#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
1	Childhood Immunization Status (Combo 3)	0038	Percentage of children that turned 2 years old during the measurement year and had the Dtap, IPV, MMR, HiB, HepB, VZV, and PCV vaccines by their second birthday.	Benchmark: MY 2020 Nat. Medicaid median, 67.9%  Improvement Target: MN method with 1.5 percentage point floor	Claims/ Immunization Registry
2	Immunizations for Adolescents (Combo 2)	1407	Percentage of adolescents that turned 13 years old during the measurement year and had the meningococcal, Tdap, and HPV vaccines by their 13th birthday.	Benchmark: MY 2019 Nat. Medicaid median, 36.9%  Improvement Target: MN method with 1.5 percentage point floor	Claims/ Immunization Registry
3	Child and Adolescent Well-Care Visits (incentivized for children ages 3-6, kindergarten readiness)^	1516	Percentage of children ages 3 to 6 that had one or more well-child visits with a PCP during the measurement year.	Benchmark: MY 2022 CCO 90th percentile, 70.2%  Improvement Target: MN method with 2 percentage point floor	Claims/Clinical Data
4	Prenatal & Postpartum Care - Postpartum Care^	1517	Percentage of deliveries of live births between October 8 of the year prior to the measurement year and October 7 of the measurement year that had a postpartum visit on or between 7 and 84 days after delivery.	Benchmark: MY 2022 CCO 90th percentile, 85.9%  Improvement Target: MN method with 3 percentage point floor	Claims/Clinical Data (Hybrid)
5	Screening for Depression and Follow-Up Plan	0418	Percentage of patients aged 12 years and older screened for depression on the date of the encounter or up to 14 days prior to the date of the encounter using an age-appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the eligible encounter.	Benchmark: MY 2022 CCO 90th percentile, 68.2%  Improvement Target: MN method with 2 percentage point floor	Claims/Clinical Data (eCQM measure)

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#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
6	Health Aspects of Kindergarten Readiness: CCO System-Level Social- Emotional Health^	N/A	The aim of this measure is that children from birth to age 5, and their families, have equitable access to services that support their social-emotional health and are the best match for their needs. The measure has four components: 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.	Assessment 2) Updated Asset Map of Existing Social-Emotional Health	Plans Reporting
7	Cigarette Smoking Prevalence	NA	Percentage of Medicaid members (ages 13 and older) who currently smoke cigarettes	Benchmark: MY 2022 CCO 75th percentile, 17.8% Improvement Target: MN method with 1 percentage point floor	Clinical Data (EHR)

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#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
8	Alcohol and Drug Misuse: Screening, Brief Intervention and Referral for Treatment (SBIRT)	NA	Percentage of patients ages 12 years and older who received an ageappropriate screening and, of those with a positive full screen, percentage who received a brief intervention or referral to treatment.	"Must meet both components to achieve measure"  Rate 1 (Screening) Benchmark: MY 2021 CCO 75th percentile, 66.6% Improvement Target: MN method with a 2 percentage point floor  Rate 2 (Brief Intervention) Benchmark: MY 2022 CCO 75th percentile, 46.7% Improvement Target: MN method with a 2 percentage point floor	Clinical Data (EHR)
9	Members Receiving Preventive Dental or Oral Health Services, ages 1-5 (kindergarten readiness) and 6-14 <sup>^</sup>	NA		Ages 1-5 Benchmark: MY 2022 CCO 75th percentile, 52.9% Improvement Target: MN method with 1 percentage point floor  Ages 6-14 Benchmark: MY 2022 CCO 75th percentile, 61.0% Improvement Target: MN method with 1 percentage point floor	Claims
10	Oral Evaluation for Adults with Diabetes	NA	Percentage of adults with diabetes who received at least one oral evaluation within the reporting year.	Benchmark: MY 2019 CCO 90th percentile, 31.9%  Improvement Target: MN method with 1 percentage point floor	Claims

#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
11	Assessments for Children in ODHS Custody	NA	assessment, and children ages 3-17 who received a mental health assessment within 60 days of the state notifying CCOs that the children	Benchmark: MY 2022 CCO 75th percentile, 93.2%	Claims/Social Service Data
12	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)		Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period.	Benchmark: MY 2022 CCO 90th percentile, 21.1% Improvement Target: MN method with 2 percentage point floor	Claims/Clinical Data (eCQM measure)

#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
13	Initiation and Engagement of Substance Use Disorder Treatment	0004	Initiation and Engagement of Substance Use Disorder Treatment.	~Must meet both components to achieve measure~  Initiation Benchmark: MY 2021 Nat. Medicaid 75th percentile (48.6%) Improvement Target: MN method with 2 percentage point floor  Engagement Benchmark: MY 2021 Nat. Medicaid 75th percentile (18.1%) Improvement Target: MN method with 2 percentage point floor	Claims

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#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*
14	Health Equity Measure: Meaningful Language Access to Health Care Services for persons with limited English proficiency	NA	The proportion of visits with spoken and sign language interpreter needs that were provided with OHA qualified or certified interpreter services.	~Must meet both components to achieve measure~  Component 1 Benchmark: 83 points Improvement Target: N/A  Component 2 Benchmark: 75% Improvement Target: MN method with 5 percentage point floor	Plan Reporting
15	Social Determinants of Health: Social Needs Screening & Referral	NA	To build system capacity, this measure requires CCOs to (1) prepare for equitable, trauma-informed, and culturally responsive screening and referrals, (2) work with community-based organizations to build capacity for referrals and meeting social needs, and (3) support data sharing between CCOs, providers, and community-based organizations. Later, CCOs start reporting social needs screening and referral data.	Component 1: CCO must attest to completion of all recommended measurement year 2 must-pass elements as outlined in measure specifications.  Component 2: Hybrid measure, year 2 N/A	Attestation and Plan Reporting

MY = Measurement Year

<sup>\* (</sup>Data Source\*) Clinical data includes electronic health records, registry data, and paper medical records. Claims/clinical data includes measures that require claims and clinical data, and measures that require claims or claims and clinical data. Electronic clinical quality measures (eCQMs) are indicated using italic font.

<sup>^</sup> These measures were selected for the 2024 Challenge Pool.

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#	Measure	NQF Number	Measure Description	Benchmarks and Improvement Targets	Data Source*

#### **Version Control**

This document was updated on 23 October 2023 to list final benchmarks and improvement targets as decided by the Metrics & Scoring Committee.

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