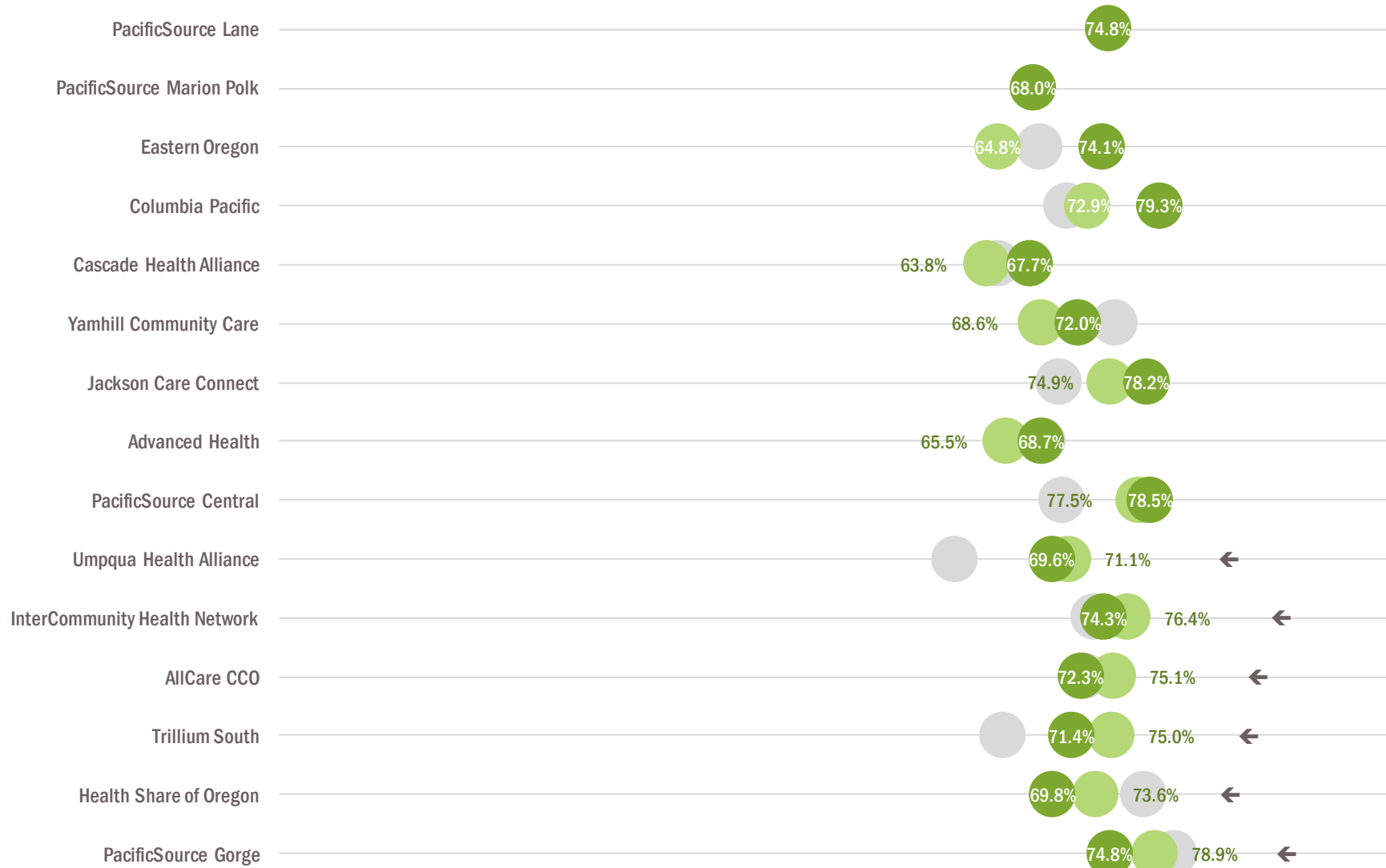
n = subpopulation denominator



CAHPS: OVERALL RATINGS—ADULTS

CAHPS: Overall ratings among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: OVERALL RATINGS—CHILDREN

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.

2020 benchmark source:

N/A

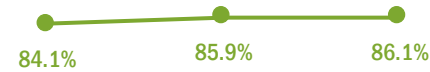
2020 data (n=1,775)

- Statewide change since 2019: **+0.2%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

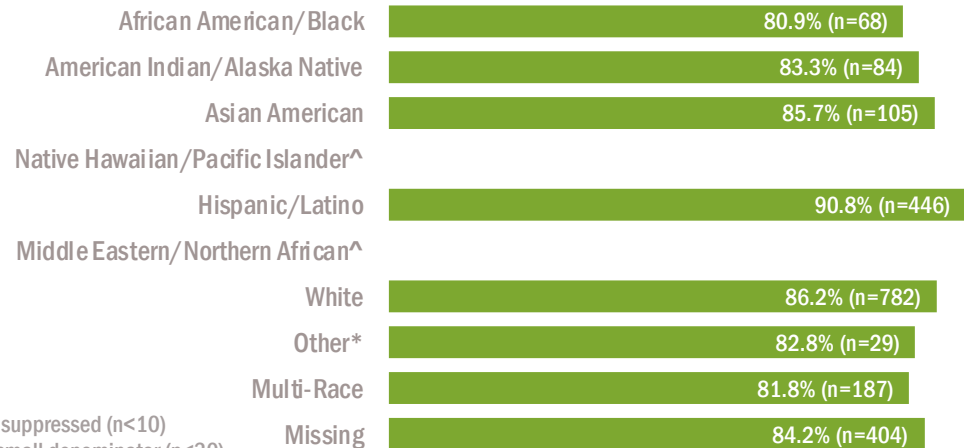
[Back to table of contents.](#)

Statewide



2018 2019 2020

By race/ethnicity



[^] data suppressed (n<10)

*note small denominator (n<30)

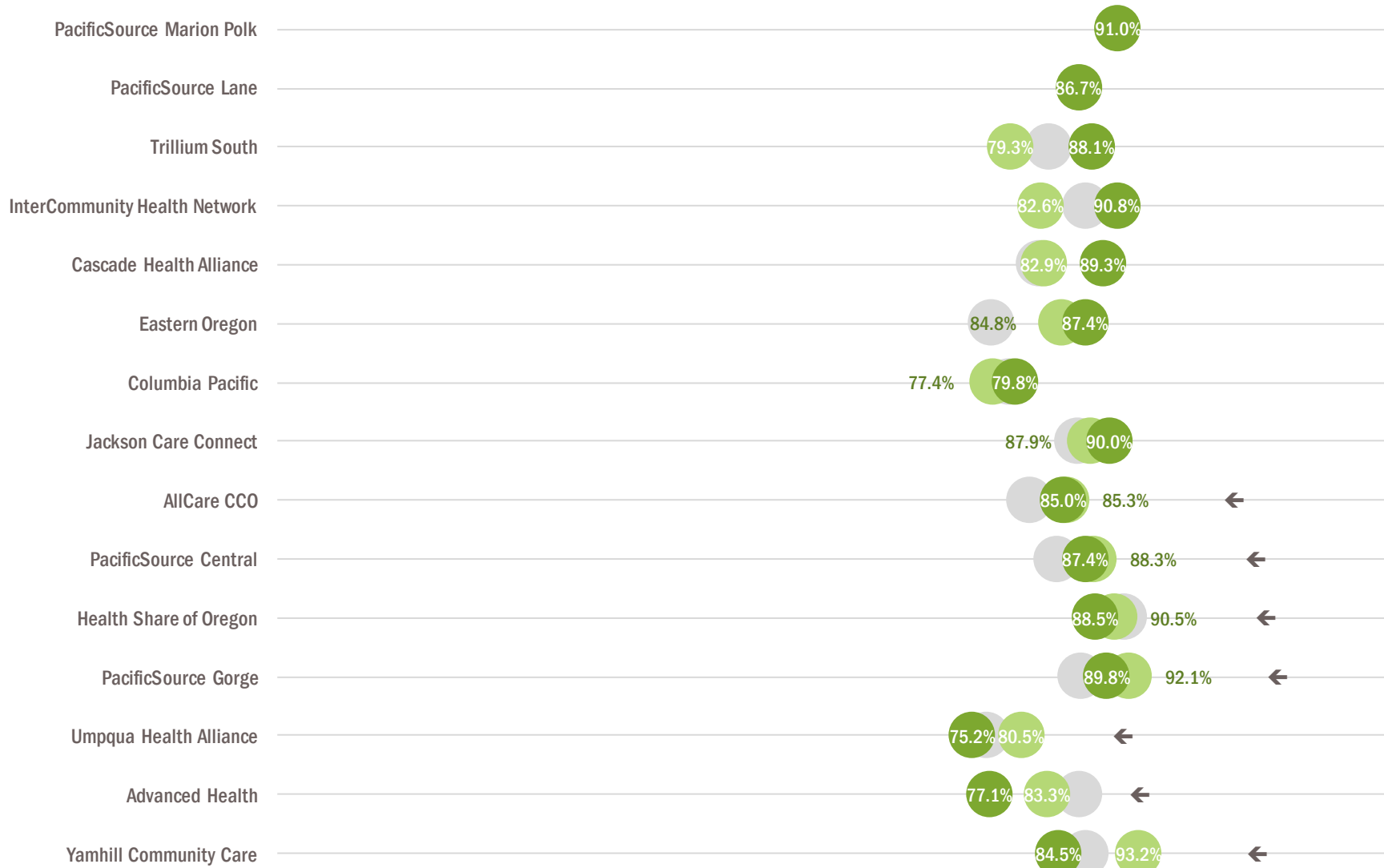
n = subpopulation denominator



CAHPS: OVERALL RATINGS—CHILDREN

CAHPS: Overall ratings among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: SATISFACTION WITH CARE—ADULTS

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.

2020 benchmark source:

N/A

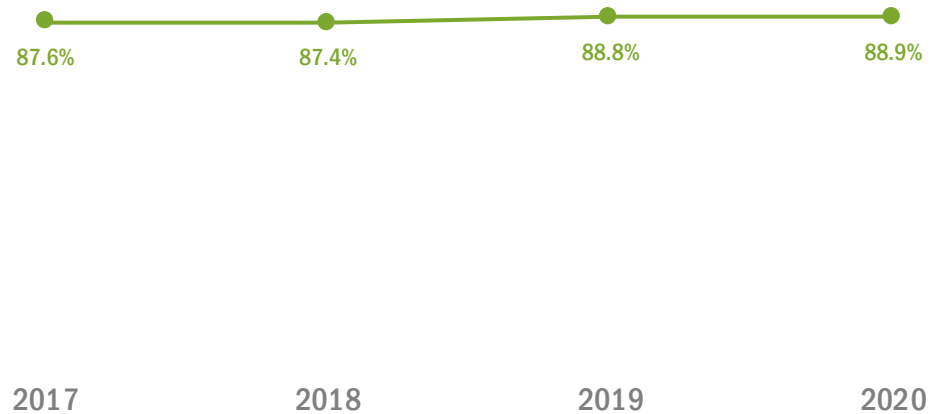
2020 data (n=1,161)

- Statewide change since 2019: **+0.1%**
- Number of CCOs that improved*: **7**

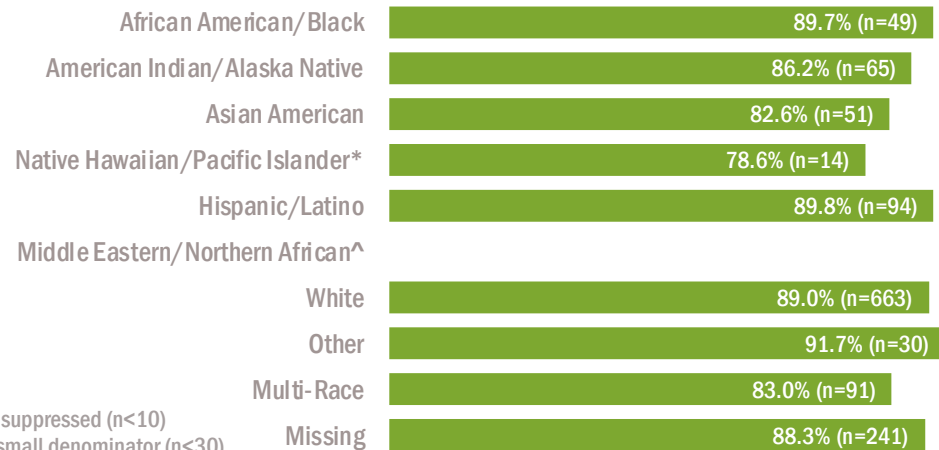
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

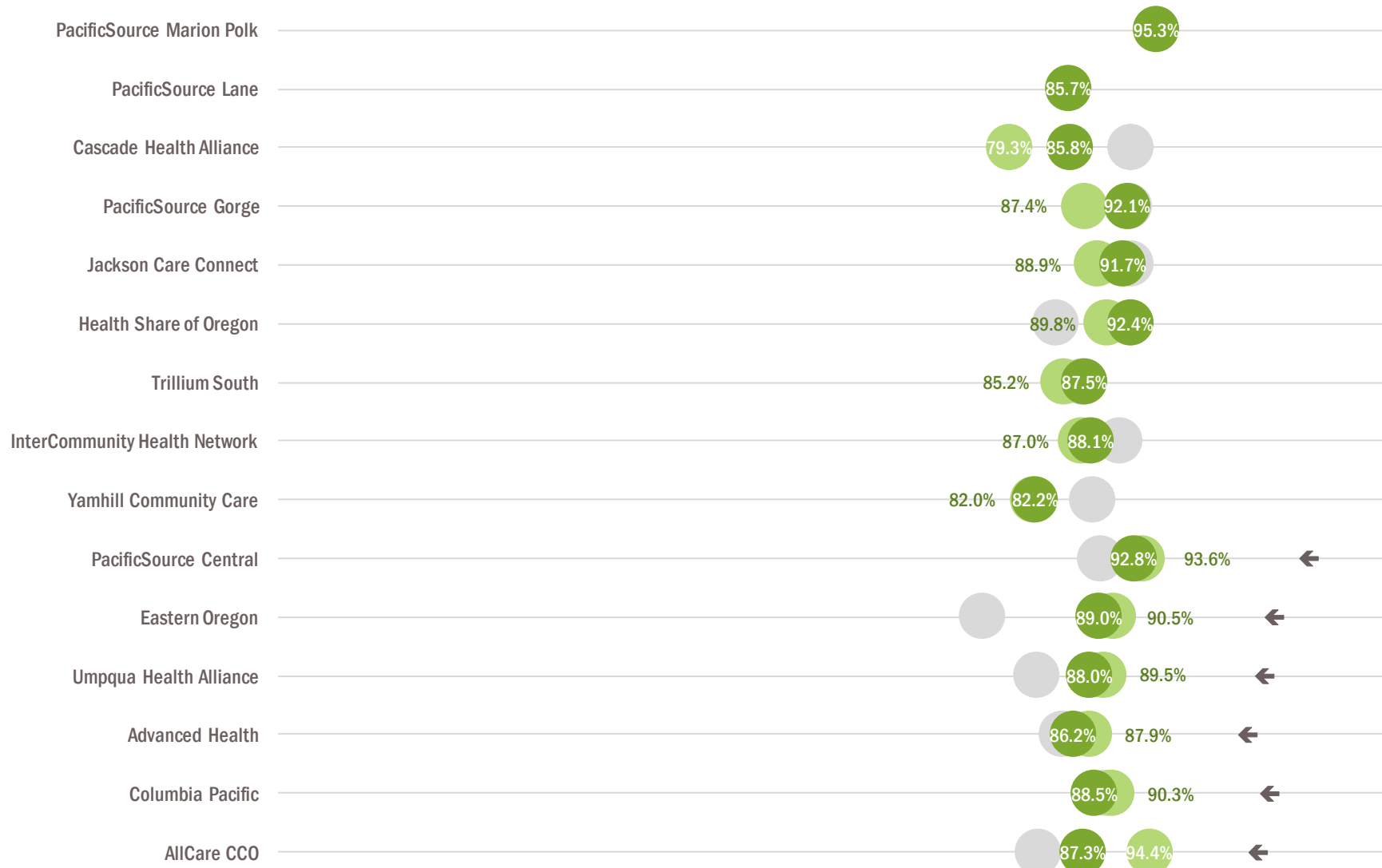
n = subpopulation denominator



CAHPS: SATISFACTION WITH CARE—ADULTS

CAHPS: Satisfaction with care among adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CAHPS: SATISFACTION WITH CARE—CHILDREN

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.

2020 benchmark source:

N/A

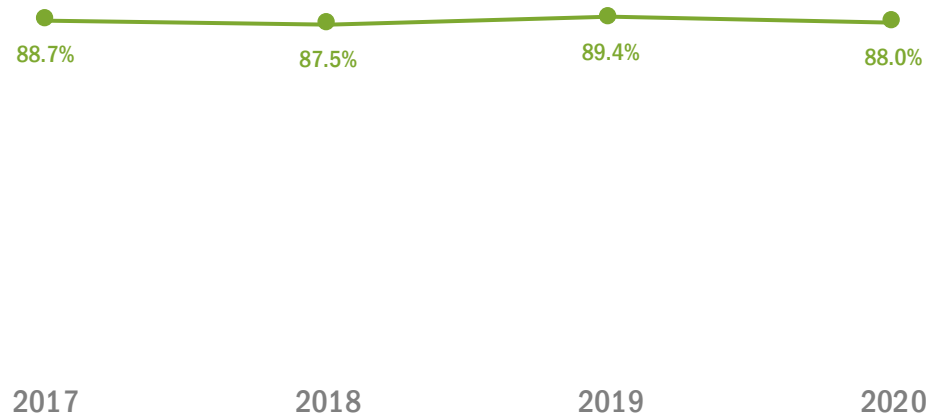
2020 data (n=630)

- Statewide change since 2019: **-1.6%**
- Number of CCOs that improved*: **3**

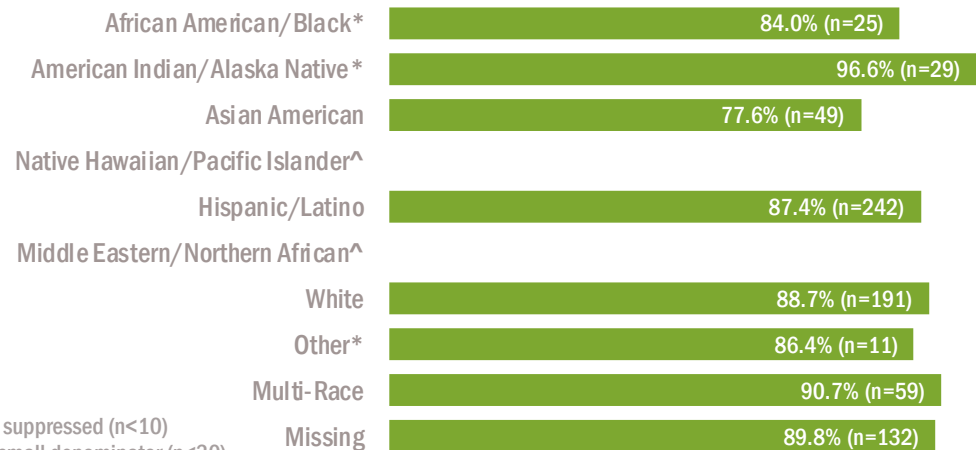
*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



By race/ethnicity



^ data suppressed (n<10)

*note small denominator (n<30)

n = subpopulation denominator



CAHPS: SATISFACTION WITH CARE—CHILDREN

CAHPS: Satisfaction with care among children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS

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

2020 benchmark source:

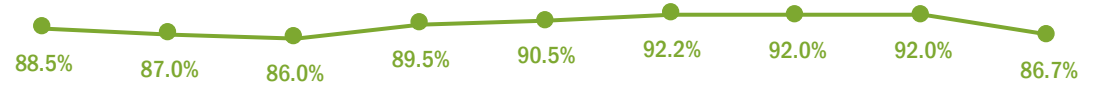
N/A

2020 data (n=248,896)

- Statewide change since 2019: **-5.8%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

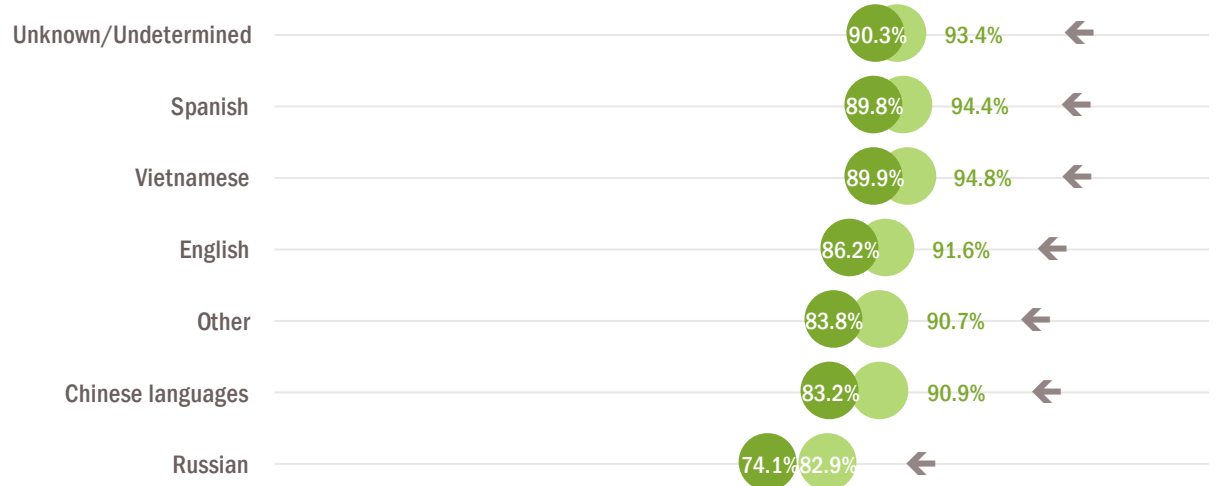
Statewide



2011 2013 2014 2015 2016 2017 2018 2019 2020

Household language

2019 and 2020, by household language.



[Back to table of contents.](#)



CHILDHOOD AND ADOLESCENT ACCESS TO PRIMARY CARE PROVIDERS

Childhood and adolescent access to primary care providers in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CHLAMYDIA SCREENING

Chlamydia screening

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

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

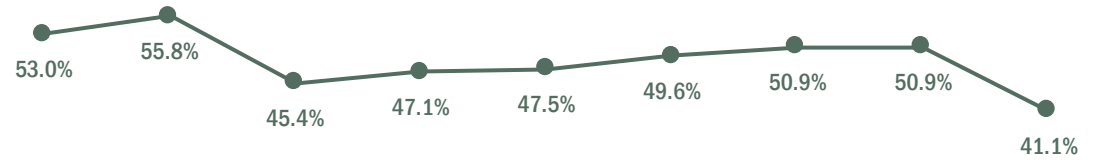
2020 data (n=32,037)

- Statewide change since 2019: **-19.3%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



2011 2013 2014 2015 2016 2017 2018 2019 2020

Household language

2019 and 2020, by household language.

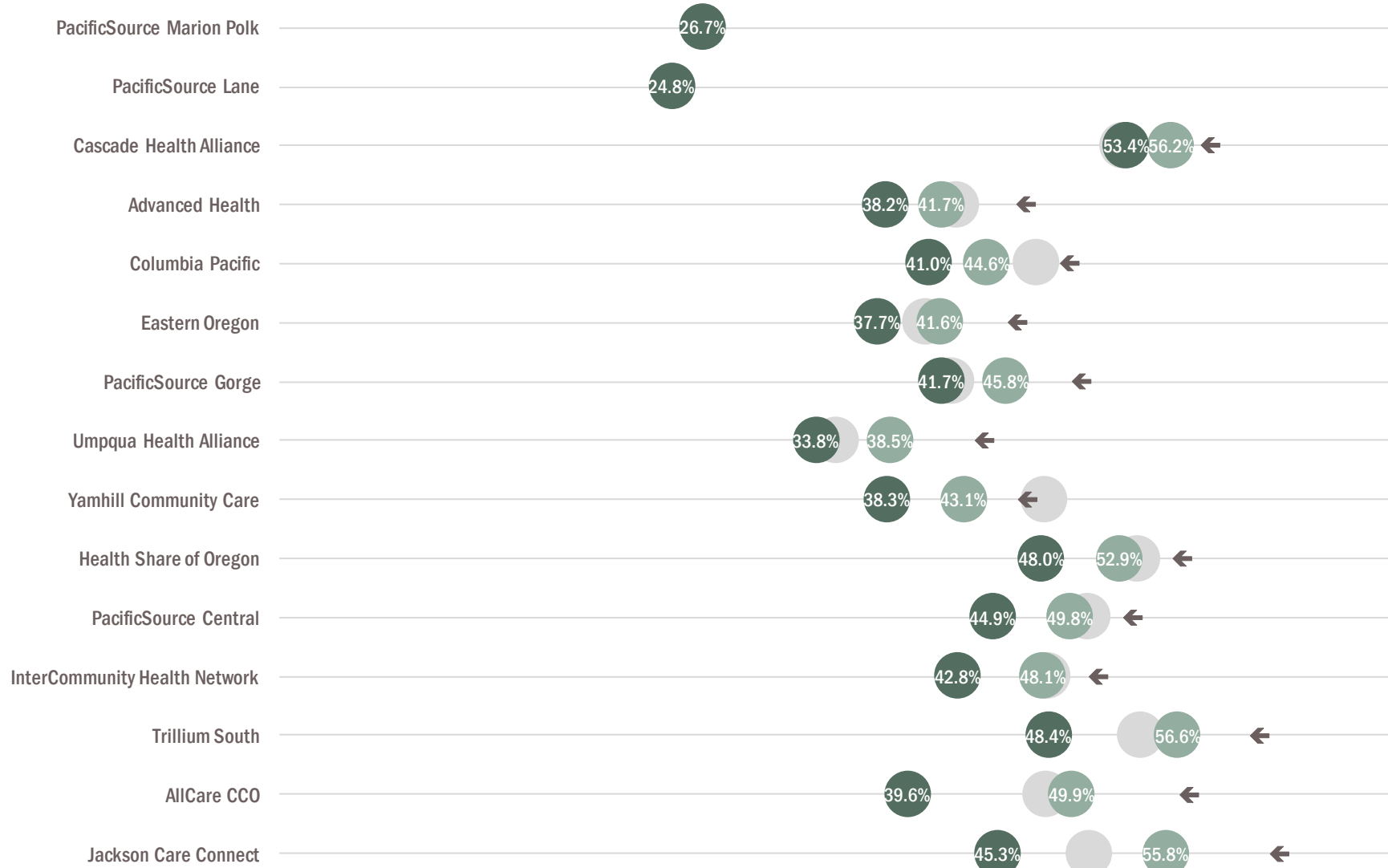




CHLAMYDIA SCREENING

Chlamydia screening in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





COLORECTAL CANCER SCREENING

Colorectal cancer screening

Percentage of adult members (ages 50-75) who had appropriate screening for colorectal cancer. OHA is advocating for the screening age to start at age 45, which could improve health equity. For 2020, this non-incentivized measure is reported with the age range set by the measure steward.

Data source:

Administrative (billing) claims and medical record review

2020 benchmark source:

N/A

2020 data (n=5,341)

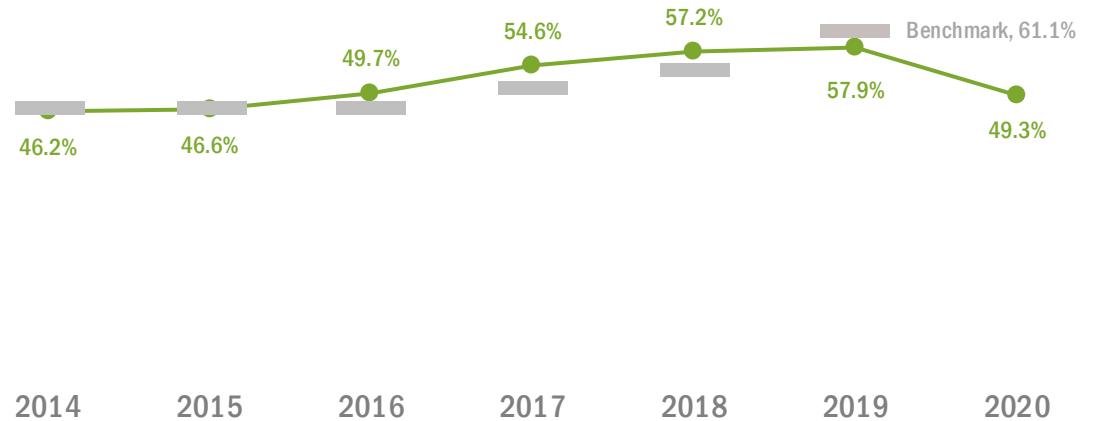
- Statewide change since 2019: **-14.9%**
- Number of CCOs that improved*: **1**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2019.

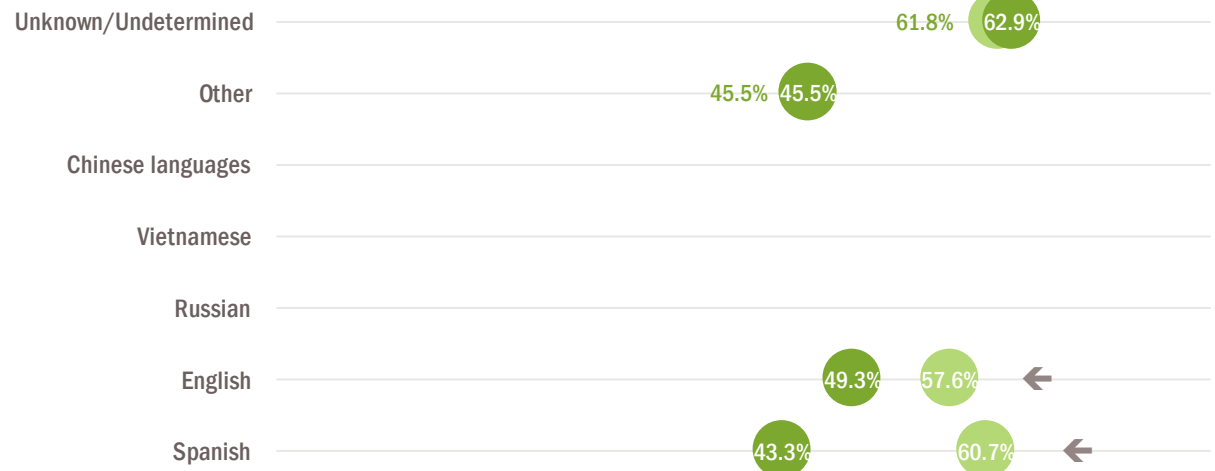
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

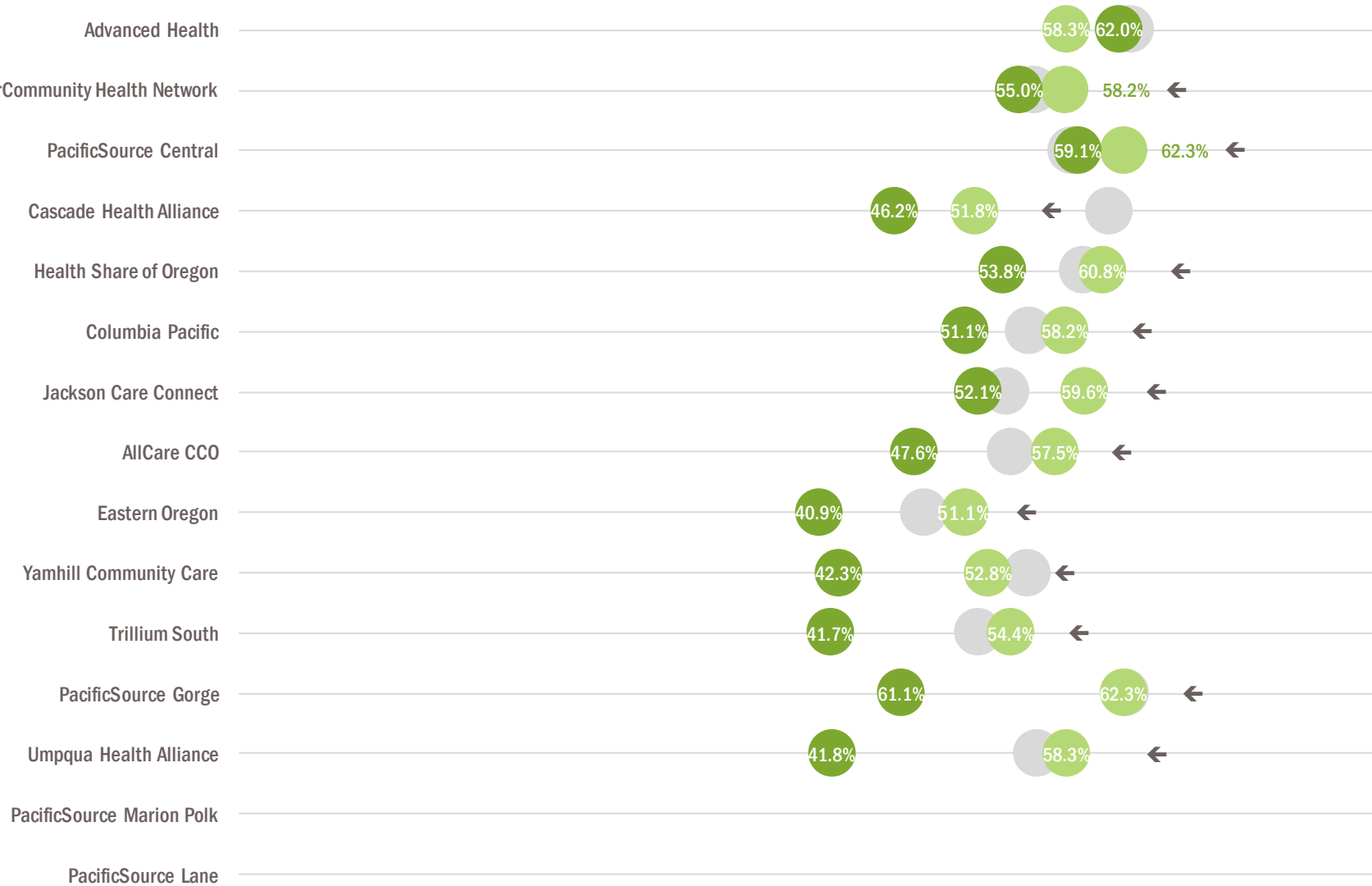




COLORECTAL CANCER SCREENING

Colorectal cancer screening in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane did not have a sufficient amount of members meeting specification requirements to report 2020 results.





COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1c TESTING

HbA1c testing

Percentage of adult patients (ages 18-75) with diabetes who received at least one HbA1c blood sugar test.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

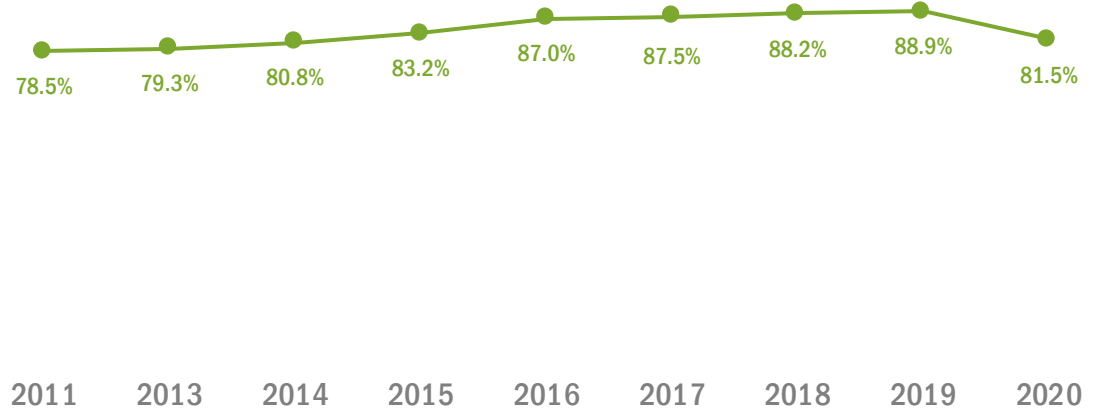
2020 data (n=40,956)

- Statewide change since 2019: **-8.3%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

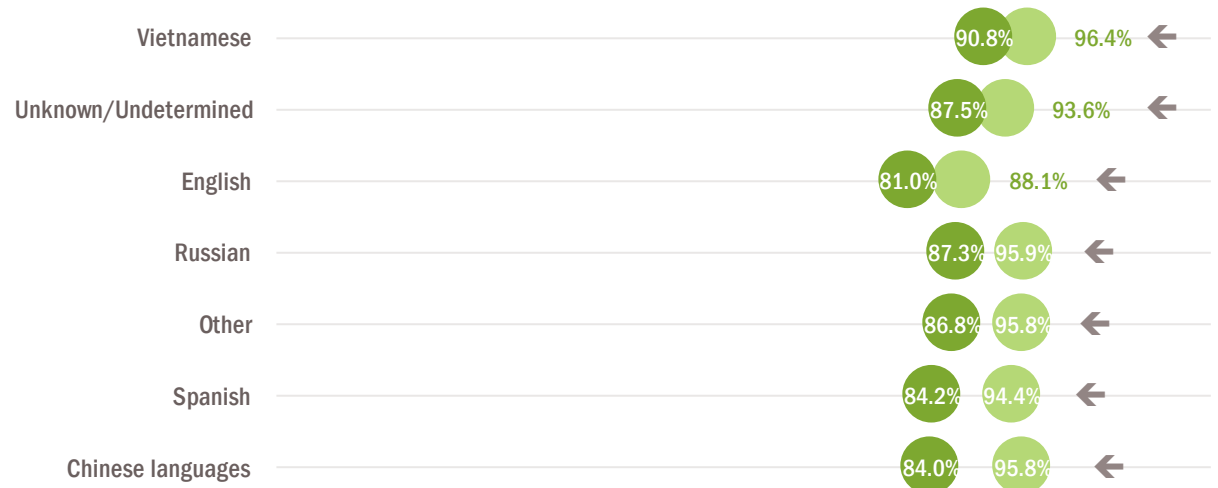
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

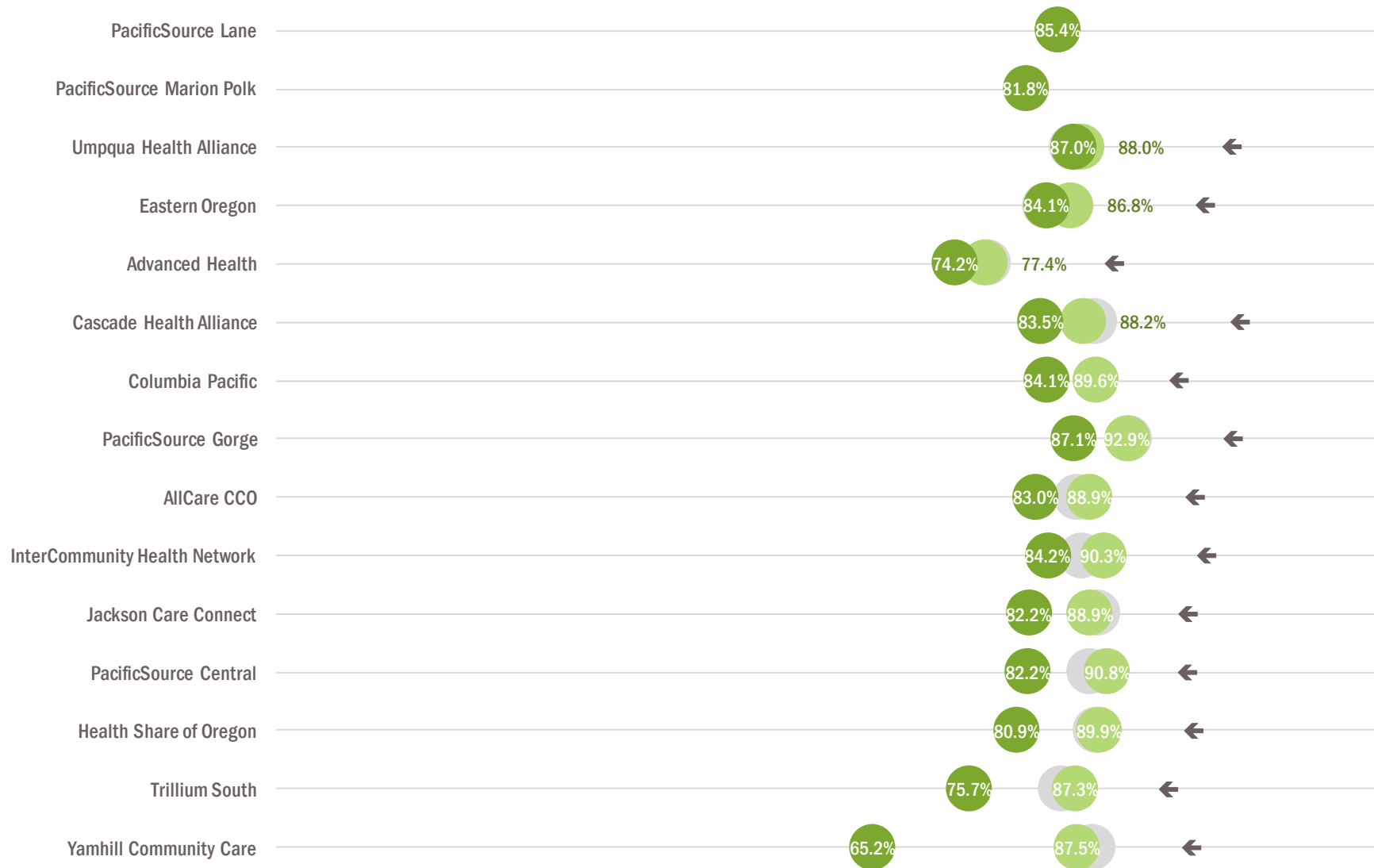




COMPREHENSIVE DIABETES CARE: HEMOGLOBIN A1c TESTING

HbA1c testing for members with diabetes in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





CONTROLLING HIGH BLOOD PRESSURE

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

2020 benchmark source:

N/A

2020 data (n=120,593)

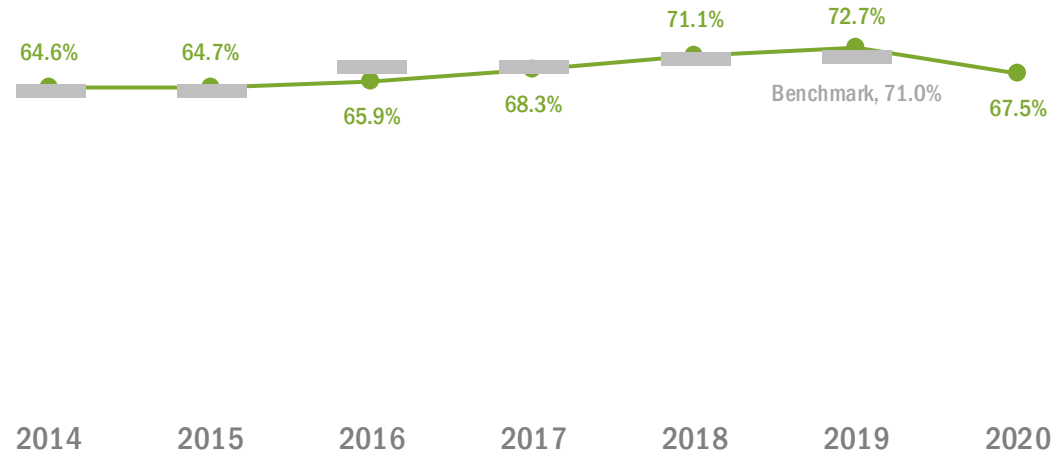
- Statewide change since 2019: **-7.2%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2019.

[Back to table of contents.](#)

Statewide



Household language

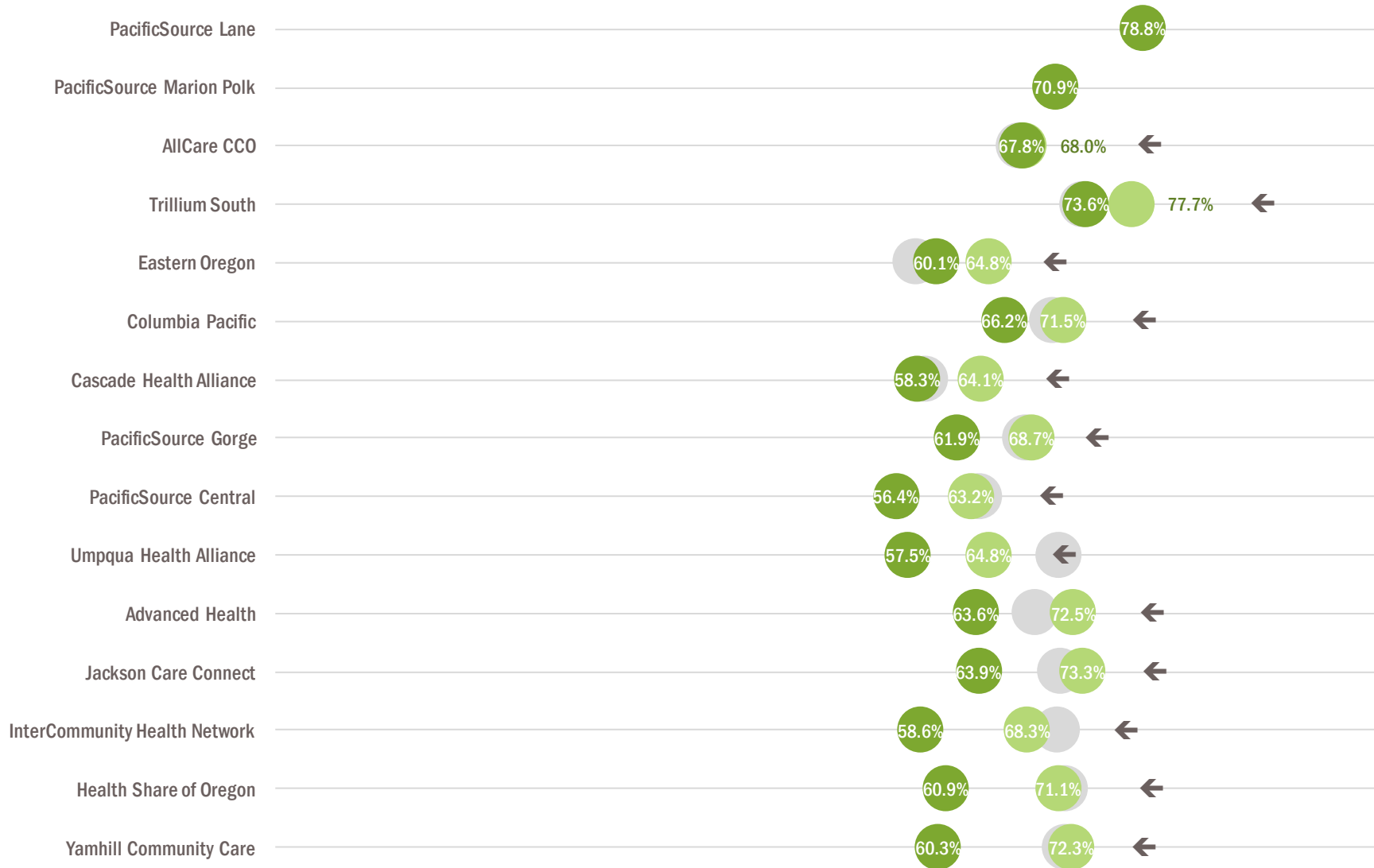
OHA receives aggregated data for this measure that cannot be stratified by household language.



CONTROLLING HIGH BLOOD PRESSURE

Controlling hypertension in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.



DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN

Dental sealants for children

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

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=168,670)

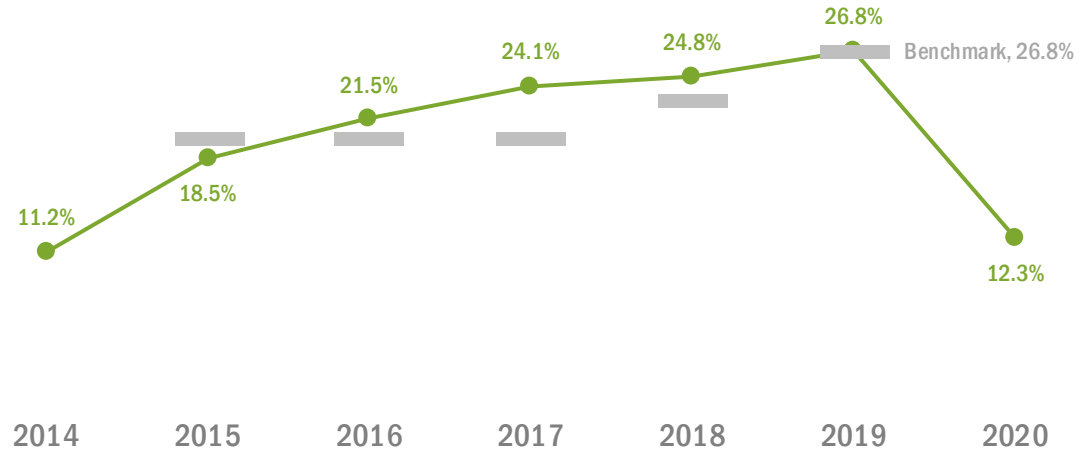
- Statewide change since 2019: **-54.1%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2015-2019.

[Back to table of contents.](#)

Statewide



Household language

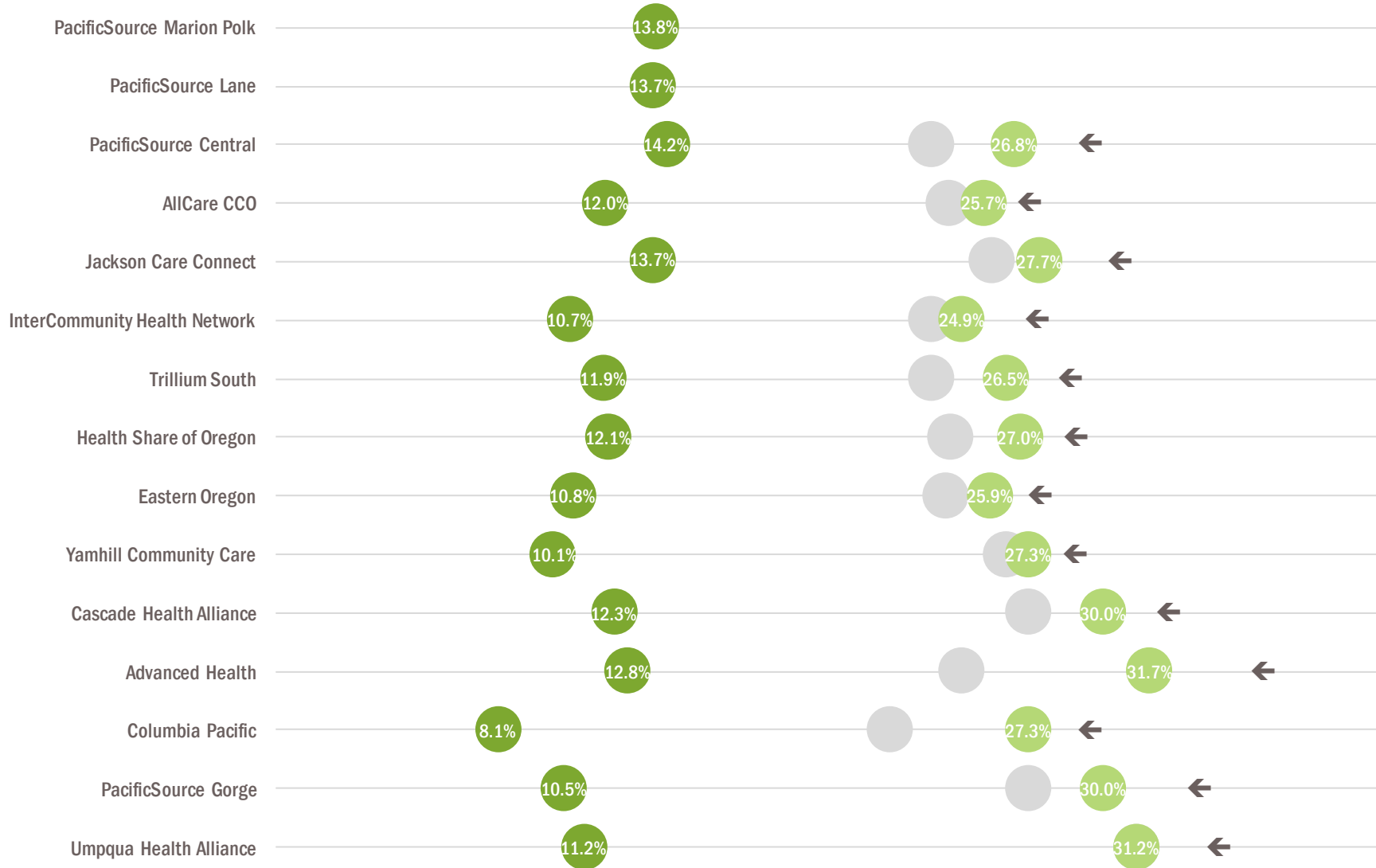
2019 and 2020, by household language.



DENTAL SEALANTS ON PERMANENT MOLARS FOR CHILDREN

Dental sealants on permanent molars for children in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

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

2020 benchmark source:

N/A

2020 data (n=38,012)

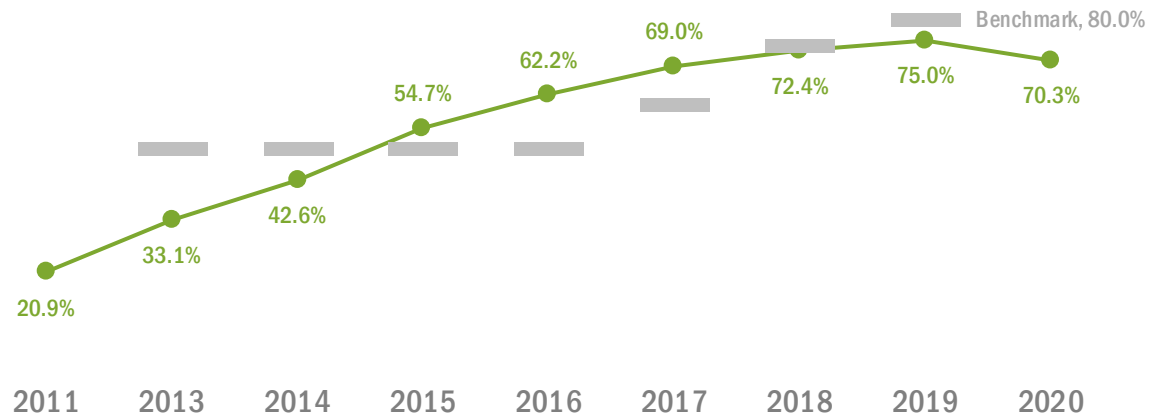
- Statewide change since 2019: **-6.3%**
- Number of CCOs that improved*: **2**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2019.

[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

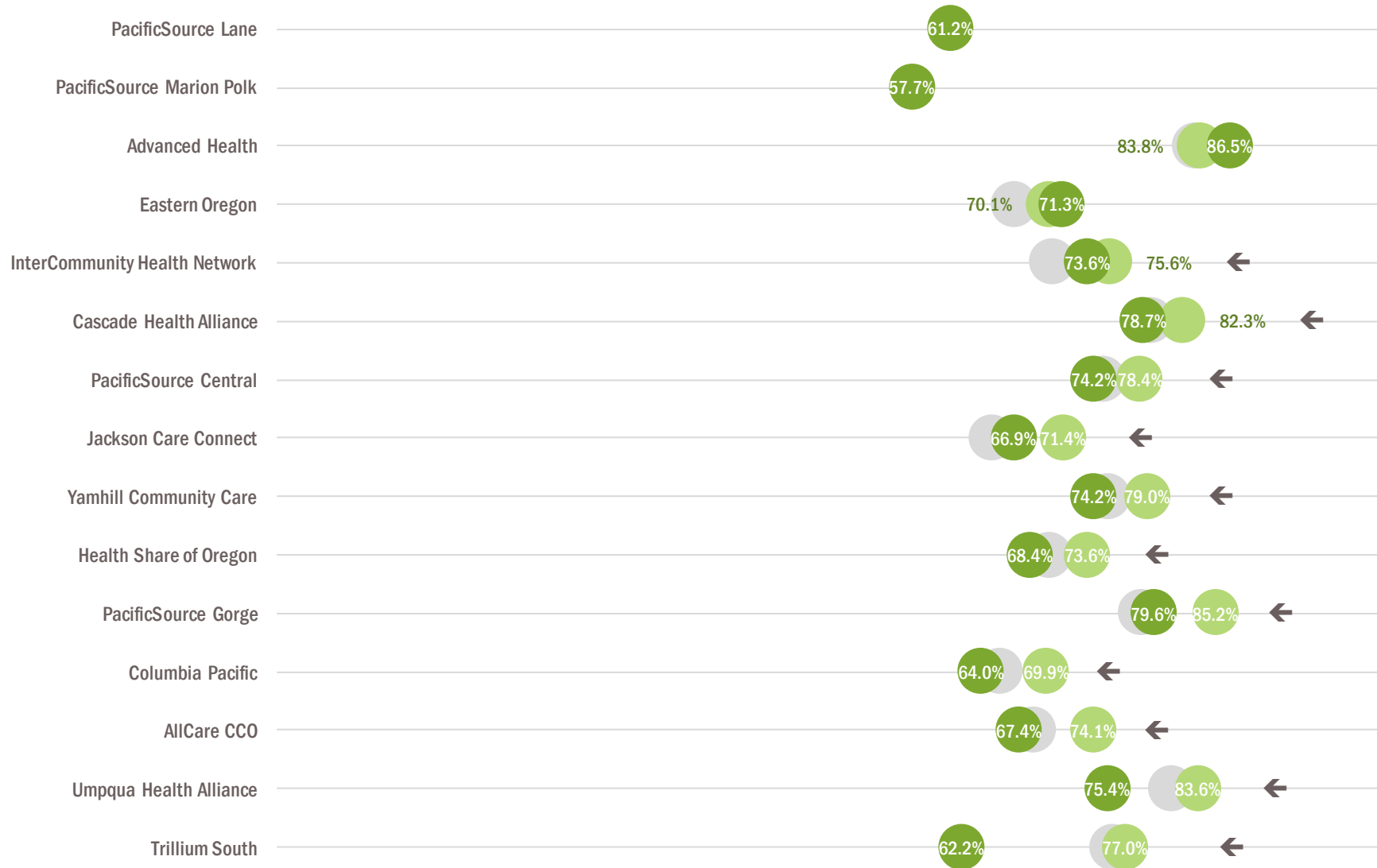




DEVELOPMENTAL SCREENINGS IN THE FIRST 36 MONTHS OF LIFE

Developmental screenings in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





EFFECTIVE CONTRACEPTIVE USE AMONG WOMEN AT RISK OF UNINTENDED PREGNANCY

Effective contraceptive use

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

2020 benchmark source:

N/A

2020 data (n=176,235)

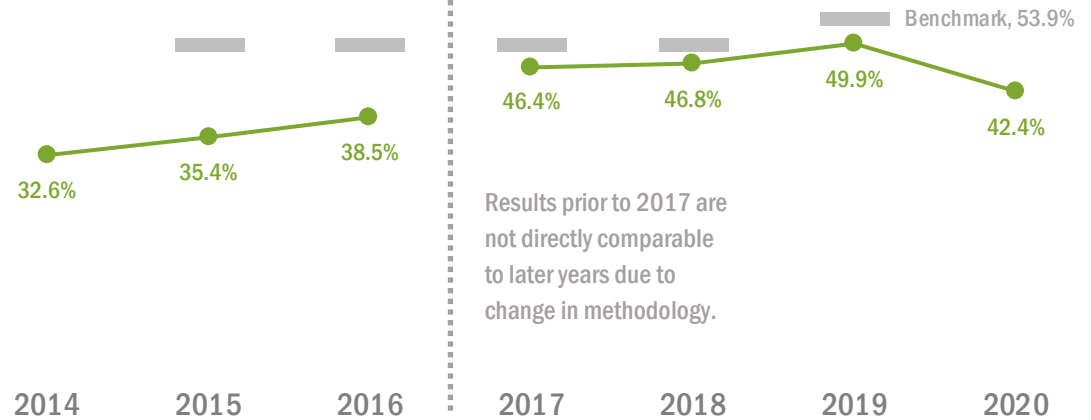
- Statewide change since 2019: **-15.0%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2015-2019.

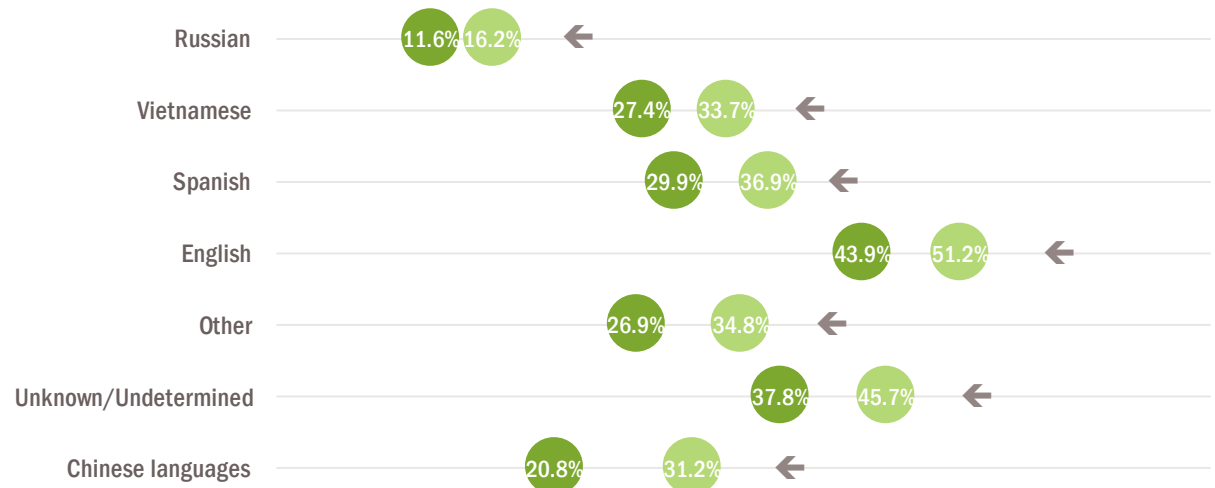
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

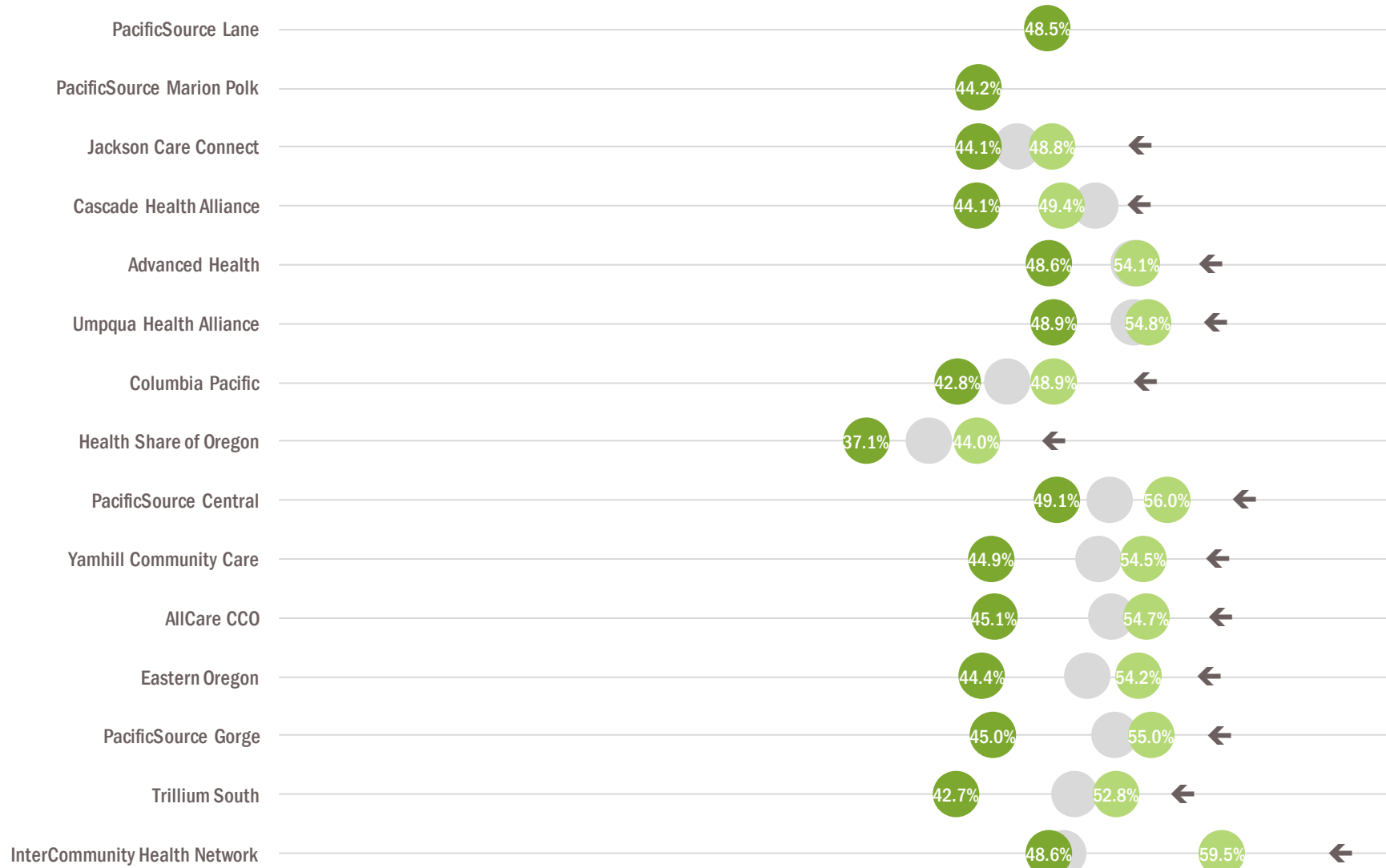




EFFECTIVE CONTRACEPTIVE USE AMONG WOMEN AT RISK OF UNINTENDED PREGNANCY

Effective contraceptive use among women at risk of unintended pregnancy in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (7 DAY)

Seven day follow-up ED mental illness

Percentage of emergency department (ED) visits for members age 6 and older with a principal diagnosis of mental illness, for which the patient received a follow-up visit within seven days.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

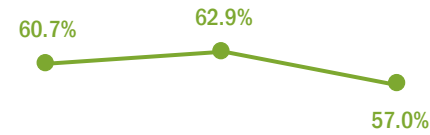
2020 data (n=8,319)

- Statewide change since 2019: **-9.4%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

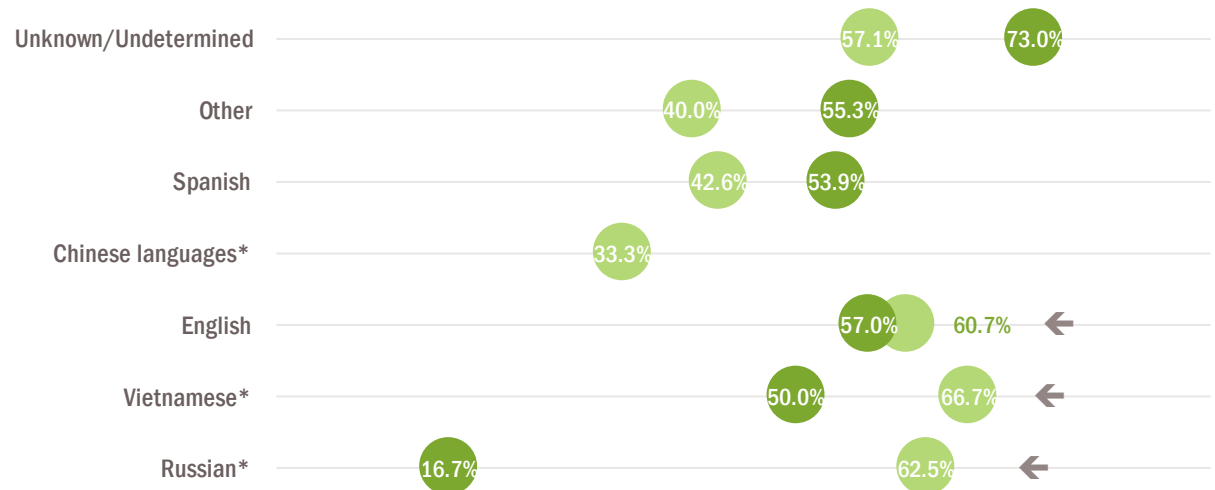
Statewide



2018 2019 2020

Household language

2019 and 2020, by household language.



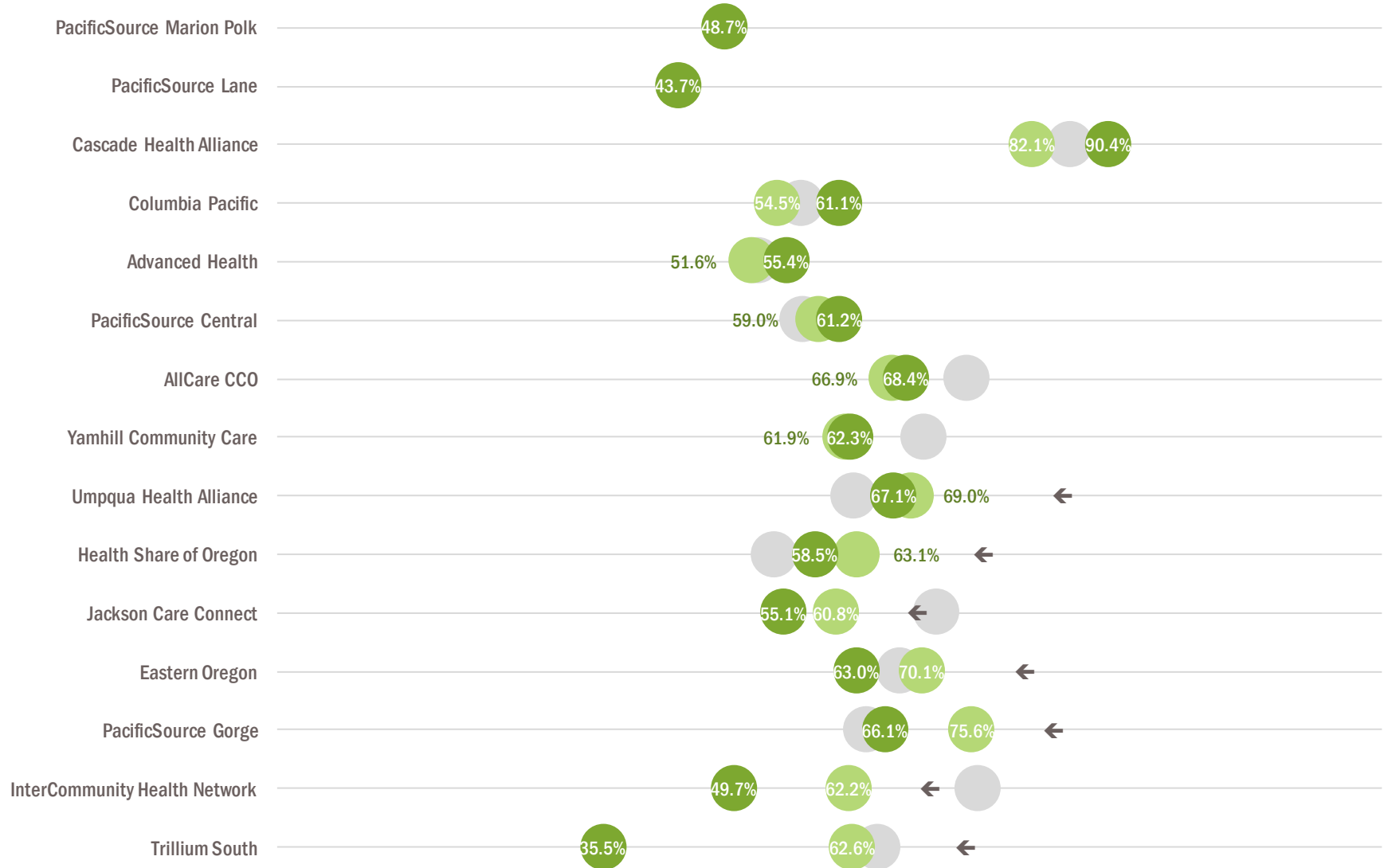
*note small denominator (n<30)



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (7 DAY)

Seven day follow-up after emergency department visit for mental illness in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (30 DAY)

30 day follow-up ED mental illness

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

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

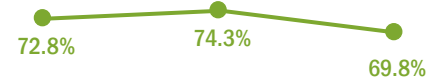
2020 data (n=8,319)

- Statewide change since 2019: **-6.1%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

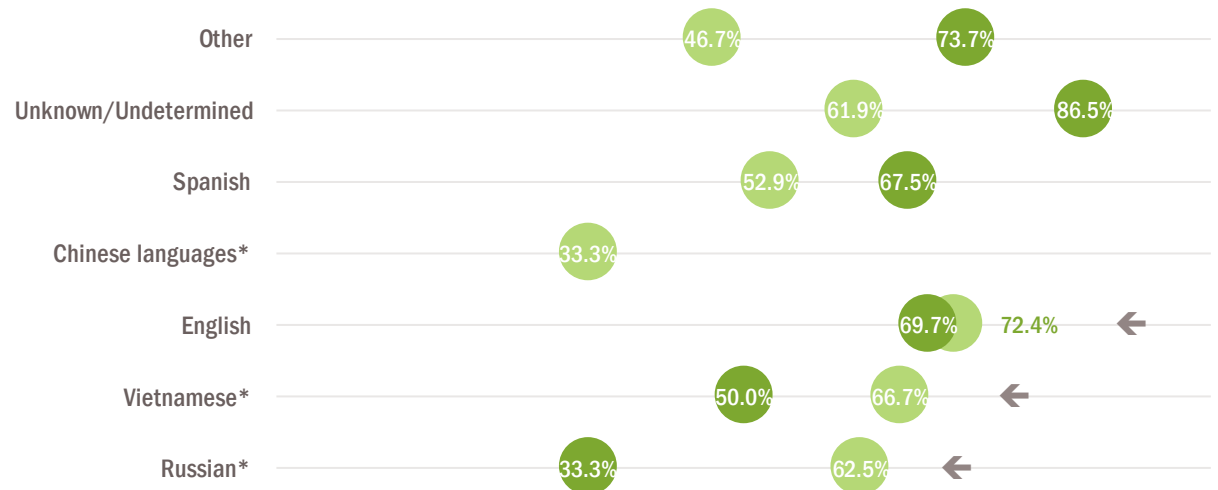
Statewide



2018 2019 2020

Household language

2019 and 2020, by household language.



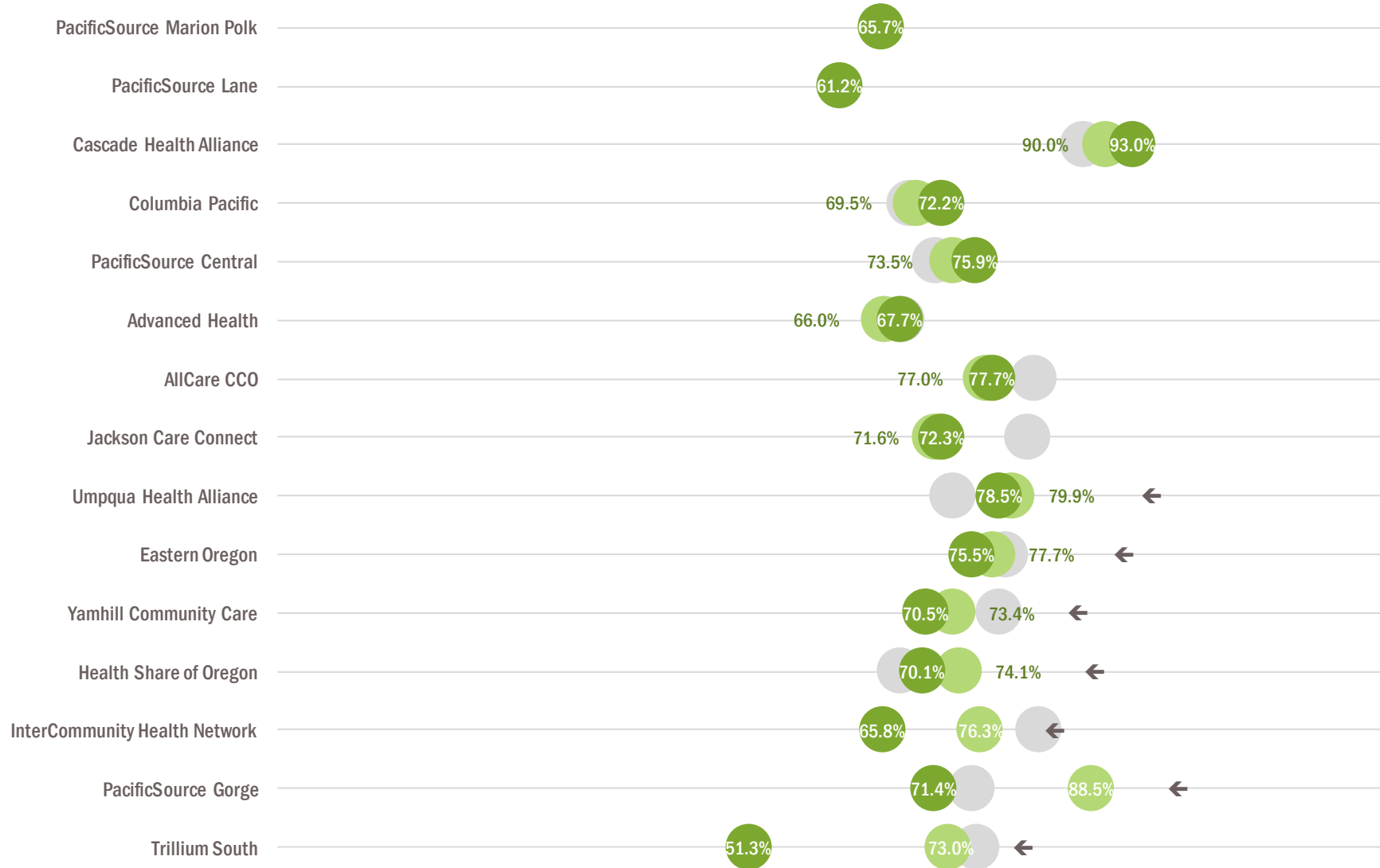
*note small denominator (n<30)



FOLLOW-UP AFTER EMERGENCY DEPARTMENT VISIT FOR MENTAL ILLNESS (30 DAY)

30 day follow-up after emergency department visit for mental illness in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

Seven day follow-up ED dental

Percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within seven days of the ED visit.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=7,568)

- Statewide change since 2019: **-7.3%**
- Number of CCOs that improved*: **2**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



2018 2019 2020

Household language

2019 and 2020, by household language.



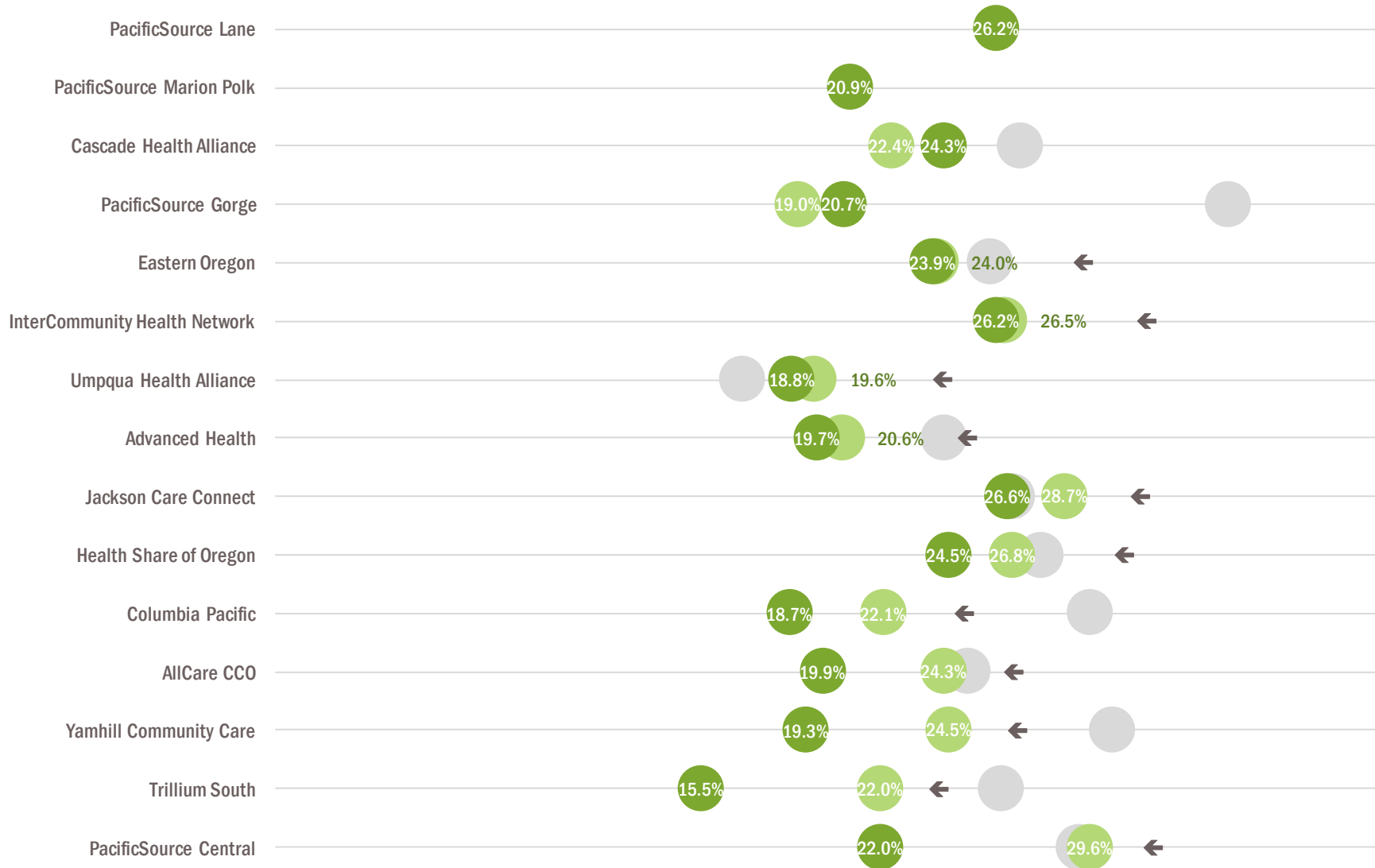
*note small denominator (n<30)



FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (7 DAY)

Seven day follow-up after emergency department visit for non-traumatic dental reasons in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (30 DAY)

30 day follow-up ED dental

Percentage of ambulatory care sensitive non-traumatic dental condition emergency department visits among adults aged 18 years and older in the reporting period for which the member visited a dentist within 30 days of the ED visit.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

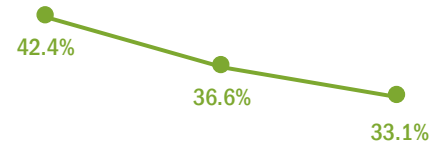
2020 data (n=7,568)

- Statewide change since 2019: **-9.6%**
- Number of CCOs that improved*: **2**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

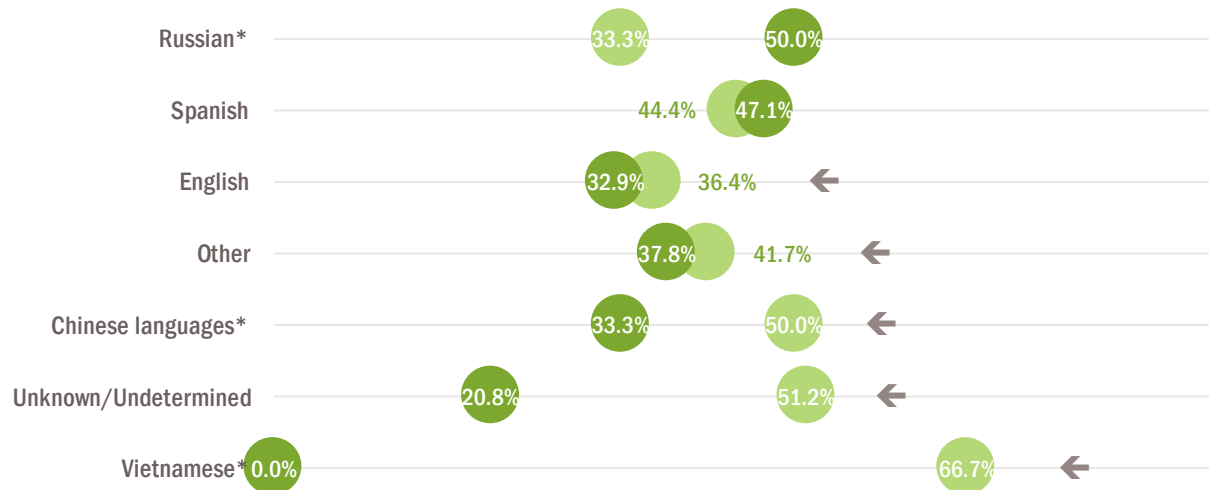
Statewide



2018 2019 2020

Household language

2019 and 2020, by household language.



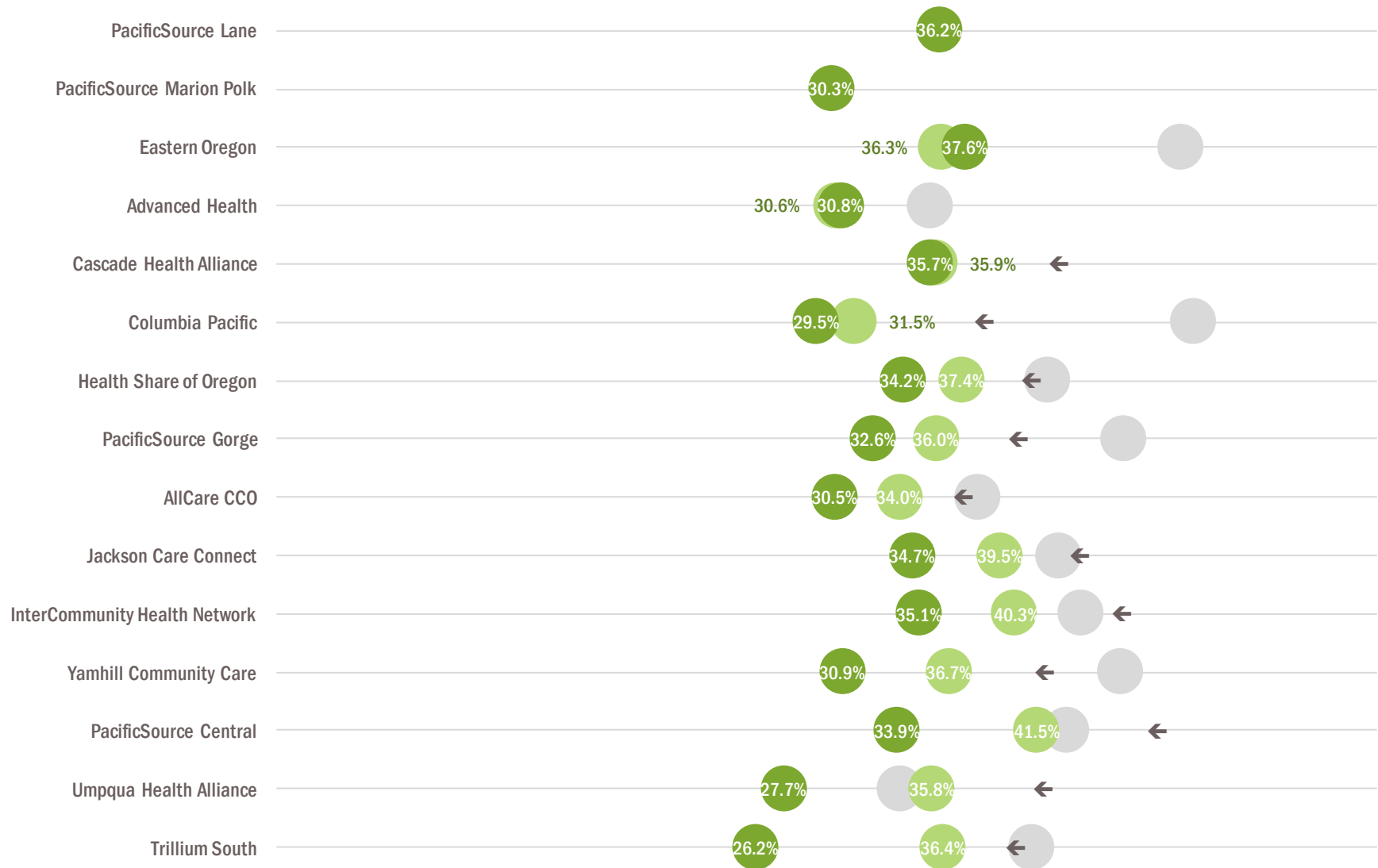
*note small denominator (n<30)



FOLLOW-UP AFTER ED VISIT FOR NON-TRAUMATIC DENTAL REASONS (30 DAY)

30 day follow-up after emergency department visit for non-traumatic dental reasons in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Follow-up mental illness

Percentage of mental illness-related hospitalizations (for members 6 years and older) for which the patient received a follow-up visit within seven days.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=4,324)

- Statewide change since 2019: **-1.1%**
- Number of CCOs that improved*: **6**

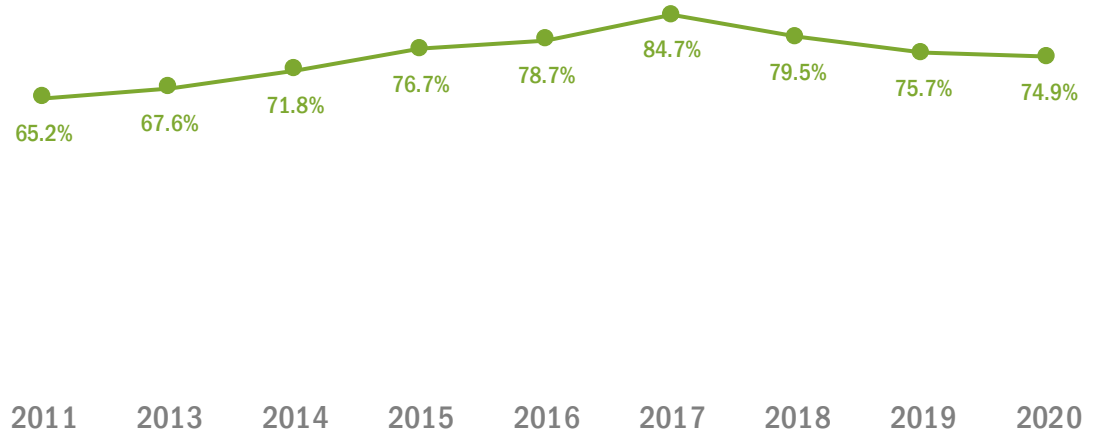
*This number excludes the two CCOs new in 2020.

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).

This measure was incentivized from 2013-2017.

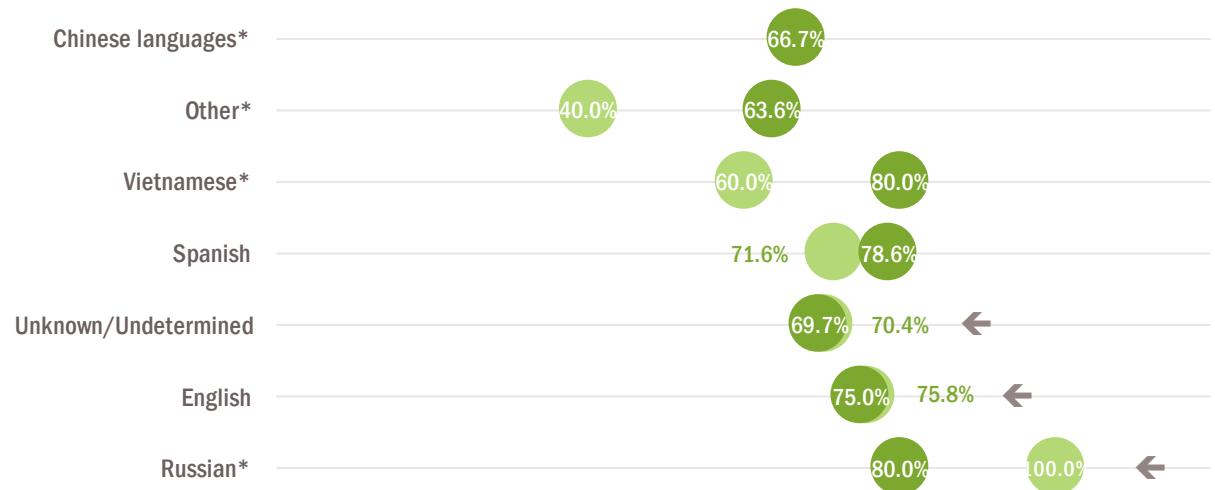
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



*note small denominator (n<30)

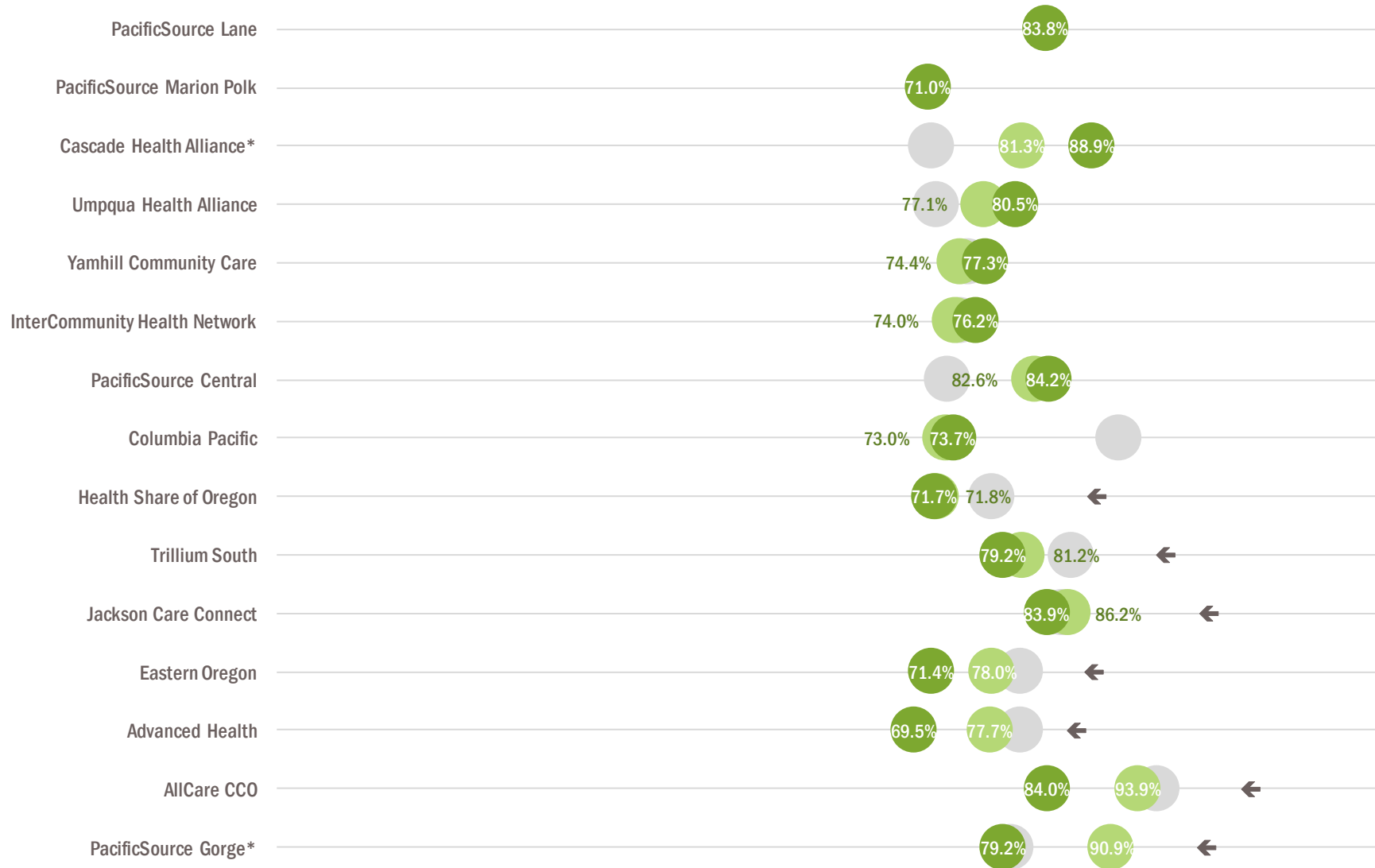


FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS

Follow-up after hospitalization for mental illness in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

* note small denominator (n<30)





FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (INITIATION PHASE)

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

2020 benchmark source:

N/A

2020 data (n=1,987)

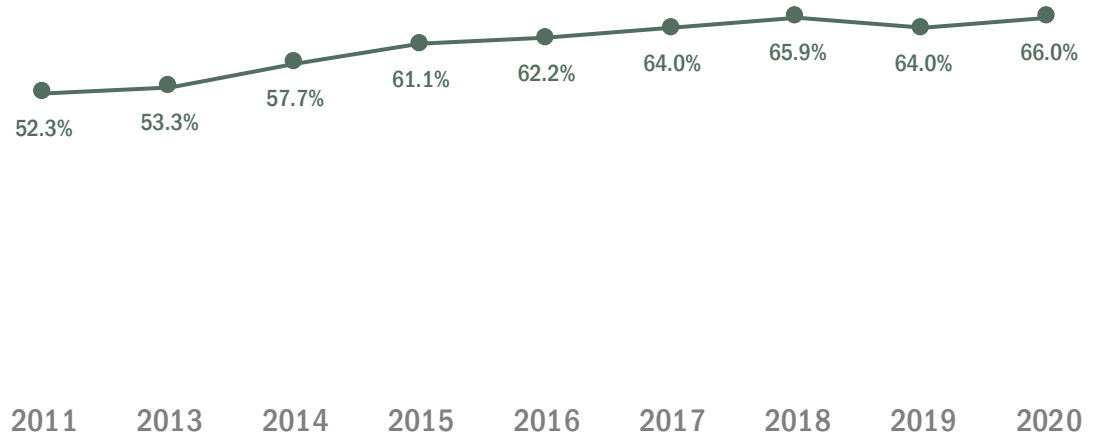
- Statewide change since 2019: **+3.1%**
- Number of CCOs that improved*: **9**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2014.

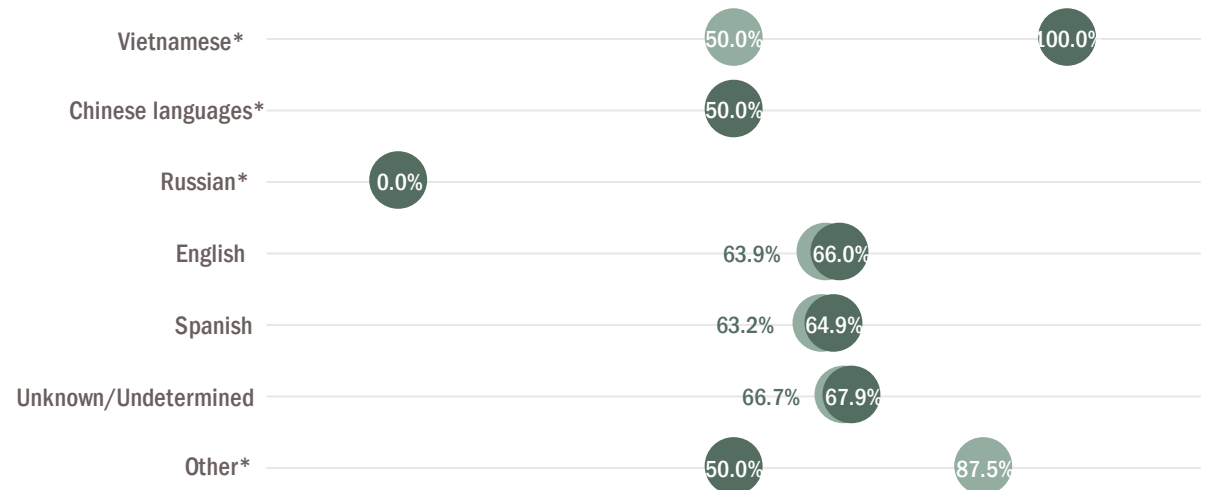
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



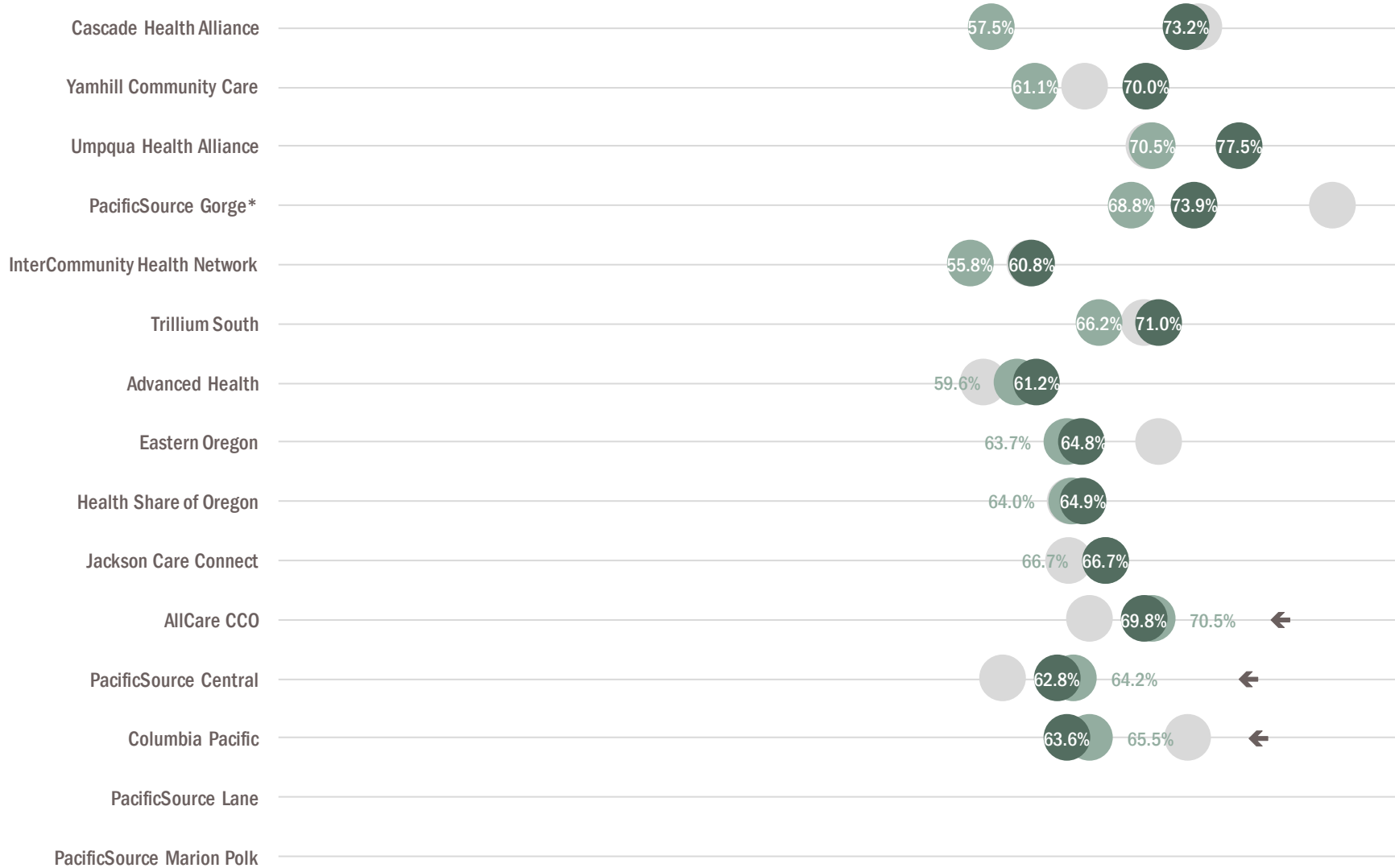
*note small denominator (n<30)



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (INITIATION PHASE)

Follow-up care for children prescribed ADHD medication in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane did not have a sufficient amount of members meeting specification requirements to report 2020 results. *note small denominator (n<30)





FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (CONTINUATION & MAINTENANCE PHASE)

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

2020 benchmark source:

N/A

2020 data (n=686)

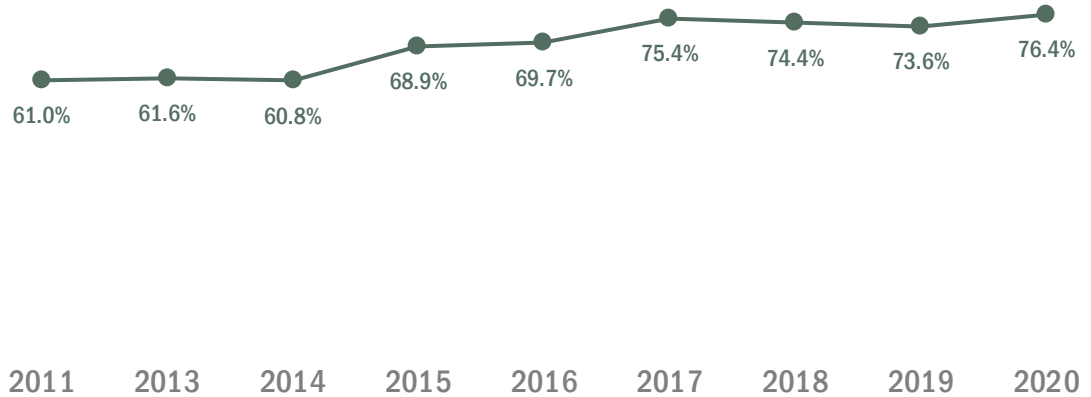
- Statewide change since 2019: **+3.8%**
- Number of CCOs that improved*: **10**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2014.

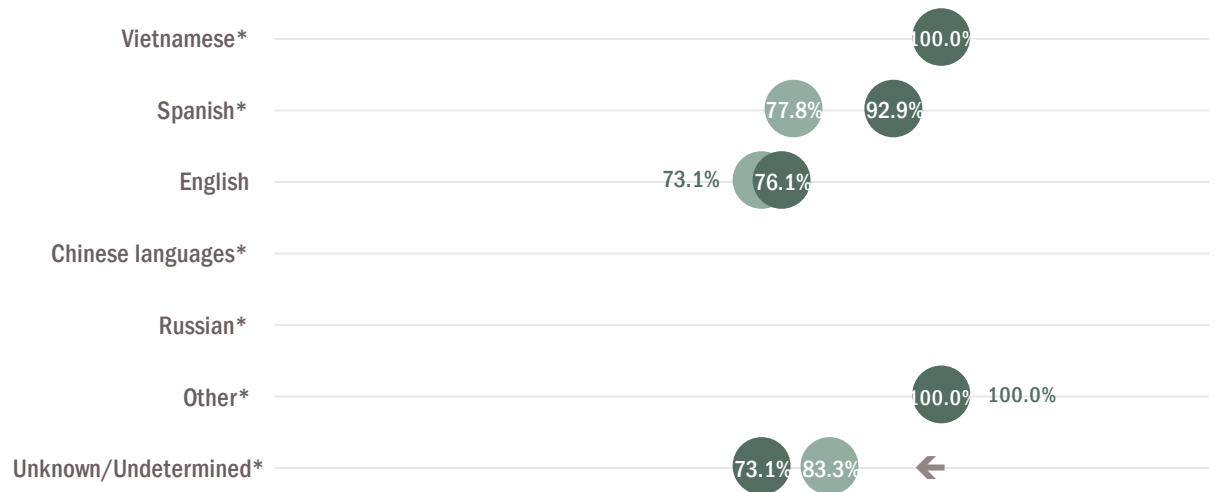
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



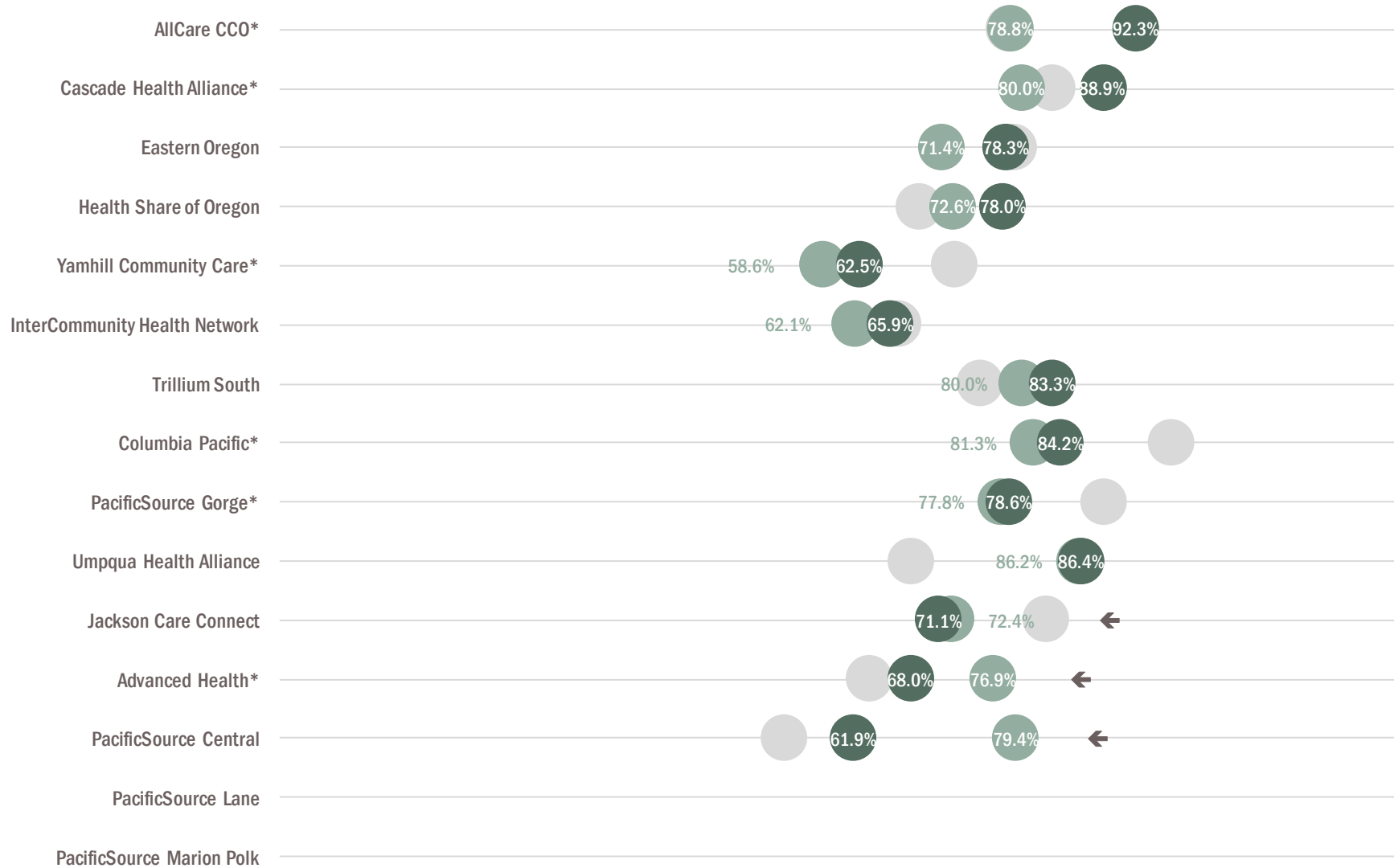
*note small denominator (n<30)



FOLLOW-UP CARE FOR CHILDREN PRESCRIBED ADHD MEDICATION (CONTINUATION & MAINTENANCE PHASE)

Continuing follow-up for children prescribed ADHD medication in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane did not have a sufficient amount of members meeting specification requirements to report 2020 results. *note small denominator (n<30)





IMMUNIZATIONS FOR ADOLESCENTS—Combo 1

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

2020 benchmark source:

N/A

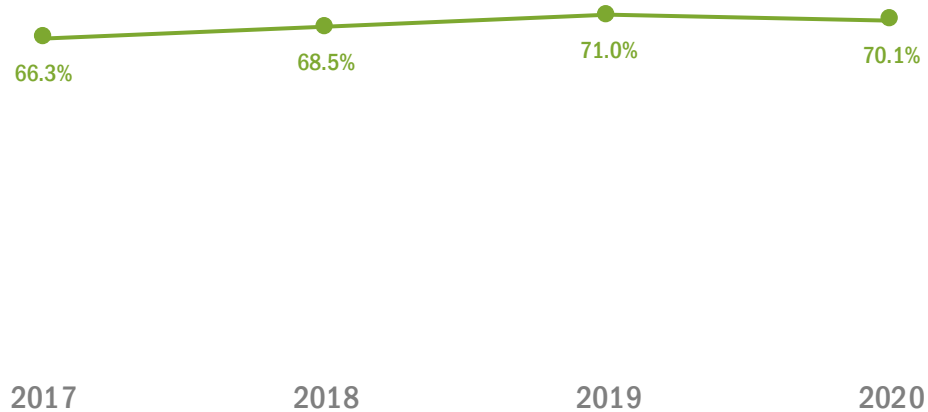
2020 data (n=13,772)

- Statewide change since 2019: **-1.3%**
- Number of CCOs that improved*: **5**

*This number excludes the two CCOs new in 2020.

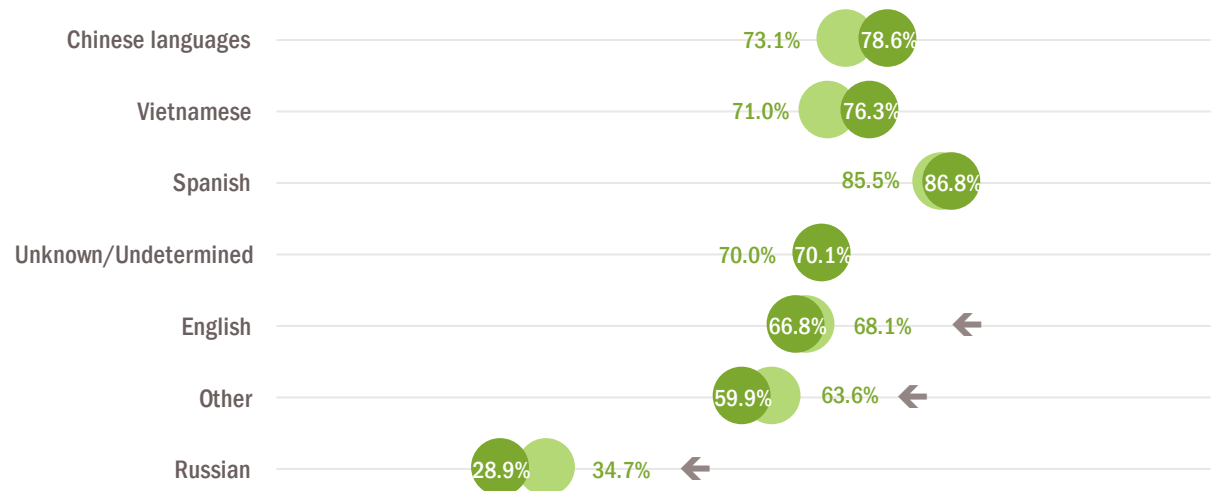
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

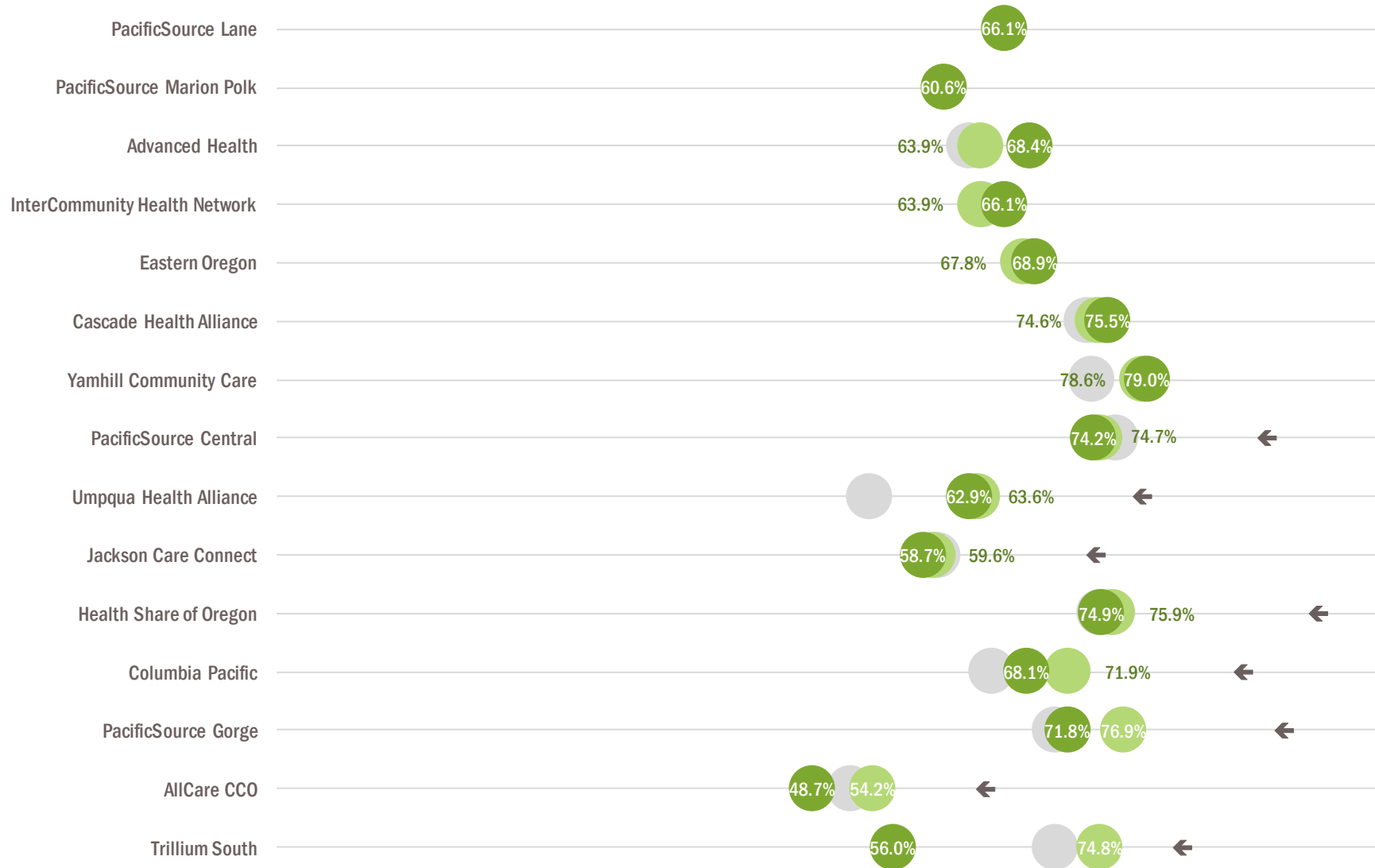




IMMUNIZATIONS FOR ADOLESCENTS—Combo 1

Immunizations for adolescents in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

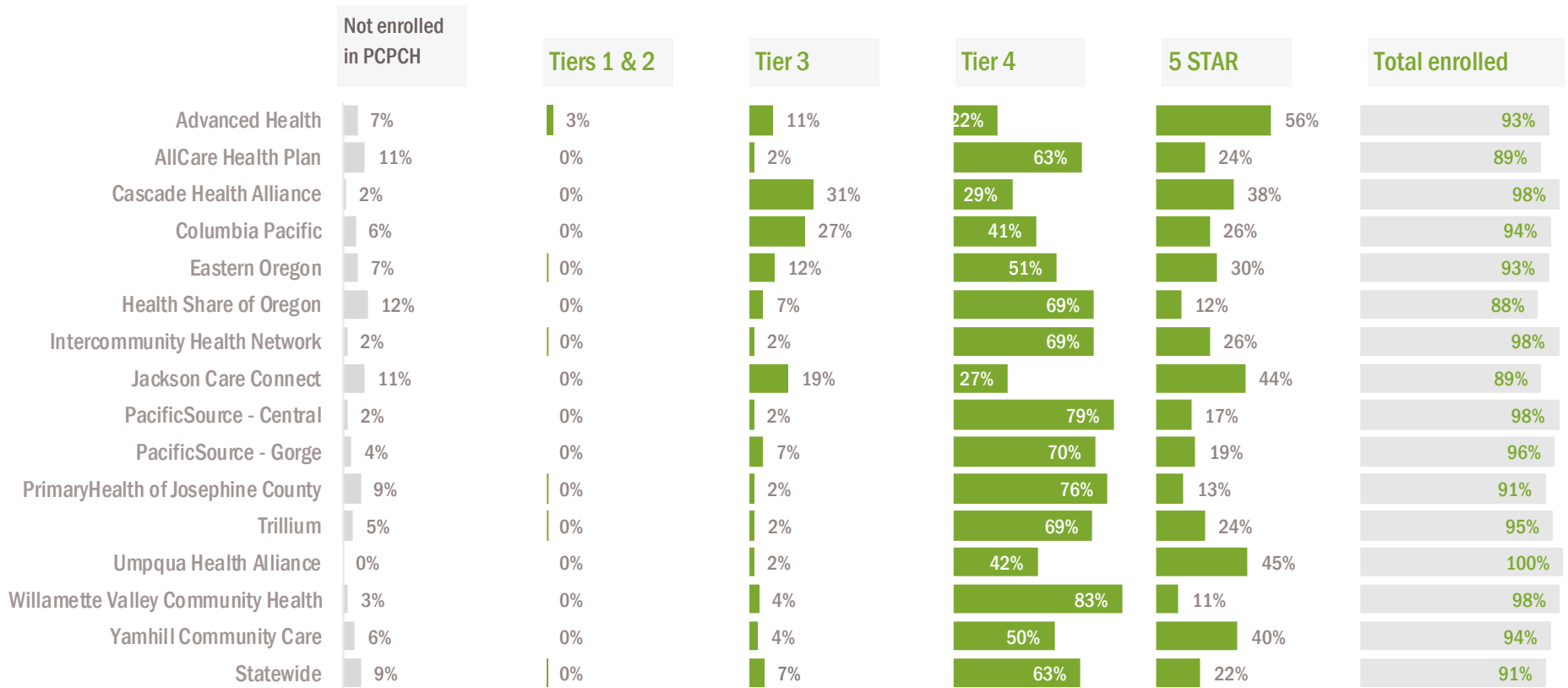


PATIENT-CENTERED PRIMARY CARE HOME ENROLLMENT

Statewide in 2020, 92 percent of CCO members were enrolled in a PCPCH, resulting in a weighted score of 76.3 percent.

The Patient-Centered Primary Care Home (PCPCH) enrollment 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. CCOs now receive credit for this measure according to a tiered formula which provides greater weight for members enrolled in clinics that are recognized at higher tiers of the PCPCH program. 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. This measure was previously incentivized from 2013—2019.



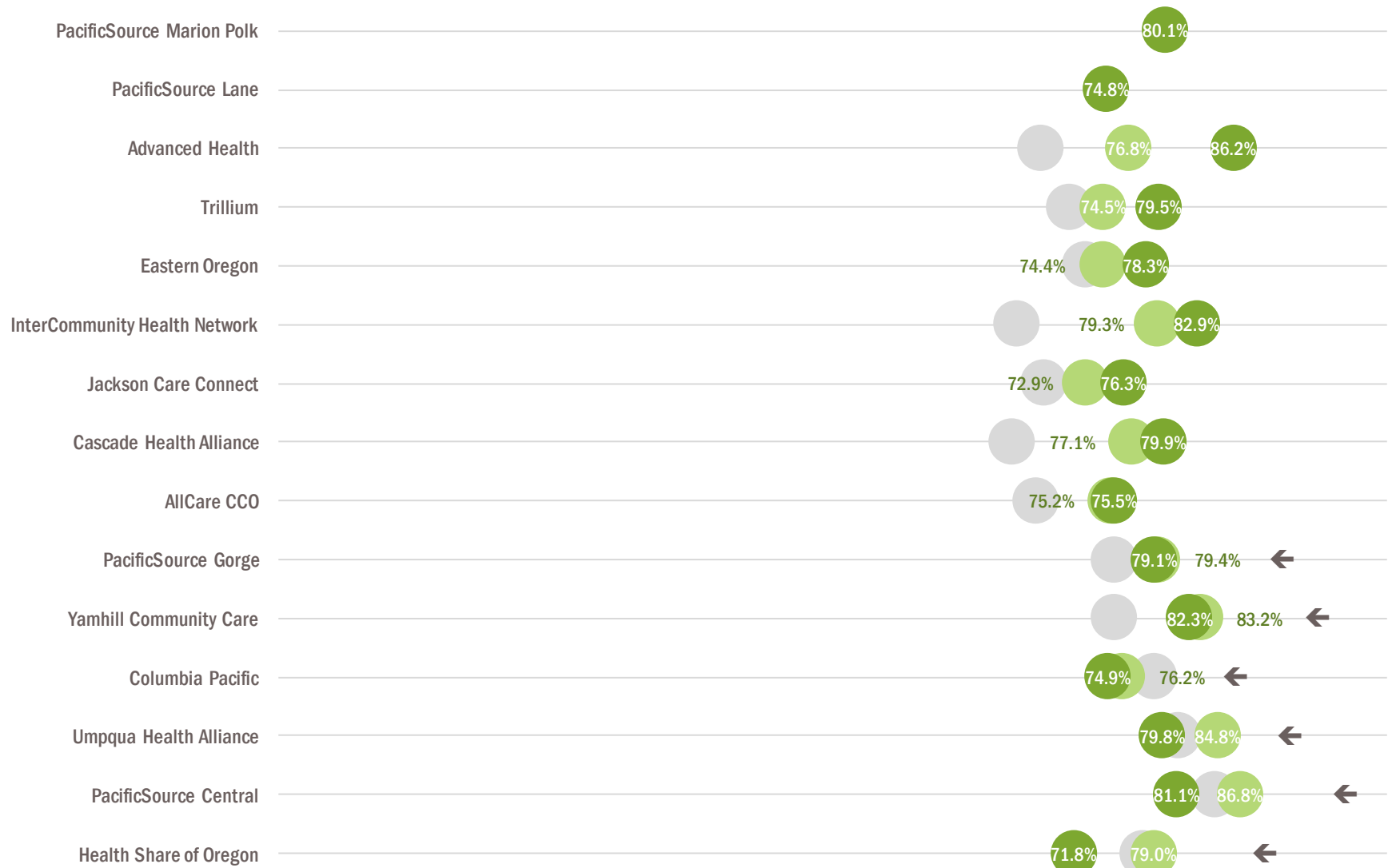
PCPCH weighted score formula: $(\# \text{ of members in Tier 1 clinics} * 1) + (\# \text{ of members in Tier 2 clinics} * 2) + (\text{number of members in Tier 3 clinics} * 3) + (\# \text{ members in Tier 4 clinics} * 4) + (\# \text{ members in 5 STAR clinics} * 5) / (\text{total} \# \text{ of CCO members} * 5)$



PATIENT-CENTERED PRIMARY CARE HOME ENROLLMENT

Patient-Centered Primary Care Home enrollment score in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and Lane are new CCOs and do not have comparable data prior to 2020.





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

2020 benchmark source:

N/A

2020 data (n=7,130,728 member years)

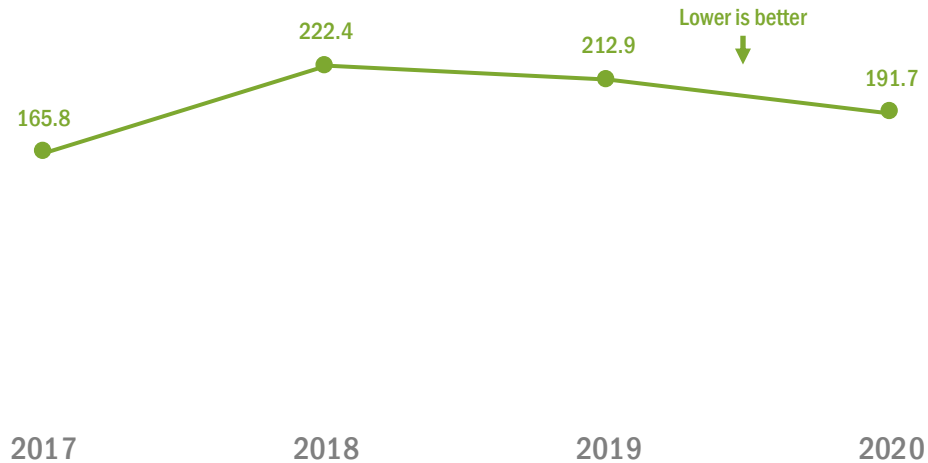
- Statewide change since 2019 (lower is better): **-10.0%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

Rates are shown per 100,000 member years which means that in one year, there are on average 191.7 visits occurring per 100,000 CCO members.

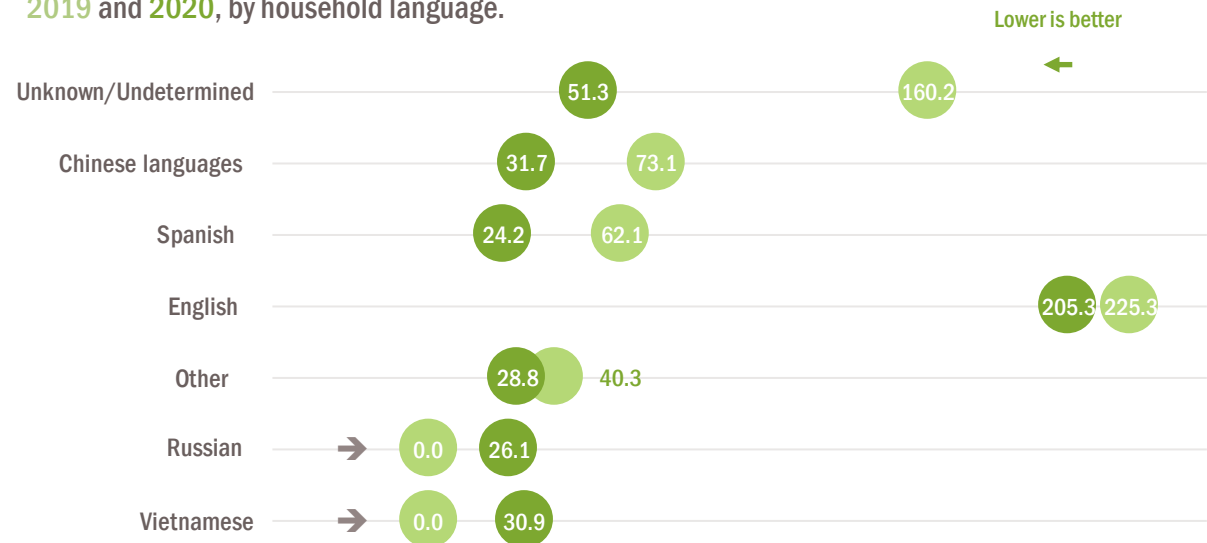
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



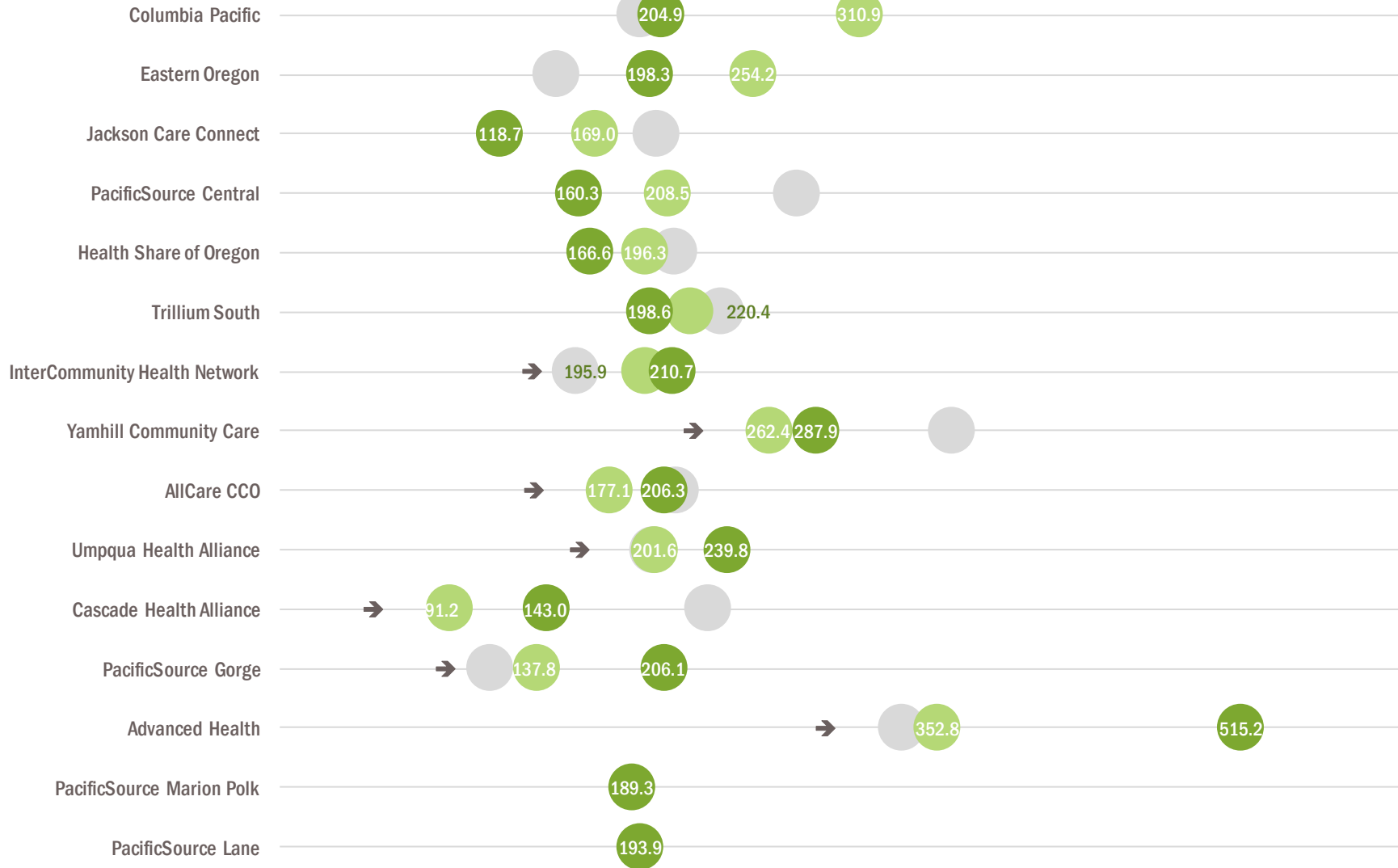


PQI 01: DIABETES SHORT-TERM COMPLICATION ADMISSION RATE

Hospital admissions for short-term diabetes complications in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better





PQI 05: COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

PQI 5

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

2020 benchmark source:

N/A

2020 data (n= 3,388,543 member years)

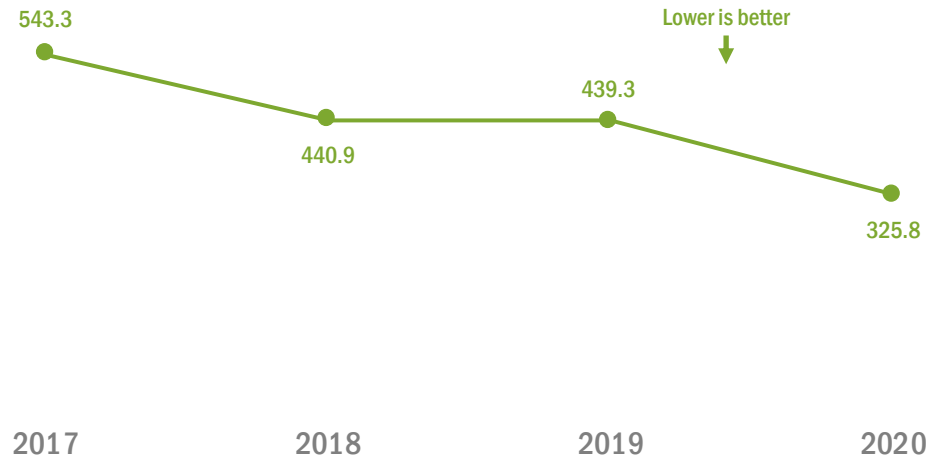
- Statewide change since 2019 (lower is better): **-25.8%**
- Number of CCOs that improved*: **10**

*This number excludes the two CCOs new in 2020.

Rates are shown per 100,000 member years which means that in one year, there are on average 325.8 visits occurring per 100,000 CCO members.

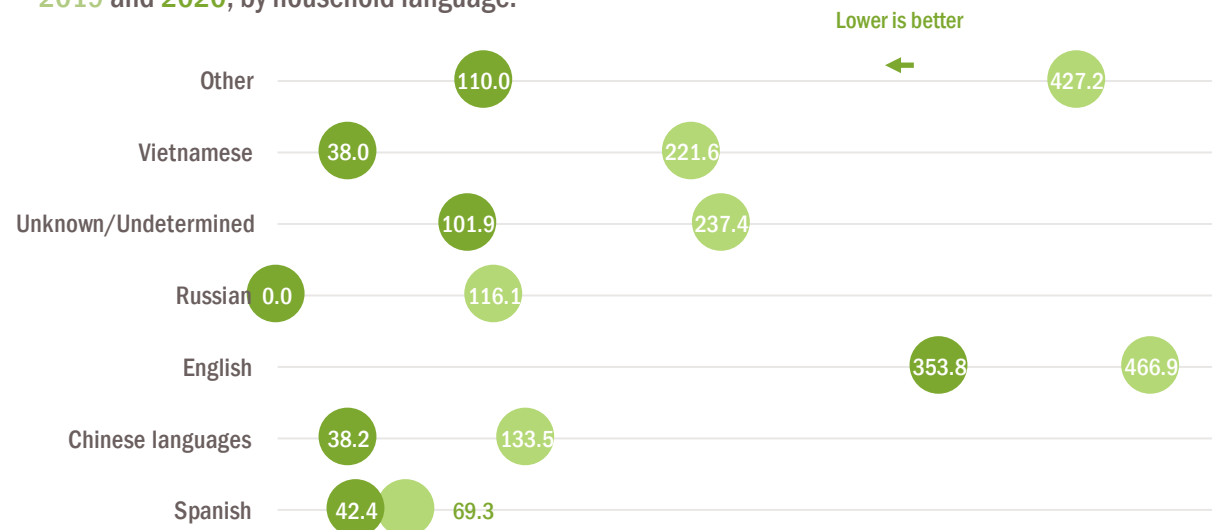
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

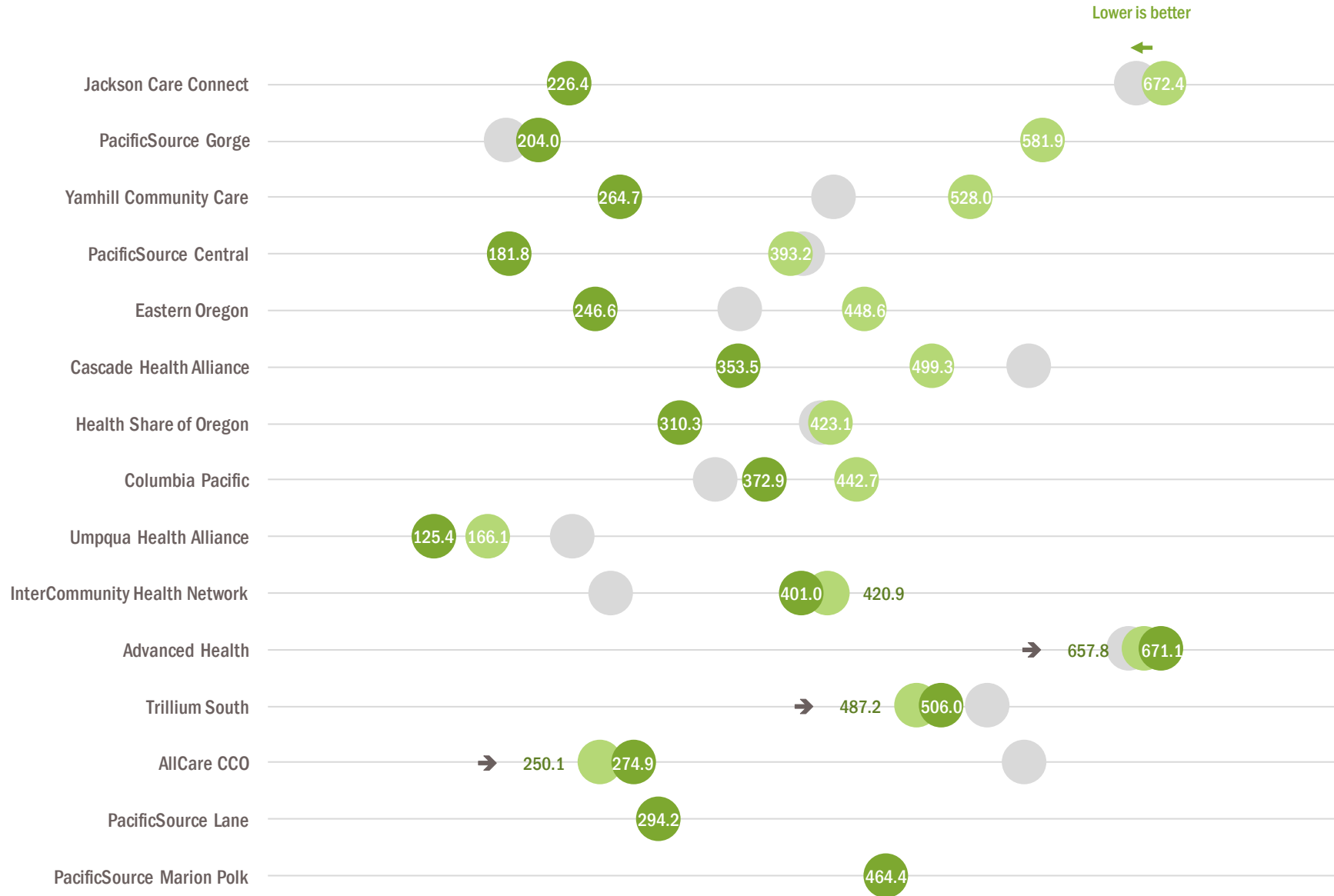




PQI 05: COPD OR ASTHMA IN OLDER ADULTS ADMISSION RATE

Hospital admissions for COPD or asthma in older adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





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

2020 benchmark source:

N/A

2020 data (n=7,130,728 member years)

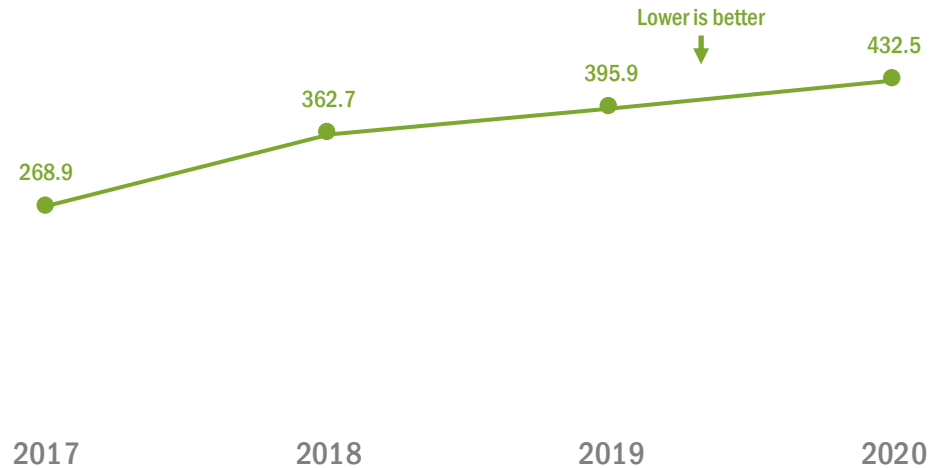
- Statewide change since 2019 (lower is better): **+9.2%**
- Number of CCOs that improved*: **3**

*This number excludes the two CCOs new in 2020.

Rates are shown per 100,000 member years which means that in one year, there are on average 432.5 visits occurring per 100,000 CCO members.

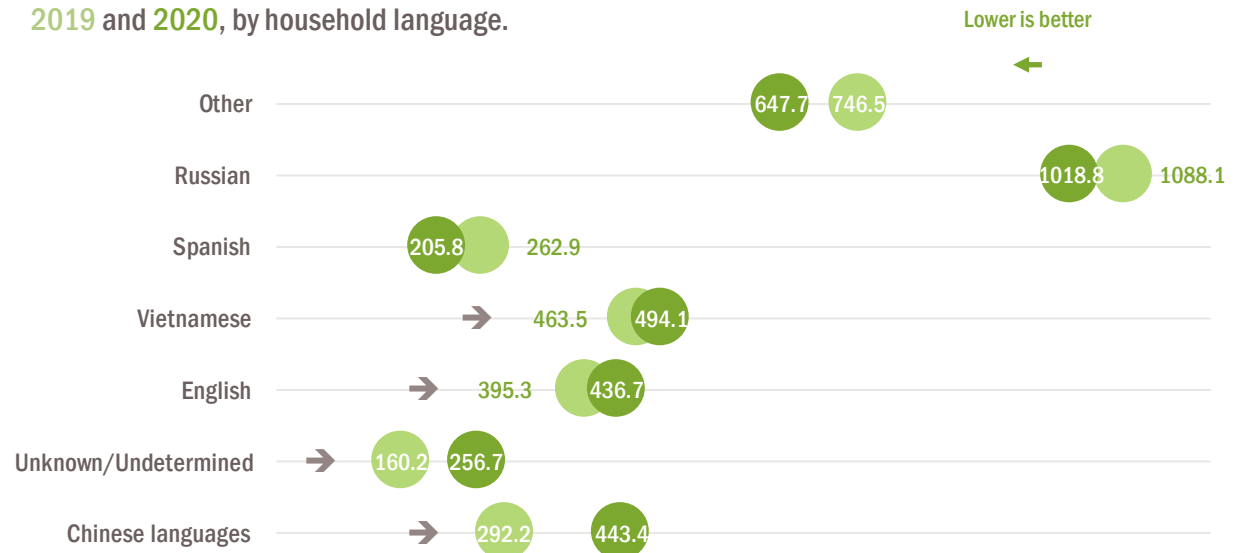
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.





PQI 08: CONGESTIVE HEART FAILURE ADMISSION RATE

Hospital admissions for congestive heart failure in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better
←





PQI 15: ASTHMA IN YOUNGER ADULTS ADMISSION RATE

PQI 15

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

2020 benchmark source:

N/A

2020 data (n=3,742,185 member years)

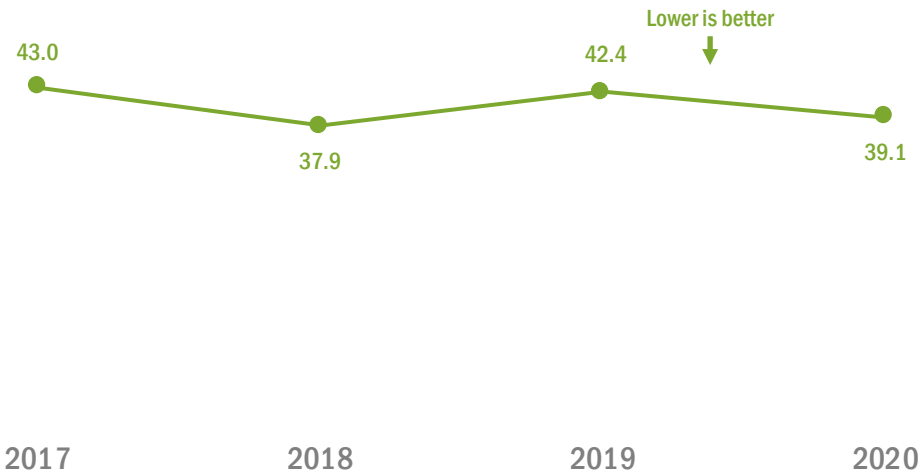
- Statewide change since 2019 (lower is better): **-7.8%**
- Number of CCOs that improved*: **10**

*This number excludes the two CCOs new in 2020.

Rates are shown per 100,000 member years which means that in one year, there are on average 39.1 visits occurring per 100,000 CCO members.

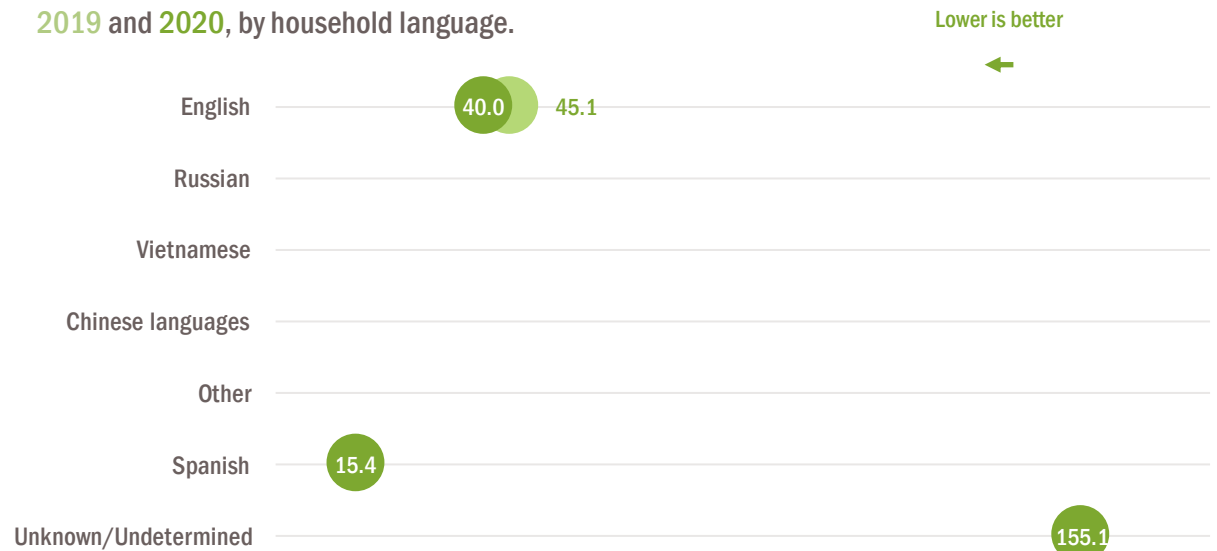
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.





PQI 15: ASTHMA IN YOUNGER ADULTS ADMISSION RATE

Hospital admissions for asthma in younger adults in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

Lower is better





PRENATAL AND POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

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

2020 benchmark source:

N/A

2020 data (n=5,402)

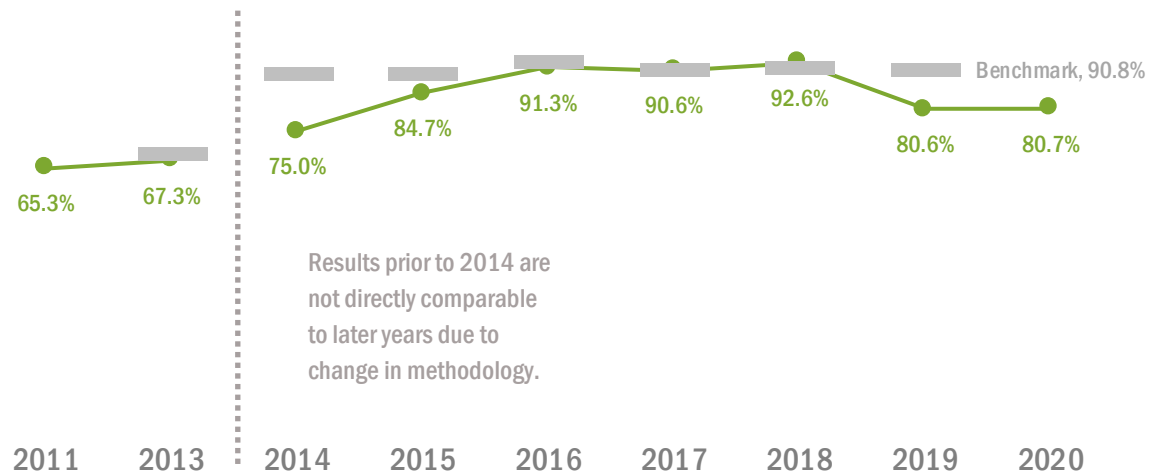
- Statewide change since 2019: **0.1%**
- Number of CCOs that improved*: **6**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2013-2018.

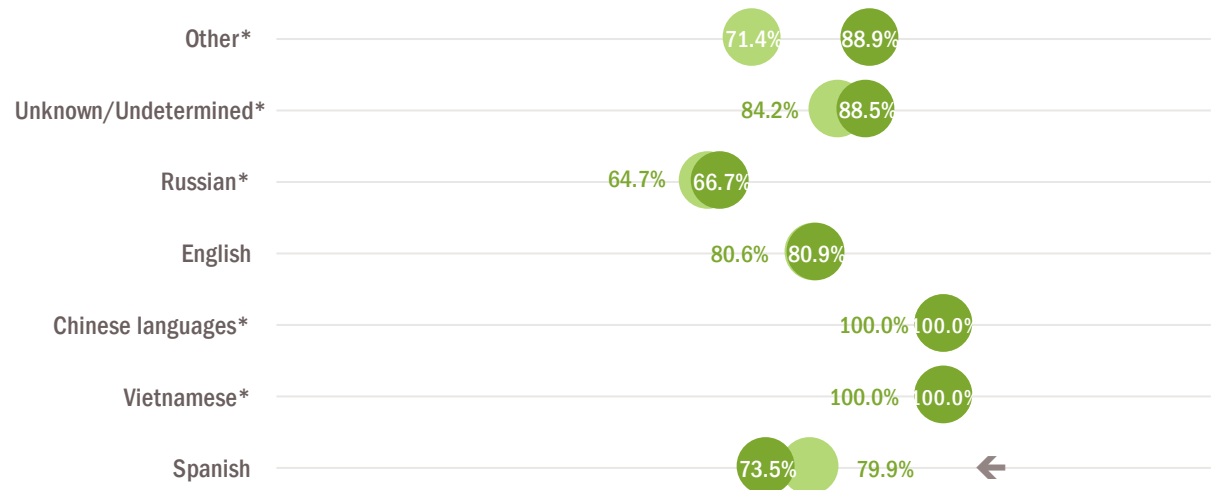
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



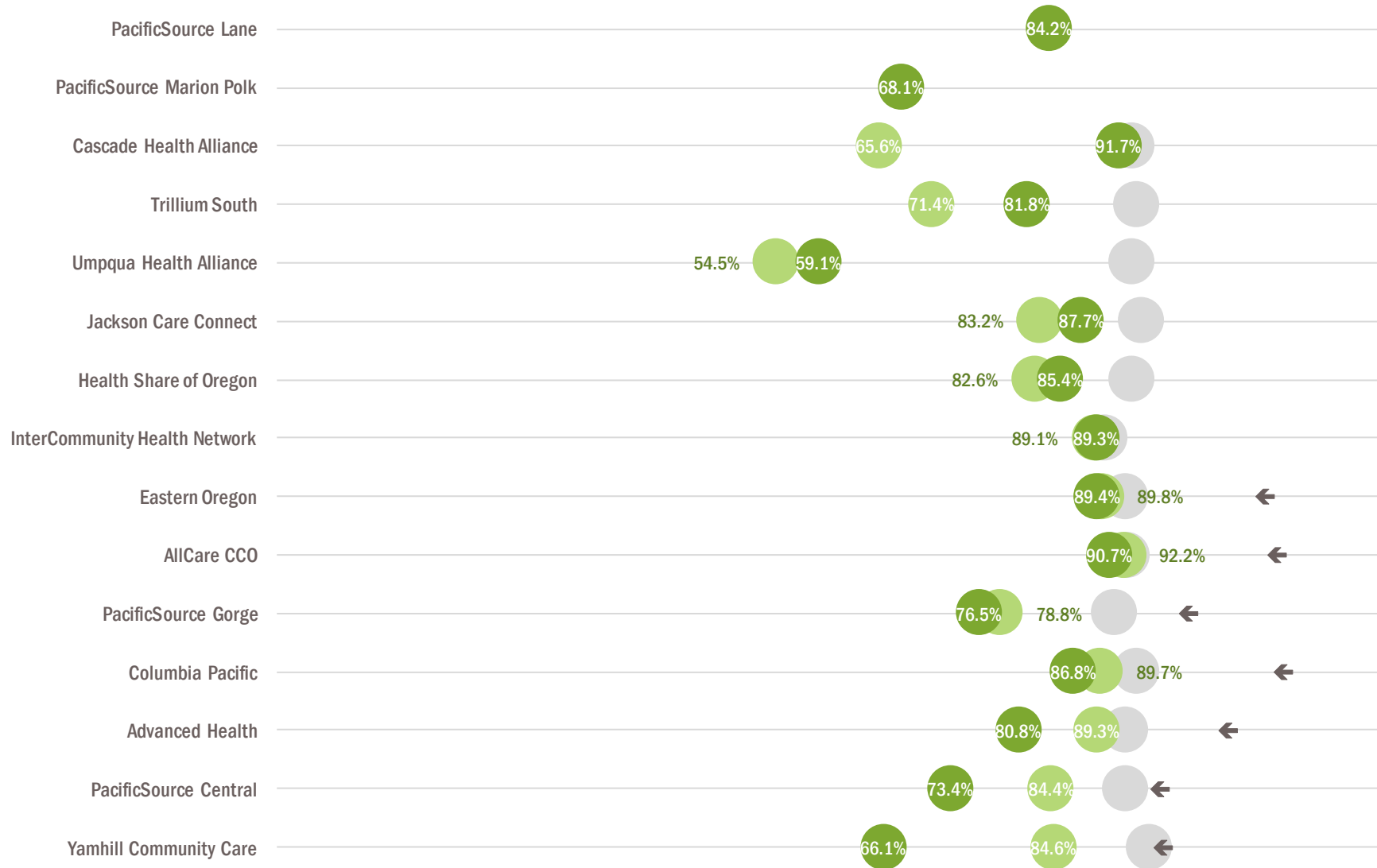
*note small denominator (n<30)



PRENATAL AND POSTPARTUM CARE: TIMELINESS OF PRENATAL CARE

Timeliness of prenatal care in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





TOPICAL FLUORIDE VARNISH

Topical fluoride varnish—full pop.

Percentage of CCO members age 1-20 at who received at least two topical fluoride applications within the reporting year. Although the measure can be stratified to members with an elevated risk of dental caries, reporting without the stratification allows a more complete view of Medicaid members.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

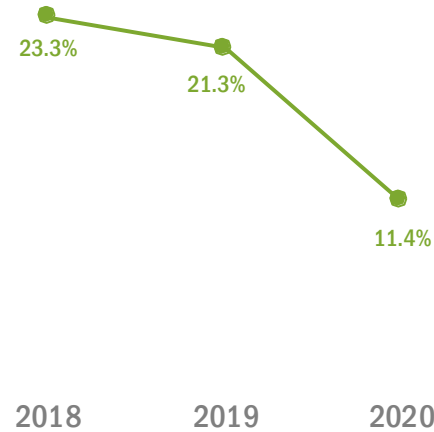
2020 data (n=353,134)

- Statewide change since 2019: **-46.7%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.

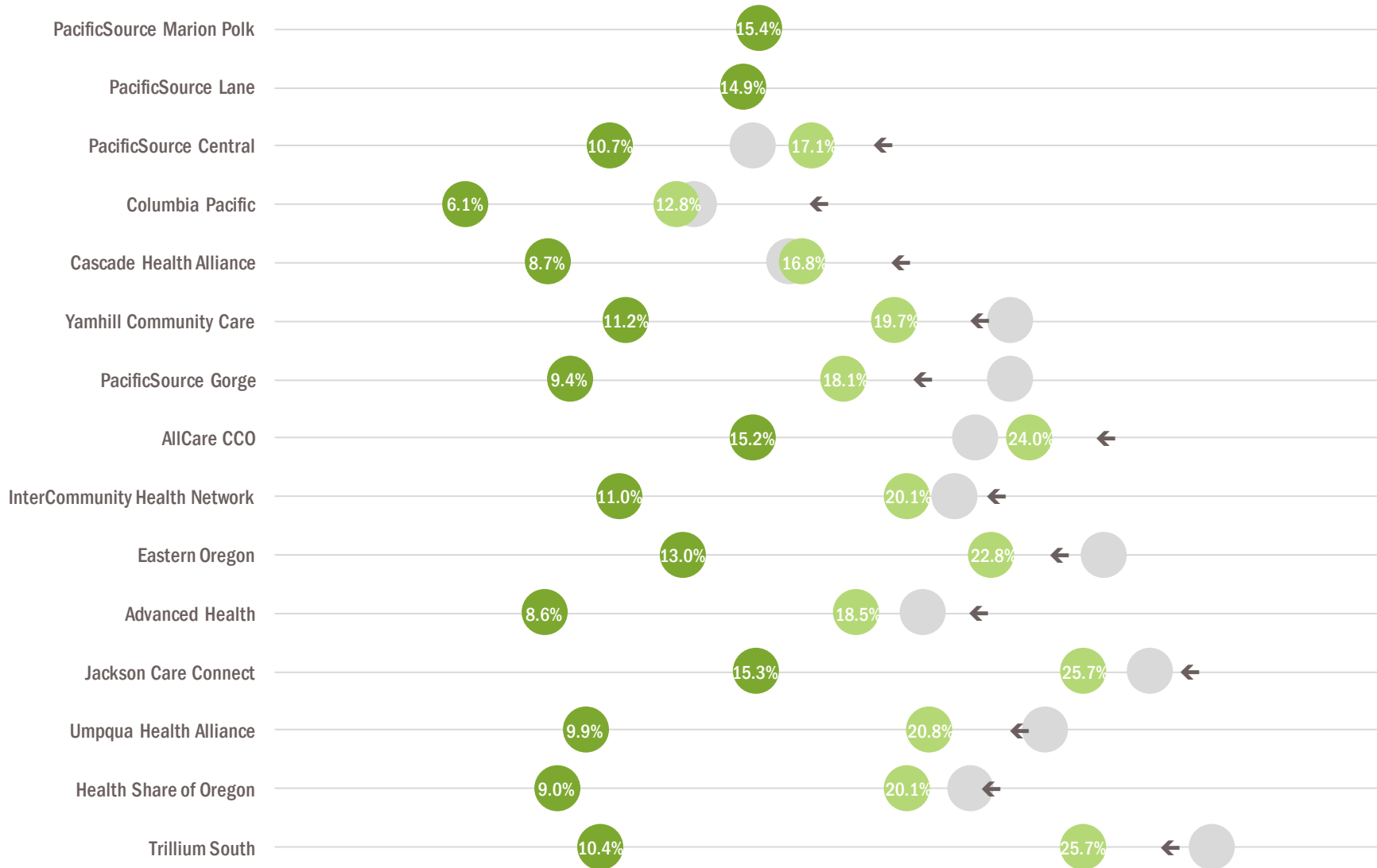




TOPICAL FLUORIDE VARNISH

Topical fluoride varnish in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.

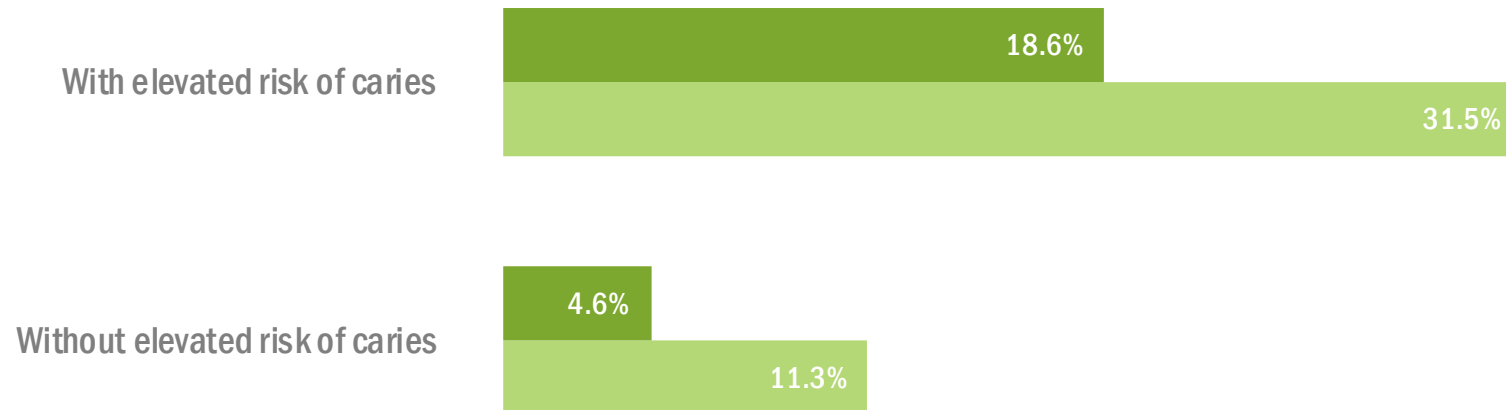




TOPICAL FLUORIDE VARNISH

The Topical Fluoride Varnish measure includes break-outs by caries risk, shown here. These break-outs show that the percentage of members ages 1-20 who received at least two topical fluoride applications decreased from 2019 to 2020 for members both with and without an elevated risk of caries.

Topical fluoride varnish in 2019 and 2020, by risk of caries.



WEIGHT ASSESSMENT, NUTRITION, AND ACTIVITY COUNSELING FOR CHILDREN AND ADOLESCENTS

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

2020 benchmark source:

N/A

2020 data (n=155,631)

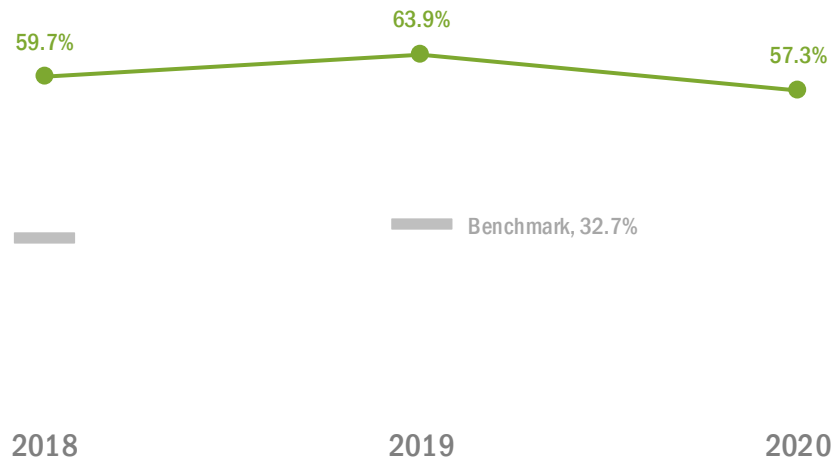
- Statewide change since 2019: **-10.3%**
- Number of CCOs that improved*: **3**

*This number excludes the two CCOs new in 2020.

This measure was incentivized from 2018-2019.

[Back to table of contents.](#)

Statewide



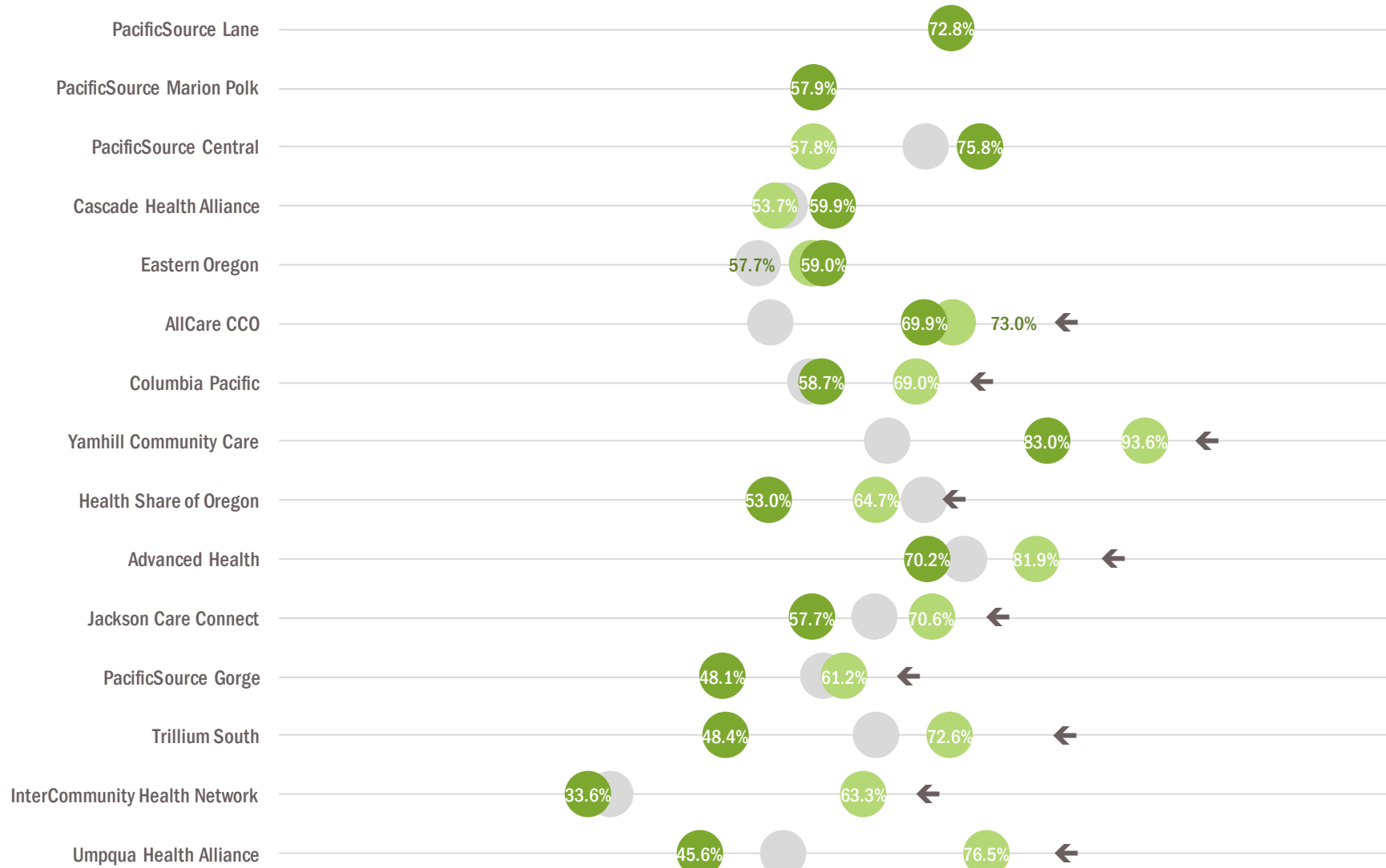
Household language

OHA receives aggregated data for this measure that cannot be stratified by household language.

WEIGHT ASSESSMENT, NUTRITION, AND ACTIVITY COUNSELING FOR CHILDREN AND ADOLESCENTS

Weight assessment, nutrition, and activity counseling for children and adolescents in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane are new CCOs and do not have comparable data prior to 2020.





WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

Well-child visits

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

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=13,164)

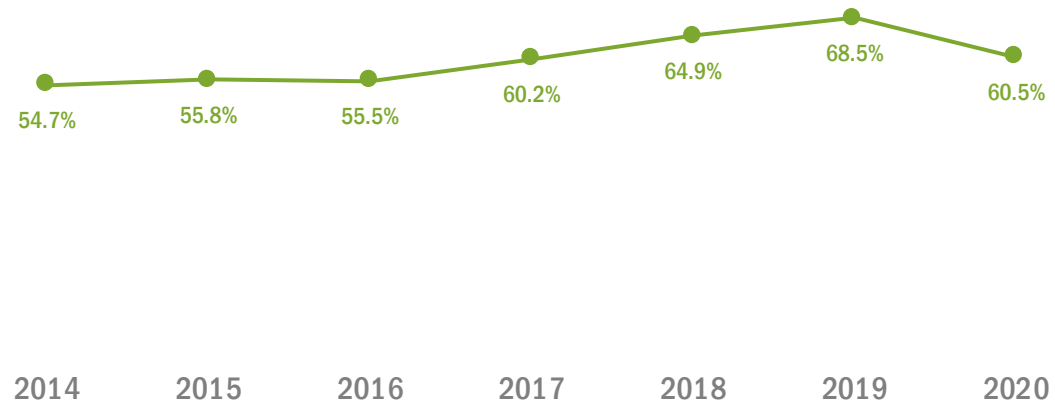
- Statewide change since 2019: **-11.7%**
- Number of CCOs that improved*: **0**

*This number excludes the two CCOs new in 2020.

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.

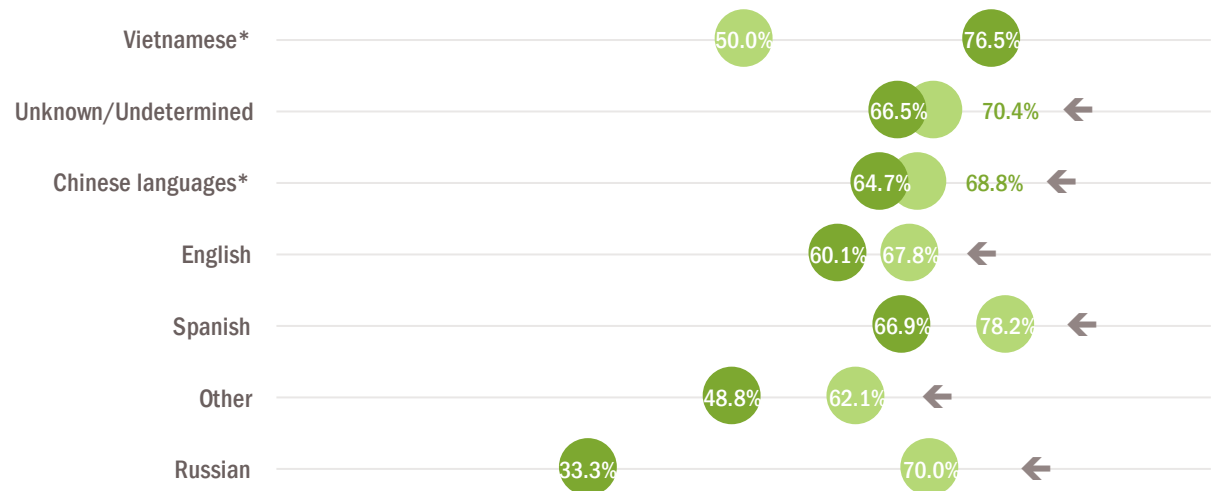
[Back to table of contents.](#)

Statewide



Household language

2019 and 2020, by household language.



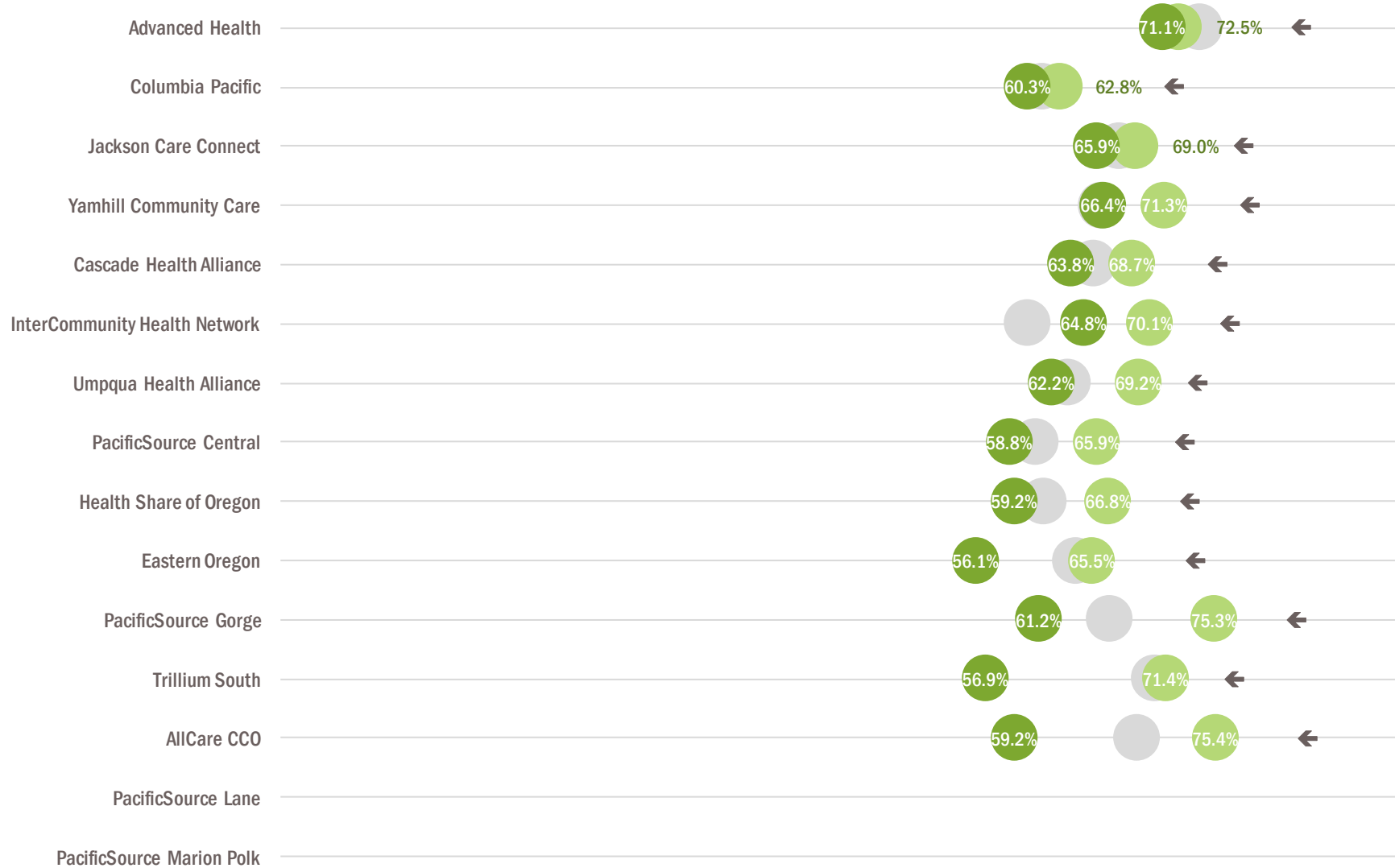
*note small denominator (n<30)



WELL-CHILD VISITS IN THE FIRST 15 MONTHS OF LIFE

Well-child visits in the first 15 months of life in 2019 and 2020, by CCO.

Grey dots represent 2018. PacificSource Marion Polk and PacificSource Lane did not have a sufficient amount of members meeting specification requirements to report 2020 results.





WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE—AGE 15 MONTHS TO 30 MONTHS

Well-child visits

Percentage of children who had two or more visits with their health care provider between age 15 months to 30 months.

Data source:

Administrative (billing) claims

2020 benchmark source:

N/A

2020 data (n=9,920)

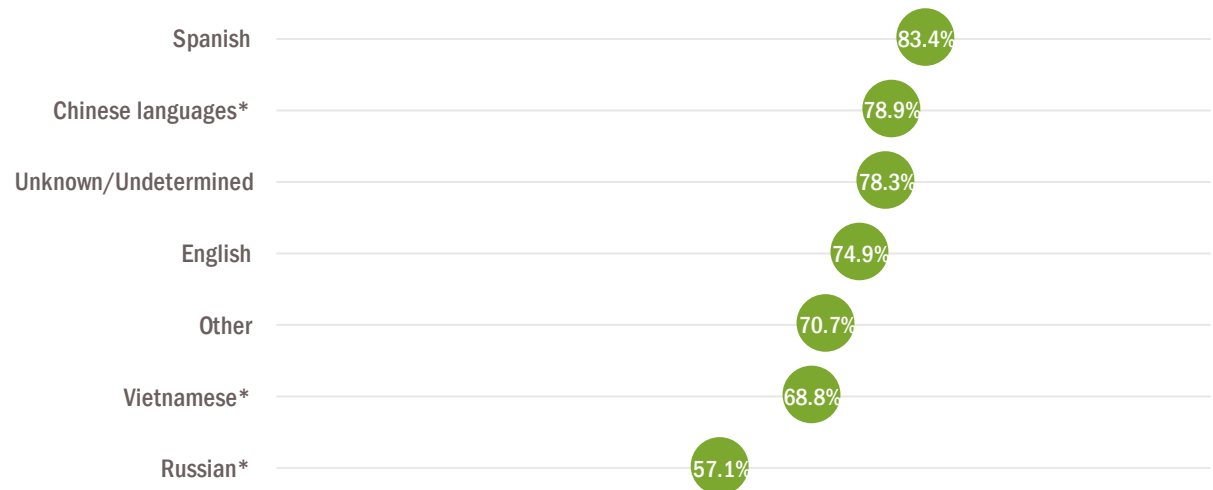
- Statewide change since 2019: **N/A**
- Number of CCOs that improved: **N/A**

Statewide



Household language

2020, by household language.



*note small denominator (n<30)

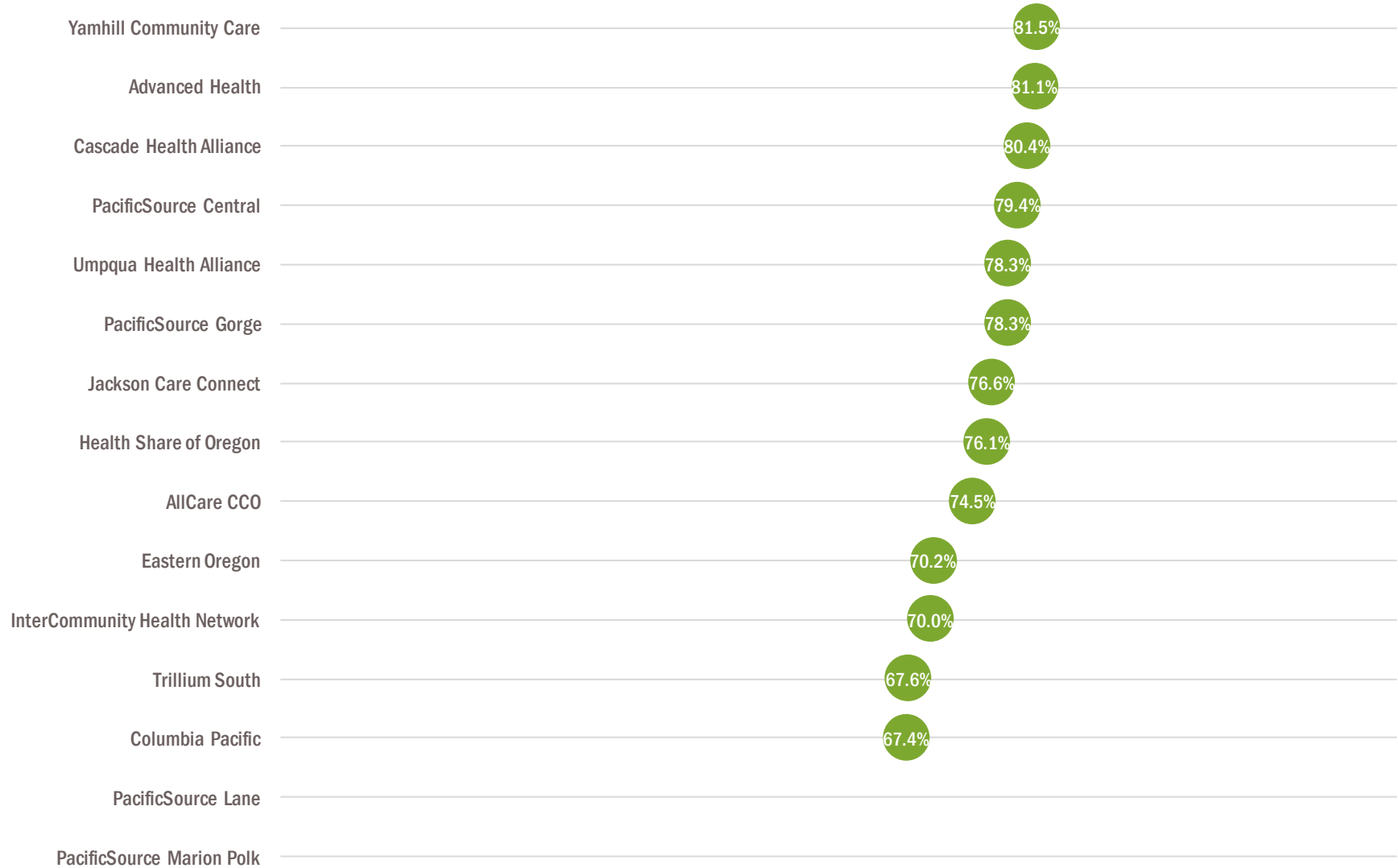
[Back to table of contents.](#)



WELL-CHILD VISITS IN THE FIRST 30 MONTHS OF LIFE—AGE 15 MONTHS TO 30 MONTHS

Well-child visits age 15 months to 30 months in 2020, by CCO.

PacificSource Marion Polk and PacificSource Lane did not have a sufficient amount of members meeting specification requirements to report 2020 results.





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