

Oregon CCO Quality Incentive Program

CCO Metrics 2023 Final Report



AUGUST 2024

MEASUREMENT PERIOD:

Calendar year 2023
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Executive summary

New legislation prioritizes upstream metrics and aligns downstream metrics with national requirements. In 2023, the Oregon Legislature passed [Senate Bill 966](#). Starting in 2025, the Coordinated Care Organizations (CCO) Quality Incentive Program will have two types of measures: upstream and downstream. Upstream measures are focused on improving the social determinants of health (SDOH). Downstream measures focus more on traditional medical care and align with national reporting requirements.

Upstream measures continue to build CCOs' capacity. In 2023, the CCO Quality Incentive Program launched the new [SDOH Social Needs Screening and Referral measure](#), which aims to have CCO members' social needs acknowledged and addressed. This was also the first year the program had improvement targets for the [Health Equity Measure: Meaningful Language Access](#). This measure assesses the percentage of visits for which a qualified and certified interpreter was provided to a sample of members who needed interpreter services. From 2022 to 2023, CCO statewide performance on this measure increased from 5.6% to 10.7%. Ongoing work is needed to improve access to interpreter services and related data collection.

For children preparing for kindergarten, dental and oral health services rose above pre-pandemic rates. Dental and oral health services were some of the measures most negatively affected by the pandemic. After falling by 27% in 2020, CCO statewide performance on Preventive Dental or Oral Health Services for children ages 1-5 has gradually improved each year. For this age group, 2023 was the first year when CCO statewide performance rose above pre-pandemic levels.

CCOs mostly improved on behavioral health care measures. CCOs improved most on age-appropriate screening for alcohol and other substance use (Screening, Brief Intervention and Referral to Treatment [SBIRT] Rate 1), as well as Depression Screening and Follow-up. However, Initiation and Engagement of Substance Use Disorder Treatment did not improve as much. Substance use disorder treatment is an area to watch, as OHA is supporting additional quality improvement on these measures (e.g., [Performance Improvement Project](#)).

Disruptions in care during the pandemic likely continued to affected immunization measures. Immunizations for children and adolescents largely held steady in 2023 and have not yet recovered to pre-pandemic levels. Immunization measures have a look back period, meaning they capture services over multiple years. There is also some evidence¹ that vaccine hesitancy grew during the pandemic, which may have contributed to lower immunization rates.

Even as health systems emerge from the pandemic, benchmarks and improvement target floors remained less challenging. Even as health systems emerged from the pandemic, the Metrics and Scoring Committee extended lower, less challenging benchmarks in 2023, though they did reintroduce improvement target floors. However, floors were at lower levels than prior to the pandemic.

¹ UNICEF. New data indicates declining confidence in childhood vaccines of up to 44 percentage points in some countries during the COVID-19 pandemic [cited 2024 Jul 2]. Available from: <https://www.unicef.org/rosa/press-releases/new-data-indicates-declining-confidence-childhood-vaccines-44-percentage-points-some>

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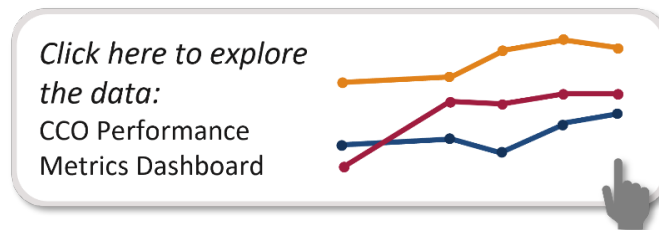
About this report

Measuring quality and access to care, and holding CCOs accountable to key metrics, is a cornerstone of Oregon's health system transformation. The CCO Quality Incentive Program rewards exceptional care and continuous quality improvement by CCOs, which serve over one million Oregonians on the Oregon Health Plan (Medicaid).

This report is a summary of performance by Oregon's coordinated care organizations (CCOs) in 2023. It includes highlights of statewide performance and snapshots of CCOs' performance and payments for incentivized metrics. It also highlights program changes and events in 2023.

Explore the CCO Performance Metrics Dashboard

The [CCO Performance Metrics Dashboard](#) expands on this Final Report, describing in more detail the progress of Oregon's CCOs on quality measures. Viewers can quickly find their metric of interest and see individual CCO trends over time. The dashboard also has the option to explore breakouts of many measures by Race, Ethnicity, Language and Disability (REALD) standards. **2023 CCO performance will be added to the dashboard in fall 2024.**



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Program highlights

New legislation establishes new measure sets and directs study on equity

In 2023, the Oregon Legislature passed [Senate Bill 966](#). Per the bill, starting in 2025, the CCO Quality Incentive Program will have two types of measures: upstream and downstream. Upstream measures are focused on improving the social determinants of health (e.g., Meaningful Language Access). These are primarily “homegrown” measures stewarded by Oregon entities. Downstream measures focus more on traditional medical care (e.g., Cervical Cancer Screening). As outlined by [Senate Bill 966](#), downstream measures must come from the Centers for Medicare & Medicaid Services (CMS) [Adult Core Set](#) and [Child Core Set](#). Downstream measures must align with national reporting requirements.

[Senate Bill 966](#) also directed OHA to conduct a study on the CCO Quality Incentive Program. The study aim is to develop recommendations for programmatic and governance structure changes so that the program is primarily focused on addressing health inequities. These changes align with OHA’s goal of eliminating health inequities by 2030. Study findings and recommendations must be delivered to the Oregon Legislature by September 15, 2024.

Data breach caused delays in claims processing for some CCOs

On February 21, 2024 a third-party health care billing and data systems provider, Optum Change Healthcare, experienced a [cyberattack](#). Some CCOs use Optum Change Healthcare to send and receive medical and pharmacy information with OHA. The cyberattack caused delays to processing prescriptions and medical claims.

By contract, OHA is required to pay CCOs bonus funds by the end of the fiscal year (June 30, 2024). To accommodate late claims, OHA asked CCOs if they would be willing to receive bonus funds after the end of the fiscal year. Due to how bonuses are paid, CCOs would have to unanimously agree to delayed bonus payments. Ultimately, CCOs did not unanimously agree to delayed bonus payments. During the validation period in May 2024, OHA offered exceptions for delayed claims to ensure accuracy of CCO performance. However, no CCOs submitted exception requests for delayed claims.

New measure launched to improve social determinants of health (SDOH)

In 2023, the CCO Quality Incentive Program launched the new [Social Determinants of Health: Social Needs Screening and Referral measure](#) (SDOH measure). This measure requires CCOs to screen members for housing insecurity, food insecurity and transportation needs, as well as provide referrals for each identified need.

The SDOH measure is on a glide path, with new requirements added each year. In the first three years of the SDOH measure (2023 to 2025), CCOs will set up structural components necessary for the measure’s success. These include, but are not limited to:

- Preparing for equitable, trauma-informed and culturally responsive screening and referrals.

- Working with community-based organizations to build capacity for referrals and meeting social needs.
- Supporting data sharing between CCOs, providers, and community-based organizations.

In 2023, the first year the metric was incentivized, CCOs were required to attest to completing nine must-pass elements in Component 1. These elements covered:

- A) Screening practices,
- B) Referral practices and resources, and
- C) Data collection and sharing.

To meet the measure, CCOs were required to complete all must-pass elements, with no option for partial credit. In 2023, all but one CCO met this measure.

Capacity building continued for the System-level social-emotional health measure

2023 was the second year of the [System-Level Social-Emotional Health measure](#), an upstream measure which is part of the broader [health aspects of kindergarten readiness](#) strategy. This measure was developed by the Oregon Pediatric Improvement Partnership (OPIP) and Children's Institute (CI) with support from OHA.

To pass this measure, CCOs were again required to complete an attestation survey, asset map and action plan. These track CCOs' progress on the four components of the measure:

- 1) Social-emotional health reach metric data review and assessment
- 2) Asset map of existing social-emotional health services and resources
- 3) CCO-led cross-sector community engagement
- 4) Action plan to improve social-emotional health service capacity and access

In 2023, CCOs were required to update asset maps with integrated behavioral health clinics, in addition to contracted behavioral health therapy services. CCOs had to complete all must-pass items for the measurement year, with no option for partial credit. In 2023, all CCOs met this measure.

CCO measure performance highlights

Measures are grouped by topic area from the “homegrown” upstream set or in the downstream [CMS Core Sets](#). Topic areas include upstream, primary care access and preventive care, maternal and perinatal health, care of acute and chronic conditions, behavioral health care, and dental and oral health services. For measures that are not defined in [Senate Bill 966](#), we assigned them to topic areas that most closely aligned. We also include a summary of measures that are part of the broader [kindergarten readiness](#) strategy.

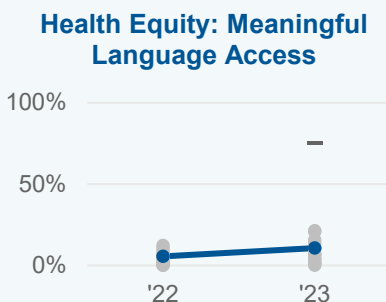
Upstream

The [Health Equity Measure: Meaningful Language Access to Culturally Responsive Health Care Services](#) (**Health Equity: Meaningful Language Access**) promotes high quality language services for all Medicaid members. This upstream measure began in 2021 and has two components:

1. For Component 1, CCOs attest to building a higher quality and more robust language services infrastructure over time.
2. For Component 2, which began in 2022, CCOs report the percentage of visits with high quality language services for members with interpreter needs.

In 2022 and 2023, CCOs were required to report on 80% of visits for a random sample of members. This sample included 30% or no more than 411 members per CCO who OHA identified as needing an interpreter.

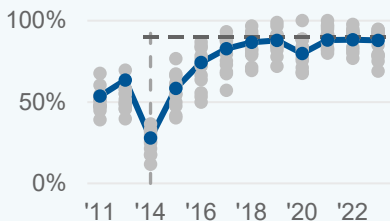
2023 was the first year this measure had improvement targets and a benchmark. Due to low performance in 2022, CCO-specific improvement targets ranged from 7.5% to 18.5%, well below the 75% benchmark. Ongoing work is needed to improve access to interpreter services, as well as data collection and reporting.



From 2022 to 2023, CCO statewide performance increased from 5.6% to 10.7%. However, CCO statewide performance remained well below the 75% benchmark. Only four CCOs met their improvement target for component 2.

The spread in CCO performance also increased in 2023. The top performing CCO had qualified and certified interpreters for 21.3% of visits among a sample of members. The lowest performing CCO did not report any qualified and certified interpreters among the sampled visits.

Assessment for Children in ODHS Custody



Assessments for Children in ODHS Custody helps ensure children entering foster care get the age-appropriate physical, mental, and dental health care they need. CCO statewide performance held steady from 2022 to 2023. From 2014 to 2019, CCO statewide performance more than tripled for this measure.²

After falling somewhat in 2020, CCO statewide performance quickly recovered and has mirrored pre-pandemic performance. In 2023, 11 out of 16 CCOs met the measure,

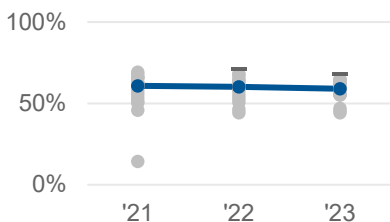
with half of CCOs reaching the benchmark. However, the range in CCO performance in 2023 was greater than prior years.

Primary care access and preventive care

Currently, primary care access and preventive care measures in the CCO Quality Incentive Program focus on health care for children and adolescents. CCO performance on primary care access and preventive care measures largely held steady in 2023 but have not yet recovered to pre-pandemic levels.

As health systems emerged from the pandemic, the Metrics and Scoring Committee continued lower than usual benchmarks for immunization measures. Immunization measures have a look back period, meaning they capture services over multiple years. As such, disruptions in care during the pandemic likely still affected immunization rates. Additionally, there is some evidence¹ that vaccine hesitancy grew during the pandemic, which may have had some effect on immunization rates.

Childhood Immunization Status: Combo 3



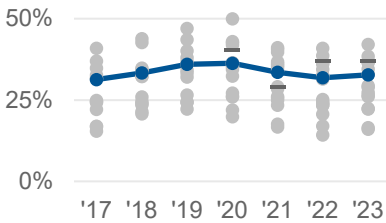
Childhood Immunization Status: Combo 3 assesses the percentage of children who received recommended vaccines in Combo 3³ before their second birthday. 2023 measure results include services going back to 2021.

CCO statewide performance held steady from 2022 to 2023. Only four CCOs met their improvement target. Seven CCOs performed worse in 2023 than in 2022.

² In 2014, this measure was expanded to include dental health assessments. Because of this, results before 2014 are not directly comparable to later years.

³ Includes Diphtheria, Tetanus and acellular Pertussis (DTaP); Inactivated Polio Vaccine (IPV); Measles, Mumps and Rubella (MMR); Haemophilus influenzae type b (Hib); Hepatitis B; Varicella-Zoster (Chickenpox) Vaccine (VZV); and Pneumococcal Conjugate Vaccines (PCV)

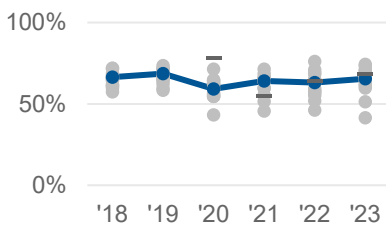
Immunizations for Adolescents: Combo 2



Immunizations for Adolescents: Combo 2 assesses the percentage of adolescents who received recommended vaccines in Combo 2⁴ between their 9th and 13th birthday. 2023 measure results include services going back to 2019.

CCO statewide performance held steady from 2022 to 2023. Half of all CCOs met this measure. CCO statewide performance remained slightly below the pre-pandemic 2019 level. Disruptions in care during the pandemic are likely still affecting this measure.

Child and Adolescent Well-Care Visits Ages 3-6



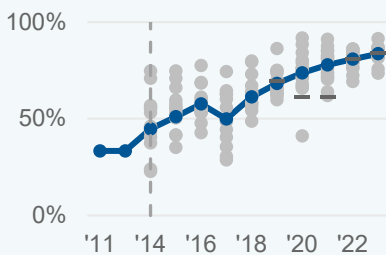
Child and Adolescent Well-Care Visits (Ages 3-6) looks at the percentage of children who had one or more well-care visits with a primary care provider or obstetrician gynecologist (OB/GYN). Well-care visits are a critical opportunity for screening and preventive care. From 2022 to 2023, CCO statewide performance slightly improved. After falling 14% in 2020, CCO statewide performance has remained slightly below the pre-pandemic 2019 level.

13 CCOs met this measure in 2023, with four reaching the benchmark. CCOs performed more similarly to one another in previous years and diverged more from one another in 2023. One CCO reported a notably lower rate than other CCOs.

Maternal and perinatal care

Currently, the CCO Quality Incentive Program has one incentive measure on maternal and perinatal care – **Postpartum Care**. This measure looks at the percentage of women who had a postpartum care visit on or between seven and 84 days after delivery. Postpartum Care supports the long-term health and well-being of both parent and child.

Postpartum Care



This measure reports chart reviews on a sample of live deliveries. Samples include no more than 411 deliveries per CCO. For smaller CCOs, this sample captures all deliveries in that year. We use chart reviews to capture bundled maternity care services that would otherwise be missed in administrative data.⁵

From 2022 to 2023, CCO statewide performance slightly improved. This is one of the few measures where CCO performance statewide continued to improve during the pandemic. Since 2014, Postpartum Care services have increased by 87 percent for CCO

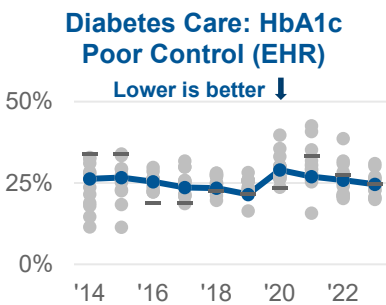
⁴ Include Meningococcal; Tetanus, Diphtheria, Acellular Pertussis (TDAP/TD); and the complete Human Papillomavirus for Adolescents (HPV) series

⁵ Chart reviews were introduced in 2014. From 2011 to 2013, this measure used administrative claims data only for the full population. Because of this, results prior to 2014 are not directly comparable to later years

members statewide. Fourteen CCOs met this measure in 2023, and half of all CCOs reached the benchmark.

Care of acute and chronic conditions

Currently, the CCO Quality Incentive Program has one incentive measure on care of acute and chronic conditions – **Diabetes Control: HbA1c Poor Control**. Adequately monitoring and controlling blood sugars can prevent serious disease, including heart disease, kidney disease and vision loss.

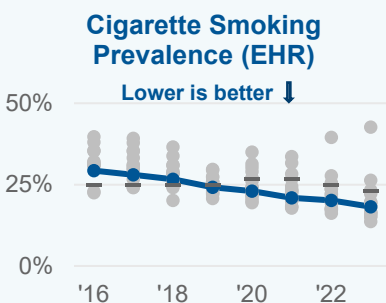


This measure looks at the percentage of adult CCO members who have diabetes and whose blood sugars were poorly controlled or were not laboratory tested during the measurement year. As such, a lower rate is better for this measure. This measure uses electronic health records (EHR) for reporting. EHR reporting includes aggregate service counts from health care organizations/practices or providers.

CCO performance statewide slightly improved from 2022 to 2023. After worsening by 13% in 2020, CCO statewide performance has remained slightly above the pre-pandemic 2019 level. Fifteen CCOs met this measure in 2023, with ten reaching the benchmark. In 2023, the range in CCO performance was narrower than in prior years.

Behavioral health care

Behavioral health has been a major focus area for OHA, CCOs and community partners. CCO performance mostly improved for EHR-based behavioral health care measures. EHR measures include aggregate service counts from health care organizations/practices or providers.



Tobacco continues to be the leading cause of preventable death for people in Oregon.⁶ OHP members are twice as likely to smoke cigarettes compared with people not on OHP.⁷

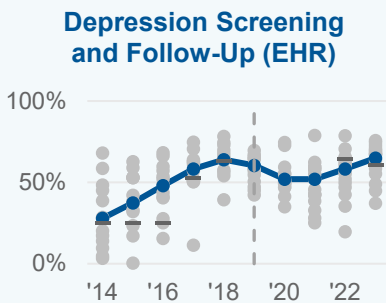
Cigarette Smoking Prevalence (EHR) measures the percentage of members (age 13 and older) who were screened for smoking status and identified as current smokers. For this measure, a lower rate is better. OHA developed this measure and it is not in the CMS Core Sets.

Per Senate Bill 966, this measure will not be eligible for the CCO Quality Incentive Program starting in 2025.

⁶ Oregon Center for Health Statistics, Death data (2021)

⁷ Oregon Health Authority, Oregon Behavioral Risk Factor Surveillance System (2021)

CCO performance statewide slightly improved from 2022 to 2023. This is one of the few measures where CCO performance statewide continued to improve during the pandemic. From 2016 to 2023, cigarette smoking prevalence has decreased by 37% among CCO members. Fourteen CCOs met this measure in 2023, with 13 reaching the benchmark. One CCO reported a dramatically higher rate than other CCOs.



Depression Screening and Follow-Up (EHR) measures the percentage of members (age 12 and older) who had appropriate screening and follow-up planning for depression. From 2022 to 2023, CCO statewide performance improved on this measure by 11%. After falling 14% in 2020, this is the first year CCO statewide performance rose above pre-pandemic levels. For 2023, the Metrics and Scoring Committee set a lower benchmark compared with the prior year. Fifteen CCOs met this measure in 2023, with 11 meeting the benchmark. In 2023, the range in CCO

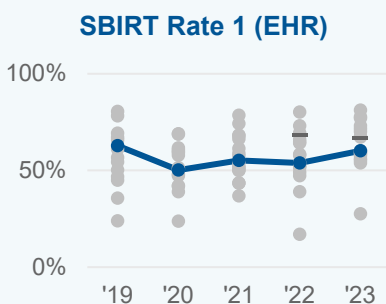
performance was closer than prior years.⁸

In 2023, CCOs had to meet both components to pass the **Screening, Brief Intervention and Referral to Treatment (SBIRT) (EHR)** measure:

- **Rate 1** is the percentage of members ages 12 and older who received an age-appropriate screening for alcohol or other substance use.
- **Rate 2** is the percentage of members ages 12 and older who screened positive for alcohol or other substance use and received a brief intervention or referral to treatment.

OHA developed this measure and it is not in the CMS Core Sets. Per Senate Bill 966, this measure will not be eligible for the CCO Quality Incentive Program starting in 2025.

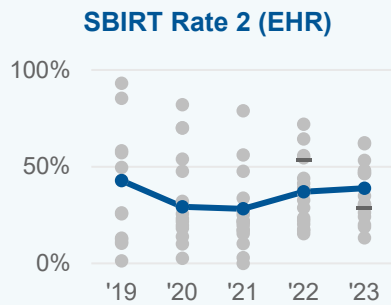
Twelve CCOs met both components and passed the measure in 2023. For 2023, the Metrics and Scoring Committee set lower benchmarks for this measure compared with the prior year. For Rate 2, the benchmark was almost halved from the prior year's benchmark.



For **SBIRT Rate 1 (EHR)**, CCO statewide performance improved by 12% from 2022 to 2023. After falling 20% in 2020, CCO statewide performance has remained slightly below the pre-pandemic 2019 level. All CCOs met the Rate 1 component, with eight CCOs reaching the benchmark. One CCO reported a dramatically lower rate than other CCOs.

For **SBIRT Rate 2 (EHR)**, CCO statewide performance slightly improved from 2022 to 2023. After falling 32% in

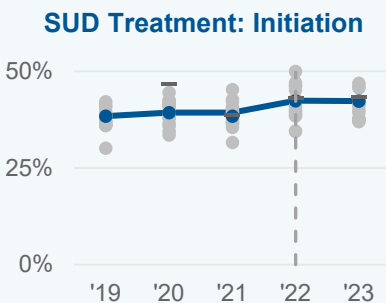
⁸ In 2019, the Depression screening and follow-up (EHR) measure was expanded to include members ages 12-17. Because of this, results prior to 2019 are not directly comparable to later years



2020, CCO statewide performance has remained slightly below the pre-pandemic 2019 rate. Twelve CCOs met the Rate 2 component, with 11 reaching the benchmark.

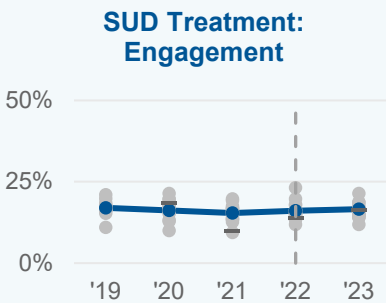
Initiation and Engagement of Substance Use Disorder (SUD) treatment, which uses administrative claims data, did not improve as much as EHR-based behavioral health care measures. SUD treatment is an area to watch, as OHA is supporting additional quality improvement on these measures (e.g., [Performance Improvement Project](#)).

In 2023, CCOs had to meet both components to pass the **SUD Treatment** measure:



- **Initiation** looks at the percentage of new SUD diagnoses followed up by treatment within 14 days of initial diagnosis.
- **Engagement** looks at the percentage of new SUD diagnoses followed up by two engagement visits or medication treatments within 34 days of initial treatment.

In 2023, six CCOs met both components and passed the measure.



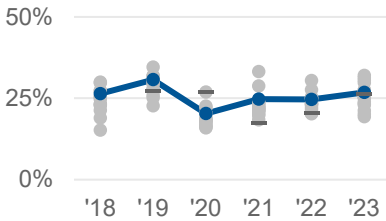
For Initiation, CCO statewide performance held steady from 2022 to 2023 and seven CCOs met the component. For Engagement, CCO statewide performance slightly improved from 2022 to 2023. Ten CCOs met this component, and half of all CCOs reached the benchmark. In 2023, the range in CCO performance was narrower than prior years.

In 2022, this measure changed from reporting services by the percentage of members to the percentage of new SUD diagnoses. Because of this, results prior to 2022 are not directly comparable to later years.

Dental and oral health services

Dental and oral health services were some of the most negatively affected measures by the pandemic. Overall, performance on dental and oral health measures slowly continued to improve in 2023. Performance improved most for children preparing for kindergarten, ages 1-5.

Oral Evaluation for Adults with Diabetes



People with diabetes have higher rates of periodontal disease. **Oral Evaluations for Adults with Diabetes** measures the percentage of adults with diabetes who received at least one comprehensive, periodic or periodontal oral evaluation that year. Annual oral evaluations can help providers catch and treat the disease early, resulting in better health outcomes. CCO statewide performance slightly improved from 2022 to 2023. However, CCO statewide performance remained below the pre-pandemic 2019 level. From 2019 to 2020, CCO statewide performance fell by

34%.

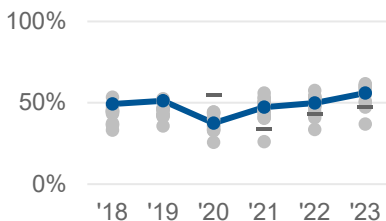
For 2023, Metrics and Scoring Committee raised the benchmark to a more aspirational goal (2021 CCO 90th percentile). Ten out of 16 CCOs met this measure, with six reaching the benchmark. However, the range in CCO performance in 2023 was greater than prior years.

Preventive Dental or Oral Health Services help children avoid oral health problems that can impact their health and education. OHA developed this measure and it is not in the CMS Core Sets. Metrics and Scoring Committee adopted this as an upstream measure for 2025 so that it may remain in the CCO Quality Incentive Program. This measure has two components, based on age groups:

- The first component is for **Ages 1-5**. This component is part of the multi-measure health aspects of kindergarten readiness strategy.
- The second component is for **Ages 6-14**.

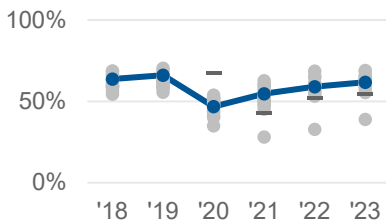
In 2023, CCOs had to meet both components to pass the measure. All 16 CCOs met both components.

Preventive Dental or Oral Health Service Ages 1-5



From 2022 to 2023, CCO statewide performance improved for ages 1-5 by 12% and was well above the benchmark. After falling 27% in 2020, 2023 was the first year CCO statewide performance has risen above pre-pandemic levels. All CCOs met this component, with 15 CCOs reaching the benchmark.

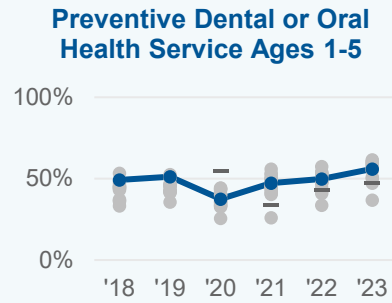
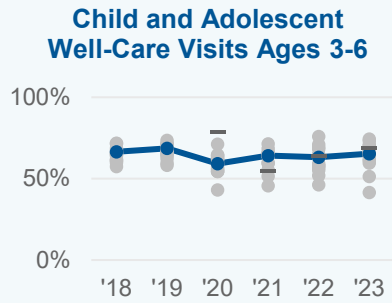
Preventive Dental or Oral Health Service Ages 6-14



For ages 6-14, CCO statewide performance slightly improved from 2022 to 2023 and was above the benchmark. After falling 29% in 2020, CCO statewide performance has remained slightly below the pre-pandemic 2019 level. Although improving more slowly, service rates for ages 6-14 remained higher than for ages 1-5. All CCOs met this component, with 15 CCOs reaching the benchmark. One CCO reported notably lower performance for both components compared with other CCOs.

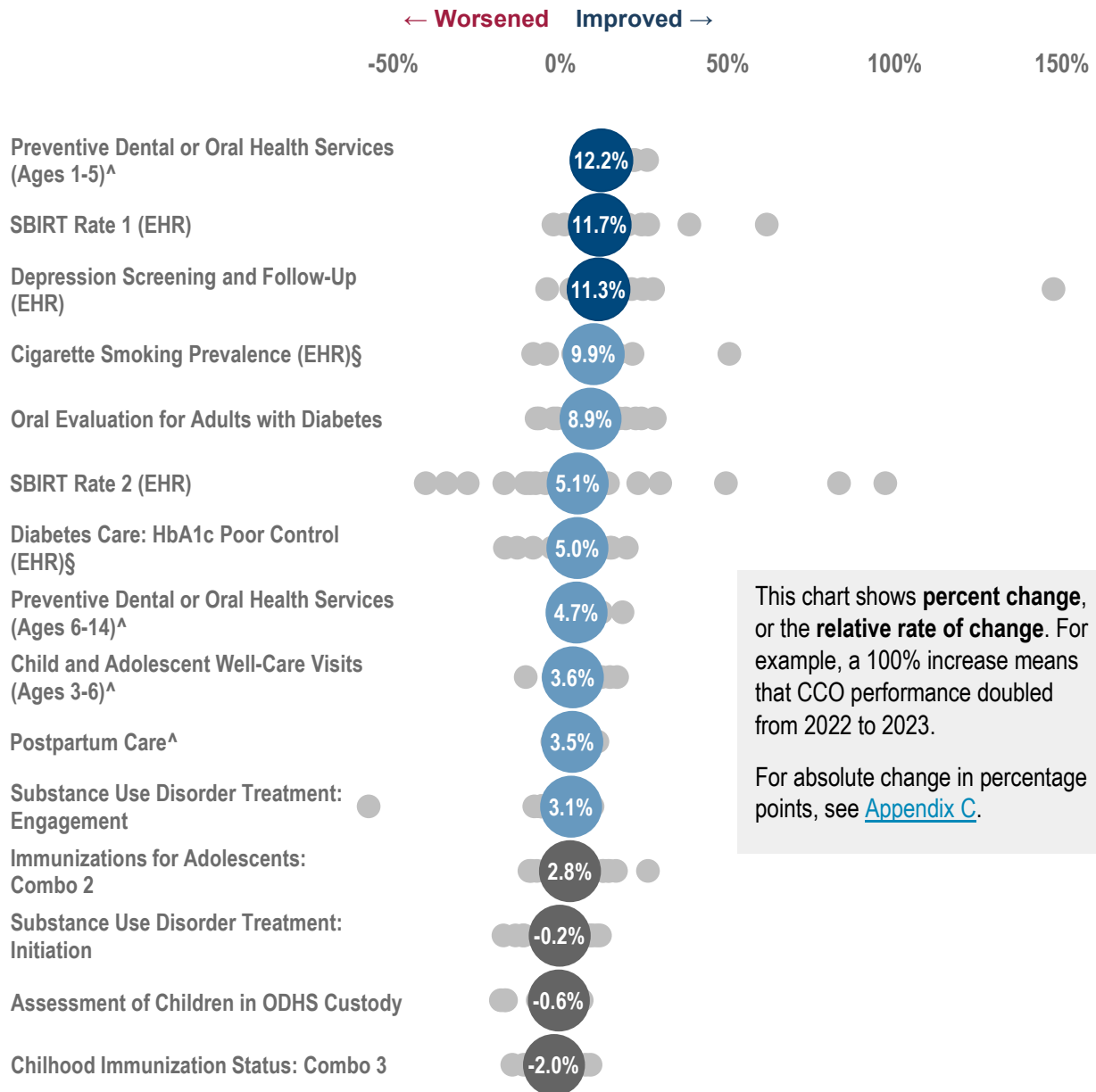
Kindergarten readiness

Child and Adolescent Well-Care visits (Ages 3-6) and **Preventive Dental or Oral Health Services (Ages 1-5)** are part of the broader strategy to engage the health sector in [kindergarten readiness](#). Most CCOs met these measures in 2023, with the greatest improvements in Preventive Dental or Oral Health Services (Ages 1-5).



At a glance: CCO performance percent change from 2022 to 2023

On average, CCOs statewide slightly improved or improved performance on most measures



This chart shows **percent change**, or the **relative rate of change**. For example, a 100% increase means that CCO performance doubled from 2022 to 2023.

For absolute change in percentage points, see [Appendix C](#).

[^] Challenge Pool measure

[§] A lower rate is better for this measure. For ease of comparison, positive changes are measures that improved and negative changes are those that worsened. For example, 3.6% change in Cigarette Smoking Performance means that the rate decreased, or improved, by 3.6%

* May be statistically uncertain; fewer than 12 members were served in one or both years (interpret with caution)

Health Equity: Meaningful Language Access is not included in this chart. Percent changes are exaggerated due to low performance in 2022

- Improved (10% or more)
- Slightly improved (3.01 to 9.99%)
- Held steady (-3 to 3%)
- CCO

2023 benchmarks and improvement targets

As health systems emerge from the pandemic, benchmarks and improvement target floors remained less challenging.

The COVID-19 pandemic upended the usual benchmarking and improvement target approach. Historically, benchmarks have been set at the 75th and 90th percentiles of national performance. These benchmarks are supplemented with improvement targets, which reward meaningful improvement towards the aspirational benchmarks. Additionally, minimum goals, or “floors,” are used to prevent improvement targets from being too low. For an example, see [Appendix B: How improvement targets are calculated](#).

In [2020](#), all performance benchmarks were suspended and the amount of funds in the program was greatly reduced. In [2021](#), the Metrics and Scoring Committee reintroduced benchmarks, though at significantly lower levels than before 2020. In 2022, the Metrics and Scoring Committee continued lower benchmarks for [seven measures most impacted by the pandemic](#). In 2021 and 2022, CCOs did not have floors for improvement targets.

Even as health systems emerged from the pandemic, the Committee continued lower, less challenging benchmarks in 2023. The Committee reintroduced improvement target floors in 2023; however, floors were lower than pre-pandemic levels, with most measures having a one percentage point floor.

2023 incentive measure performance overview

| | Advanced Health | AllCare CCO | Cascade Health Alliance | Columbia Pacific | Eastern Oregon CCO | Health Share of Oregon | InterCommunity Health Network | Jackson Care Connect | PacificSource Central | PacificSource Gorge | PacificSource Lane | PacificSource Marion Polk | Trillium North | Trillium South | Umpqua Health Alliance | Yamhill Community Care | # CCOs met (out of 16) |
|--|-----------------|-------------|-------------------------|------------------|--------------------|------------------------|-------------------------------|----------------------|-----------------------|---------------------|--------------------|---------------------------|----------------|----------------|------------------------|------------------------|------------------------|
| Assessments for Children in ODHS Custody | * | | | | | | | | | | | | | | | | 11 |
| Health Equity: Meaningful Language Access (Component 1)‡ | | | | | | | | | | | | | | | | | 15 |
| Health Equity: Meaningful Language Access (Component 2)‡ | | | | | | | | | * | | | | | | | | 4 |
| SDOH: Social Needs Screening and Referral | | | | | | | | | | | | | | | | | 15 |
| System-Level Social Emotional Health^ | | | | | | | | | | | | | | | | | 16 |
| Child and Adolescent Well-Care Visits Ages (3-6)^ | | | | | | | | | * | | | | | | | | 13 |
| Childhood Immunization Status: Combo 3 | | | | | * | | | | | | | | | | | | 4 |
| Immunization for Adolescents: Combo 2 | | | | | | | | | * | | | | | | | | 8 |
| Postpartum Care^ | * | | | | | | | | | | | | | | | | 14 |
| Diabetes Care: HbA1c Poor Control (EHR) | | | | | * | | | | | | | | | | | | 15 |
| Cigarette Smoking Prevalence (EHR) | | | | | | | | | | | | | | | * | | 14 |
| Depression Screening and Follow-Up (EHR) | | | | | | | | | * | | | | | | | | 15 |
| SBIRT Rate 1 (EHR)‡ | | | | | | | | | * | | | | | | | | 16 |
| SBIRT Rate 2 (EHR)‡ | | | | | | | | | | | | | | * | | | 12 |
| SUD Treatment: Initiation‡ | | | * | | | | | | | | | | | | | | 7 |
| SUD Treatment: Engagement‡ | | | * | | | | | | | | | | | | | | 10 |
| Oral Evaluation for Adults with Diabetes | | | | | | | | | * | | | | | | | | 10 |
| Preventive Dental or Oral Health Services (Ages 1-5)‡ | | * | | | | | | | | | | | | | | | 16 |
| Preventive Dental or Oral Health Services (Ages 6-14)‡ | | | | | | | | | | * | | | | | | | 16 |
| # measures met (out of 15*) | 10 | 11 | 8 | 10 | 11 | 11 | 9 | 12 | 13 | 14 | 10 | 11 | 9 | 9 | 12 | 13 | |

*Measures that require meeting both components are counted as one measure

About bonus pools

The goal of the CCO Quality Incentive Program is to improve the quality of care for Oregon Health Plan (OHP) members. To earn bonuses from the CCO Quality Incentive Program, CCOs must provide better and better care each year.

Bonuses are on top of monthly payments that cover the cost of care, which are called per-member per-month (capitation) payments. The amount CCOs can earn from the Quality Pool is determined by:

- a) CCO size and composition (number of enrolled members and their eligibility status)
- b) Performance on incentive measures.

Because these are bonuses, **incentive funds are not guaranteed**. CCO Quality Incentive Program funds are paid out from two bonus pools.

Phase 1: Quality Pool

CCOs do not have to meet all incentive measures to earn 100% of Quality Pool funds.

CCOs earn 100% of their Quality Pool by meeting the benchmark or improvement target for 75% of the incentive metrics (12 of 15 metrics in 2023). For CCOs that meet less than 75% of incentive measures, Quality Pool payments are reduced by a set percentage (see table to the right).

To see how well CCOs have met incentive measures compared to payments, see charts on the following pages.

In 2023, the Quality Pool was over \$325 million.

Each year, OHA decides the size of the Quality Pool by considering budgetary and other factors. Per code of federal regulations (CFR), bonus funds cannot be greater than 5% of total per-member per-month payments. In 2023, the Quality Pool was set at 4.25% of that year’s aggregate per-member per-month payments to CCOs. Each CCO’s bonus is capped at 5% of their total per-member per-month payments, per federal regulation.

| Number of measures met (out of 15) | Quality Pool amount |
|------------------------------------|---------------------|
| At least 12 | 100% |
| At least 11 | 90% |
| At least 10 | 80% |
| At least 9 | 70% |
| At least 8 | 60% |
| At least 6 | 50% |
| At least 5 | 40% |
| At least 4 | 30% |
| At least 3 | 20% |
| At least 2 | 10% |
| At least 1 | 5% |

No “must pass” metrics were selected for the 2023 Quality Pool. “Must pass” metrics have a benchmark or reporting requirement that CCOs must meet to be eligible to receive full Quality Pool payments. Historically, the Metrics and Scoring Committee has selected one to three “must pass” metrics in most years of the program.

Phase 2: Challenge Pool

Unearned Quality Pool funds are funneled into the Challenge Pool. All CCOs can earn additional funds through the Challenge Pool. Even if a CCO did not earn 100% of Quality Pool funds in phase 1, they can earn funds through the Challenge Pool. To earn Challenge Pool funds, CCOs must meet performance expectations on a subset of incentive measures.

For 2023, the Challenge Pool focused on kindergarten readiness and postpartum care. Challenge Pool funds were distributed to CCOs according to their performance on each of the four Challenge Pool metrics:

1. Child and Adolescent Well-Care Visits (Ages 3-6)
2. System-Level Social Emotional Health
3. Preventive Dental or Oral Health Services, Ages 1-5 and 6-14
4. Postpartum Care

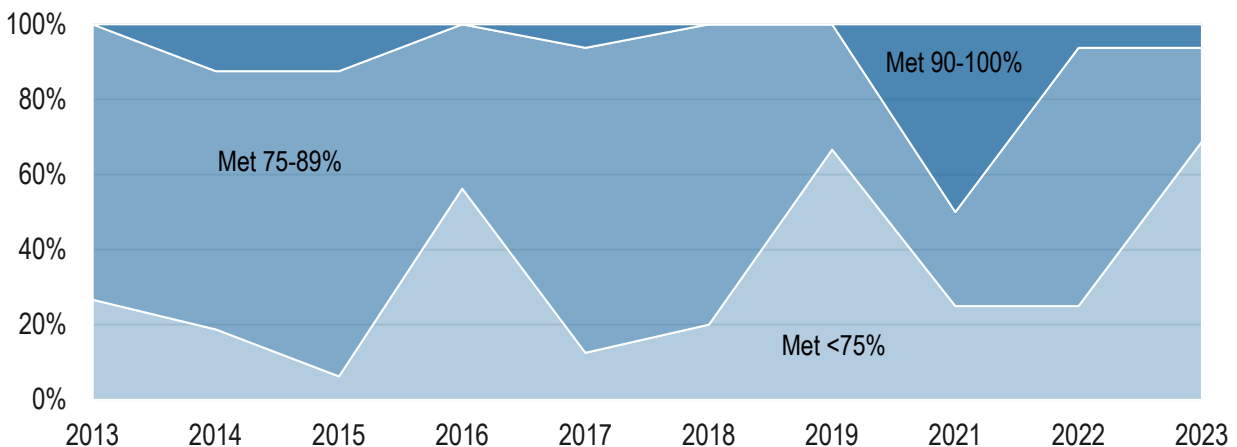
Challenge Pool funds are distributed in equal proportions based on the number of times Challenge Pool measures are met. For more information, see the [2023 Quality Pool Methodology \(Reference Instructions\)](#).

With the Challenge Pool, CCOs can earn more than 100% of eligible incentive funds. All CCOs—even those that earned all of their Quality Pool—can earn additional bonus money from the Challenge Pool. In all but one year of the program, the majority of CCOs earned more than 100% of their bonus by the addition of the Challenge Pool.

Regardless of CCO performance, **OHA pays all CCO Quality Incentive Program funds each year to CCOs** through the Challenge Pool. No bonus funds are saved or carried over to the next year.

CCOs only need to meet 75% of incentive measures to earn all bonus funds in Phase 1

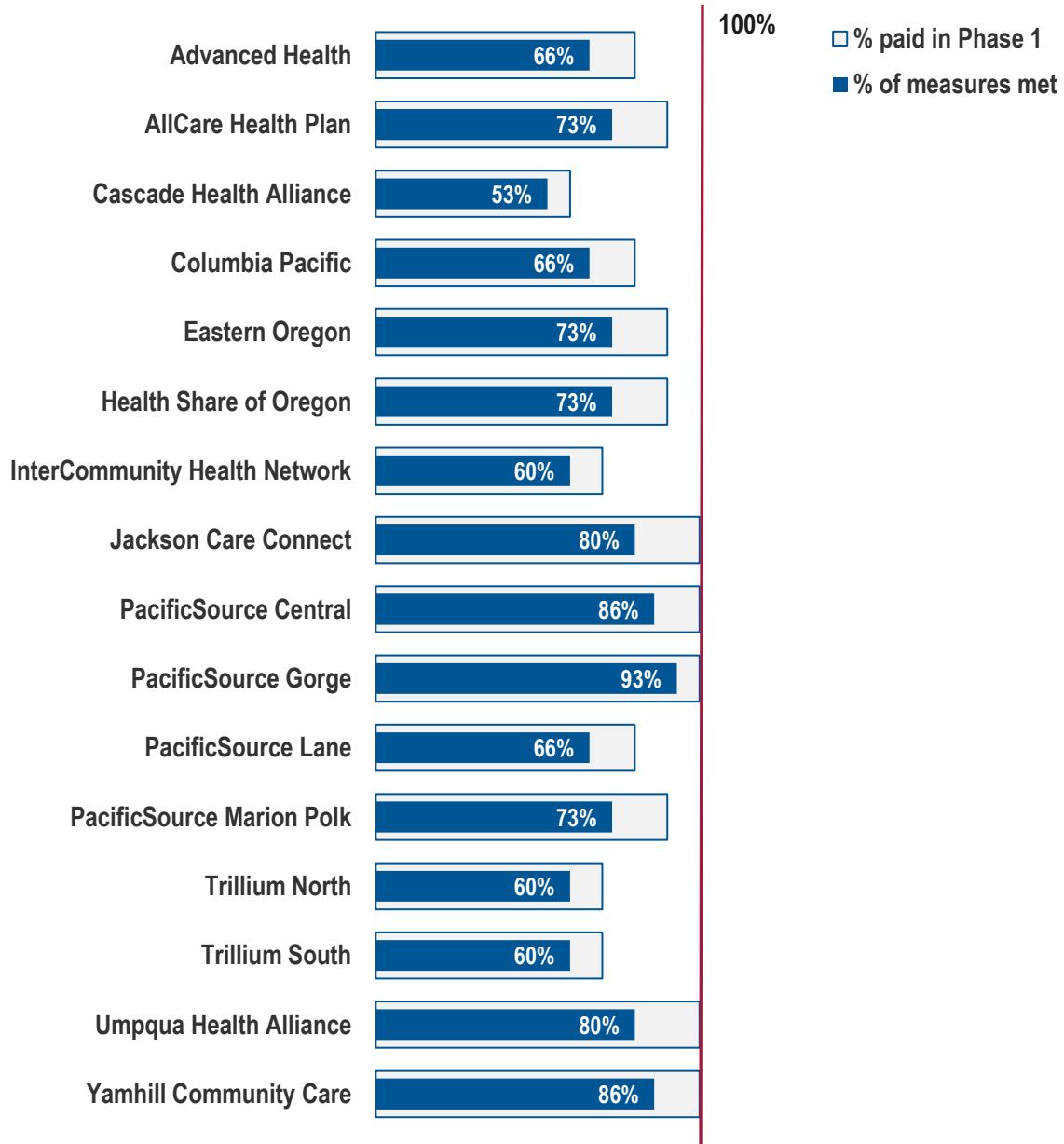
The proportion of CCOs that met 90-100%, 75-89% and less than 75% of measures by year



We did not include 2020 in this chart. In 2020, all benchmarks were changed to report only, which all CCOs met.

In 2023, no CCOs met 100% of the quality incentive measures

But five CCOs were paid 100% of Quality Pool funds in Phase 1 by meeting at least 12 out of 15 measures

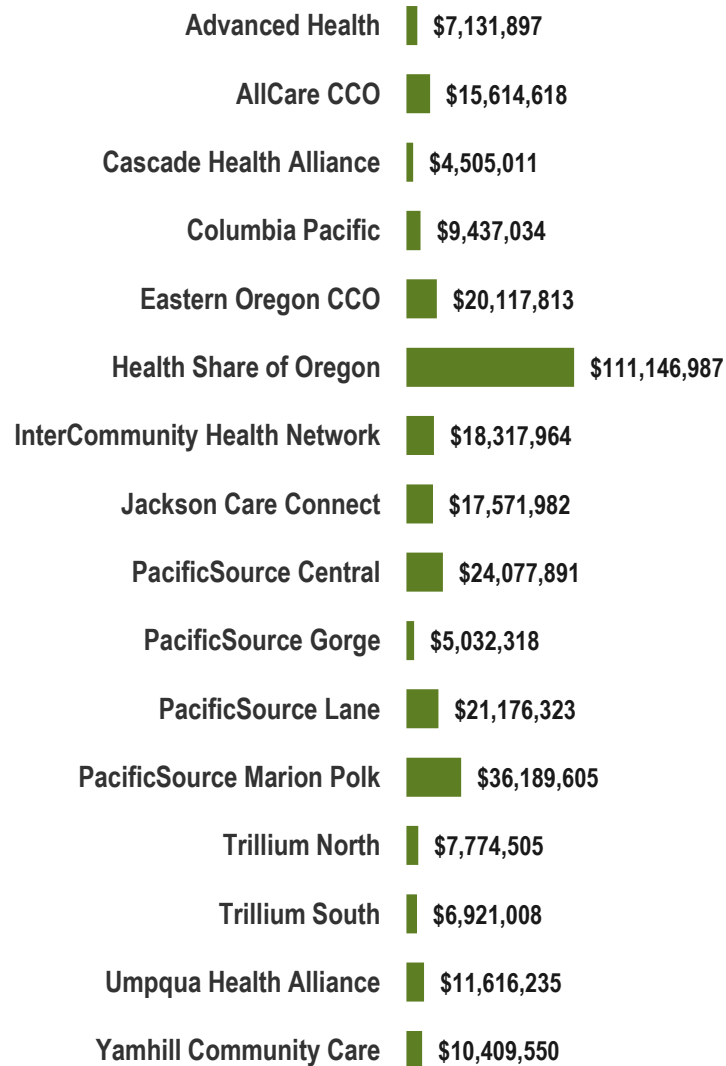


2023 Quality Pool distribution

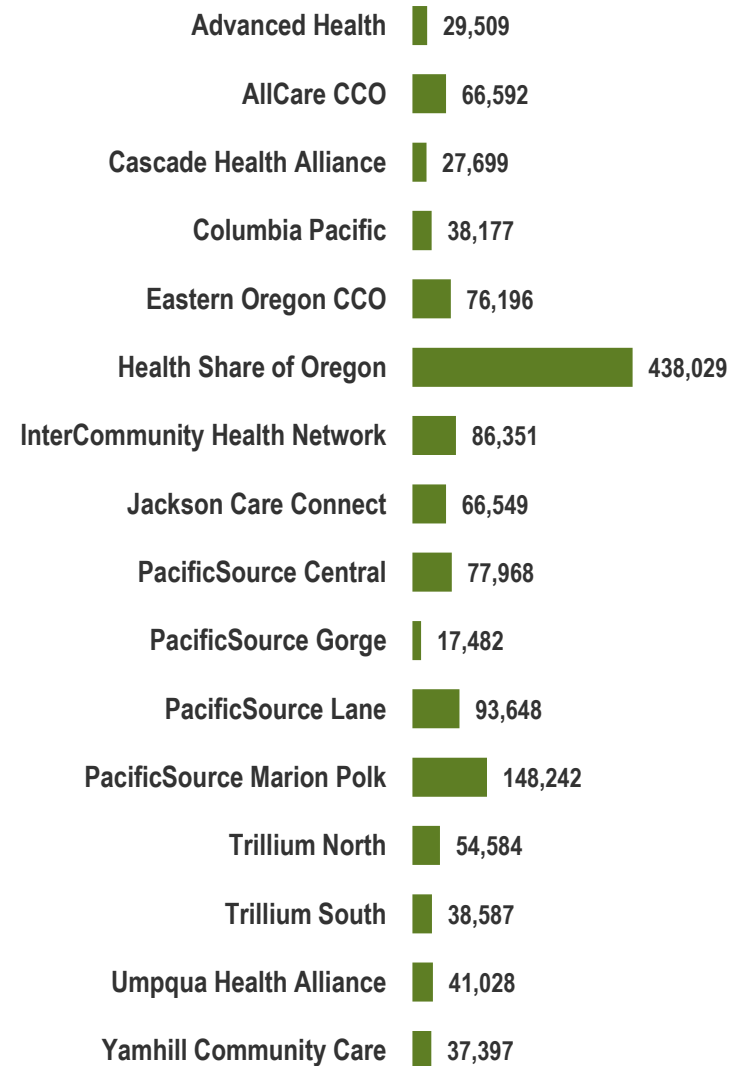
| | Phase 1 distribution | | | Challenge Pool | | Total | | |
|-------------------------------|----------------------------|--|----------------------|--|--------------------------------|---------------------------|--|----------------------|
| | Measures met (15 possible) | % Quality Pool funds earned in Phase 1 | Paid in Phase 1 | Challenge Pool measures met (4 possible) | Challenge Pool paid in Phase 2 | Total % Quality Pool paid | MCO tax ⁹ cost paid to CCOs | Total payment |
| Advanced Health | 10 | 80% | \$5,935,544 | 4 | \$1,053,716 | 94% | \$142,638 | \$7,131,897 |
| AllCare Health Plan | 11 | 90% | \$13,486,781 | 3 | \$1,815,545 | 102% | \$312,292 | \$15,614,618 |
| Cascade Health Alliance | 8 | 60% | \$3,659,722 | 3 | \$755,189 | 72% | \$90,100 | \$4,505,011 |
| Columbia Pacific | 10 | 80% | \$8,208,989 | 3 | \$1,039,304 | 90% | \$188,741 | \$9,437,034 |
| Eastern Oregon | 11 | 90% | \$17,638,059 | 3 | \$2,077,398 | 101% | \$402,356 | \$20,117,813 |
| Health Share of Oregon | 11 | 90% | \$93,282,872 | 4 | \$15,641,175 | 105% | \$2,222,940 | \$111,146,987 |
| InterCommunity Health Network | 9 | 70% | \$15,597,349 | 3 | \$2,354,255 | 81% | \$366,359 | \$18,317,964 |
| Jackson Care Connect | 12 | 100% | \$15,467,182 | 3 | \$1,753,361 | 111% | \$351,440 | \$17,571,982 |
| PacificSource Central | 13 | 100% | \$20,812,260 | 4 | \$2,784,074 | 113% | \$481,558 | \$24,077,891 |
| PacificSource Gorge | 14 | 100% | \$4,307,419 | 4 | \$624,253 | 114% | \$100,646 | \$5,032,318 |
| PacificSource Lane | 10 | 80% | \$19,076,260 | 2 | \$1,676,537 | 87% | \$423,526 | \$21,176,323 |
| PacificSource Marion Polk | 11 | 90% | \$31,424,168 | 3 | \$4,041,645 | 102% | \$723,792 | \$36,189,605 |
| Trillium North | 9 | 70% | \$6,593,987 | 2 | \$1,025,027 | 81% | \$138,420 | \$7,774,505 |
| Trillium South | 9 | 70% | \$6,057,962 | 2 | \$724,627 | 78% | \$155,490 | \$6,921,008 |
| Umpqua Health Alliance | 12 | 100% | \$9,918,892 | 4 | \$1,465,019 | 115% | \$232,325 | \$11,616,235 |
| Yamhill Community Care | 13 | 100% | \$8,865,973 | 4 | \$1,335,386 | 115% | \$208,191 | \$10,409,550 |
| Total | | | \$280,333,420 | | \$40,166,509 | | | \$327,040,743 |

⁹ Oregon requires managed care organizations (MCOs) to pay a tax to support OHP. In 2023, the MCO tax rate was 2.0%. OHA pays the tax gross back to CCOs by building the cost of the tax into capitation rates, qualified directed payments, maternity kick payments and Quality Incentive payments.

Total Quality Pool dollars paid by CCO



Total enrolled by CCO (n = 1,338,040)



Total enrollment is the average of monthly members in 2023. These estimates come from OHA's Office of Financial and Actuarial Services (OFA) and are used to calculate Quality Pool payments

Appendix A: Background

About the program

The CCO quality incentive program rewards exceptional care and continuous quality improvement by CCOs, which serve over one million Oregonians on the Oregon Health Plan (Medicaid). The program is an important part of the coordinated care model. [Independent evaluation](#) showed that the program successfully drove improvements overall from 2012 to 2017.

Medicaid

Medicaid is a federal program that provides health coverage for people earning less than 138% of the federal poverty level and people with disabilities. Each state administers Medicaid and must follow certain federal requirements. States may obtain waivers from the federal government. These waivers grant states extra flexibility in how they use federal Medicaid funds in their state, with the goal of improving health care outcomes.

Oregon has had a type of waiver, known as an 1115 waiver, since 1994. The 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.

In October 2022, Oregon began a [new demonstration period](#) which will run through September 2027. The intention of the new waiver is to advance OHA's goal of eliminating health inequities by 2030.

Coordinated care

A coordinated care organization (CCO) is a network of health care providers (physical, behavioral, and oral health care providers). Each CCO agrees to work together with 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.

CCOs have the flexibility to support new models of care that are patient-centered and team-focused and eliminate health inequities. CCOs are able to better coordinate services and focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide services beyond medical benefits.

Requirements for CCOs have evolved over time and a new phase, CCO 2.0, began in 2020. CCO 2.0 priority areas include work to improve the behavioral health system; increase value and pay for performance; focus on social determinants of health and health equity; and maintain sustainable cost growth.

CCOs earn incentive funds for meeting or making progress toward a measure's goal

To encourage ongoing improvement, CCOs can earn incentive funds by achieving either 1) the benchmark or 2) a CCO-specific improvement target.

Benchmarks are the same for all CCOs. This benchmark is meant to be an aspirational goal, generally at the 75th or 90th percentile of national performance.

Improvement targets are milestones specific to each CCO, between their current performance (baseline) and the benchmark. The CCO-specific improvement targets reward progress toward the benchmark. See Appendix B for information on how improvement targets are calculated.

Measure specifications and more information

- Information about the CCO quality 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>
- 2022-2027 Medicaid 1115 Demonstration Application:
<https://www.oregon.gov/oha/HSD/Medicaid-Policy/Pages/Waiver-Renewal.aspx>
- This and other metrics reports:
<https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/metrics-reporting.aspx>

Appendix B: How improvement targets are calculated

Improvement targets are calculated for each CCO based on the Minnesota Department of Health Quality Incentive Payment System (“Minnesota method”). A CCO meets its improvement target by reducing the gap between its baseline (generally the previous year’s performance) and the benchmark (the aspirational goal). A CCO must show at least a 10 percent reduction in the gap between baseline and the benchmark to meet its improvement target. To ensure meaningful progress toward the benchmark, typically a floor is applied to each CCO’s improvement target.

Suppose CCO A’s performance in **2022** (i.e., baseline) on Measure 1 was 60.0%.



Benchmark:
100%

The gap between baseline and the benchmark is **100% - 60% = 40%**.

Ten percent of 40 % = 4%. Thus, **CCO A must improve by 4 percentage points in 2023**. Their **improvement target** is [baseline + 4%] = **60% + 4% = 64%**.

Suppose that CCO A’s performance in **2023** is 65%; they **achieved their improvement target and met** Measure 1.



Benchmark:
100%

Stated as a formula:

$$\frac{[\text{Benchmark}] - [\text{CCO baseline}]}{10} = X$$

$$[\text{CCO baseline}] + [X] = \text{Improvement target}$$

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 meaningful change. For example, suppose the benchmark was 75 percent, and CCO B’s performance in 2022 was 60 percent. In this case, CCO B’s improvement target using the formula would be:

$$\frac{75\% - 60\%}{10} = 1.5\%$$

$$60\% + 1.5\% = \mathbf{61.5\%}$$

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

Appendix C: 2023 CCO performance and percentage point (ppt) change from 2022

| | Advanced Health | AllCare CCO | Cascade Health Alliance | Columbia Pacific | Eastern Oregon CCO | Health Share of Oregon | InterCommunity Health Network | Jackson Care Connect | PacificSource Central | PacificSource Gorge | PacificSource Lane | PacificSource Marion Polk | Trillium North | Trillium South | Umpqua Health Alliance | Yamhill Community Care | Statewide |
|--|-----------------|---------------|-------------------------|------------------|--------------------|------------------------|-------------------------------|----------------------|-----------------------|---------------------|--------------------|---------------------------|----------------|----------------|------------------------|------------------------|---------------|
| Assessments of Children in ODHS Custody | 95.7% +0.5 | 79.3% +2.5 | 91.2% -6.6 | 68.9% -14.9 | 92.2% +1.8 | 88.9% +0.2 | 91.1% -2.8 | 92.5% +0.6 | 84.9% +4.7 | 94.7% +1.8 | 78.6% -3.5 | 94.3% +2.9 | 75.0% -15.0 | 77.8% -15.1 | 92.7% -2.2 | 91.7% +0.3 | 87.8% -0.5 |
| Health Equity: Meaningful Language Access | 6.1% +6.1 | 0.0% -2.6 | 1.0% +1.0 | 1.5% -4.8 | 10.7% +10.0 | 7.0% +3.2 | 2.0% +2.0 | 4.1% -1.2 | 10.8% +4.1 | 21.3% +20.0 | 20.7% +16.0 | 15.6% +7.0 | 13.4% +2.9 | 6.6% +0.3 | 4.1% +3.7 | 9.9% -2.3 | 10.7% +5.1 |
| Child and Adolescent Well-Care Visits Ages 3-6 | 67.4% +2.6 | 62.1% +6.8 | 66.2% +9.6 | 59.7% +0.4 | 67.4% +2.8 | 66.1% +1.7 | 65.5% +1.0 | 66.6% +8.6 | 70.5% +1.2 | 74.4% -1.6 | 61.3% +3.5 | 64.2% +1.3 | 41.5% -4.8 | 51.4% -0.5 | 70.7% -0.3 | 73.3% +5.1 | 65.4% +2.3 |
| Childhood Immunization Status: Combo 3 | 61.6% -1.9 | 45.4% -1.1 | 58.5% -9.8 | 55.3% +4.6 | 64.9% -0.6 | 59.5% -0.4 | 55.6% -4.4 | 55.2% +0.1 | 60.2% +2.6 | 62.6% +3.2 | 64.1% -3.6 | 61.3% -2.5 | 44.2% -0.1 | 47.1% -5.8 | 55.4% -3.7 | 64.7% +3.4 | 59.0% -1.2 |
| Immunizations for Adolescents: Combo 2 | 27.3% +3.9 | 16.0% +1.8 | 36.8% -1.8 | 28.9% +3.7 | 36.5% 0 | 38.4% +2.3 | 22.4% -1.7 | 26.4% +3.0 | 34.5% +3.1 | 42.1% +1.2 | 29.4% -3.0 | 32.9% -1.5 | 16.5% -0.5 | 22.2% -2.1 | 26.0% +5.4 | 37.1% +4.6 | 32.7% +0.9 |
| Postpartum Care | 91.4% +9.1 | 81.5% +4.6 | 86.3% +2.0 | 86.9% +2.3 | 75.7% +3.3 | 86.2% +4.6 | 85.1% -0.8 | 83.7% -2.1 | 85.7% -0.4 | 87.0% +3.0 | 82.2% +0.7 | 82.6% +6.6 | 73.5% +4.2 | 82.9% +3.3 | 82.9% +3.8 | 84.5% +5.3 | 83.6% +2.8 |
| Diabetes Care: HbA1c Poor Control (EHR)§ | 26.4% -4.6 | 24.1% -0.8 | 27.0% -0.5 | 22.9% -2.8 | 20.0% -1.3 | 26.4% -1.9 | 30.2% -1.6 | 24.2% -2.9 | 22.7% +1.7 | 24.6% +3.5 | 20.8% +0.5 | 25.3% -1.2 | 20.4% -3.7 | 24.5% +2.8 | 31.0% -7.7 | 24.3% -1.3 | 24.6% -1.3 |

§ A lower rate is better for this measure

| | Advanced Health | AllCare CCO | Cascade Health Alliance | Columbia Pacific | Eastern Oregon CCO | Health Share of Oregon | InterCommunity Health Network | Jackson Care Connect | PacificSource Central | PacificSource Gorge | PacificSource Lane | PacificSource Marion Polk | Trillium North | Trillium South | Umpqua Health Alliance | Yamhill Community Care | Statewide |
|--|-----------------------|-----------------------|-------------------------|----------------------|-----------------------|------------------------|-------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|---------------------------|-----------------------|-----------------------|------------------------|------------------------|----------------------|
| Cigarette Smoking Prevalence (EHR)§ | 42.7% +3.2 | 22.8% -0.9 | 26.3% +1.0 | 23.3% -2.3 | 16.7% -4.6 | 16.3% -1.0 | 19.7% -4.0 | 19.6% -2.6 | 18.1% -1.3 | 15.2% -1.0 | 22.2% -1.4 | 16.0% -1.2 | 16.2% -1.6 | 19.0% -3.0 | 13.7% -14.0 | 15.1% -2.6 | 18.2% -2.0 |
| Depression Screening and Follow-Up (EHR) | 49.0% +29.2 | 63.6% +13.8 | 37.3% +1.8 | 69.5% +5.0 | 74.6% +8.8 | 67.6% +5.7 | 44.9% +2.3 | 72.9% +2.3 | 75.7% -3.1 | 67.6% +10.7 | 67.2% +11.8 | 55.4% +3.2 | 69.9% +6.5 | 68.2% +7.6 | 58.7% +11.6 | 71.0% +6.0 | 64.9% +6.6 |
| SBIRT Rate 1 | 73.0% +15.2 | 57.6% +5.2 | 56.0% +7.0 | 67.5% +2.7 | 55.2% +3.8 | 59.1% +5.0 | 27.5% +10.5 | 70.1% +11.8 | 81.2% +1.0 | 60.1% +7.7 | 53.9% +15.0 | 67.2% +3.1 | 71.6% -1.5 | 77.7% +11.6 | 58.7% +11.5 | 77.0% +7.6 | 60.2% +6.3 |
| SBIRT Rate 2 | 13.2% -8.9 | 47.5% -24.5 | 46.5% -17.8 | 20.0% +4.6 | 26.2% -2.6 | 24.1% +0.6 | 18.9% -1.5 | 30.8% +14.0 | 53.3% -2.5 | 34.9% +17.2 | 48.2% +9.1 | 46.4% +2.4 | 29.3% -3.4 | 62.4% +7.8 | 61.9% +20.5 | 30.3% -6.1 | 38.9% +1.9 |
| SUD Treatment: Initiation | 37.8% +3.3 | 37.6% +3.1 | 46.9% +1.7 | 37.2% -2.0 | 37.0% -1.5 | 46.1% +3.2 | 37.7% -2.0 | 41.6% +3.0 | 42.0% -5.1 | 40.0% -6.2 | 41.5% -8.5 | 41.1% -5.2 | 45.7% +4.5 | 42.5% -0.1 | 39.3% -0.7 | 41.7% +0.9 | 42.3% -0.1 |
| SUD Treatment: Engagement | 11.9% 0 | 14.8% +1.3 | 21.4% -1.8 | 14.0% +0.6 | 14.0% -0.9 | 17.0% +1.8 | 18.6% -1.1 | 15.2% +0.7 | 16.4% 0 | 14.6% 0 | 16.9% -1.0 | 18.8% +0.8 | 17.5% -23.5 | 16.4% 0 | 14.7% -0.9 | 15.1% -0.9 | 16.6% +0.5 |
| Oral Evaluation for Adults with Diabetes | 25.3% +3.2 | 21.2% -0.2 | 20.1% -0.4 | 25.1% +0.4 | 27.5% +4.5 | 29.8% +2.2 | 23.0% +2.6 | 25.2% +1.7 | 23.4% -1.8 | 32.0% +1.6 | 27.5% +4.1 | 23.9% +0.8 | 19.3% -1.3 | 25.9% +5.7 | 31.3% +6.1 | 30.5% +5.6 | 26.8% +2.2 |
| Preventive Dental or Oral Health Service Ages 1-5 | 59.6% +7.2 | 61.6% +4.1 | 58.8% +4.7 | 47.2% +4.8 | 60.7% +12.5 | 55.1% +6.1 | 56.8% +3.6 | 60.5% +6.9 | 58.5% +10.5 | 50.0% +9.1 | 56.0% +5.0 | 56.2% +3.4 | 36.8% +3.2 | 55.8% +8.8 | 51.0% +6.7 | 56.7% +8.4 | 56.0% +6.1 |
| Preventive Dental or Oral Health Service Ages 6-14 | 66.0% +5.6 | 59.9% -0.1 | 64.5% +3.5 | 55.6% +2.3 | 65.6% +0.8 | 58.0% +3.2 | 61.5% +5.1 | 62.9% +1.9 | 63.5% +6.3 | 63.5% +4.5 | 69.0% +3.4 | 68.5% -0.1 | 38.9% +6.1 | 60.4% +6.6 | 61.5% +5.4 | 59.9% +0.2 | 61.8% +2.8 |

§ A lower rate is better for this measure



HEALTH POLICY AND ANALYTICS

Quality Metrics, Surveys and Reports (QMSR)

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