

# Oregon Health System Transformation CCO Metrics 2022 Final Report



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## Executive summary

**Program changes prioritize upstream metrics moving forward.** In October 2022, Oregon began a new five-year Medicaid demonstration period, which supports the Oregon Health Authority's (OHA) goal of eliminating health inequities by 2030. In alignment, the Coordinated Care Organization (CCO) Quality Incentive Program is prioritizing upstream metrics that address social issues impacting health (such as access to healthy foods and safe, affordable housing).

**Many benchmarks continued at lower than historical levels in response to the pandemic.** The Metrics & Scoring Committee continued lower than normal benchmarks for seven measures most impacted by the pandemic.

**2022 showed promising results on behavioral health measures and a rebound in dental measures.** Among positive results for 2022, CCOs improved screenings for depression and treatment of substance use disorders. CCOs also increased preventive dental services for youth up to 14 years old.

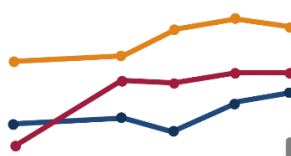
**Immunizations and well-care visits do not fare as well.** Decreases in immunizations were one area of concern in the 2022 results. There is some evidence that vaccine hesitancy grew during the pandemic, which may have some effect on these rates. In addition, 2022 results include children born at, and immunizations that would be needed during, the height of the pandemic.

**Quality Pool distributions reached historic highs.** The 2022 Quality Pool for CCO incentive metrics was over \$300 million, representing 4.25% of the total amount all CCOs were paid in 2022. This is largest payment in the history of the program, which began at \$47 million in 2013 (2% of the total amount all CCOs were paid in that year).

## 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.

Click here to explore  
the data:  
CCO Performance  
Metrics Dashboard



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# Acknowledgments

This publication was prepared by the Oregon Health Authority’s Office of Health Analytics. For questions about this report, please contact [metrics.questions@odhsoha.oregon.gov](mailto:metrics.questions@odhsoha.oregon.gov).

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## Report highlights

This report is a summary of performance by Oregon's coordinated care organizations (CCOs) in 2022. It includes highlights of statewide performance and snapshots of CCOs' performance and payments for 14 incentivized metrics. Aggregate data, such as statewide performance, can mask inequities. For more detailed data, please visit the [CCO Performance Metrics Dashboard](#).



### Kindergarten readiness: System-level social-emotional health metric

In the first year of this metric, CCOs were required to complete an attestation survey, [asset map and action plan](#). These documents show how CCOs will improve the social-emotional health of young children. These efforts are part of a broader measurement strategy on the health sector's role in preparing children for kindergarten. Documentation requirements aimed to capture CCO progress on the following 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

The components intentionally work to build upon each other within each year and from year to year. They require community engagement and CCO-led collective work to improve the social-emotional health of young children. CCOs were required to complete all must-pass items for the measurement year, with no option for partial credit. In 2022, all CCOs met this measure.

### Health equity measure: Meaningful language access to culturally responsive health care services

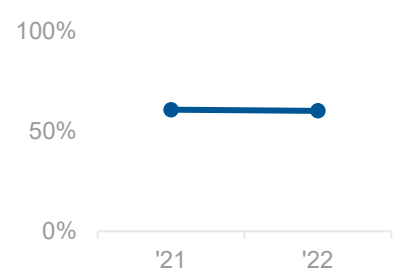
This measure promotes high-quality language services for all Medicaid members. In 2021, CCOs were required to conduct a self-assessment of language access. They were also required to attest to identifying and assessing communication needs; providing language assistance services; training staff and providing notice of language assistance services.

For the 2022 incentive, CCOs had to meet two components. First, CCOs had to continue to improve the work they identified in their self-attestation. Second, CCOs had to collect 80% of interpreter service data on a sample of members' physical, behavioral or dental health visits. This sample included 30% or up to 411 members per CCO who OHA identified as needing an interpreter. CCOs could request to adjust or add members to this sample. Among this sample, CCOs provided an OHA [qualified and certified interpreter](#) for only 5.6% of members' visits. CCOs provided any interpretative services for 32.6% of these members' visits. One CCO did not meet the requirement to collect 80% of interpreter service data on the sample.

### Childhood immunization status: Combo 3

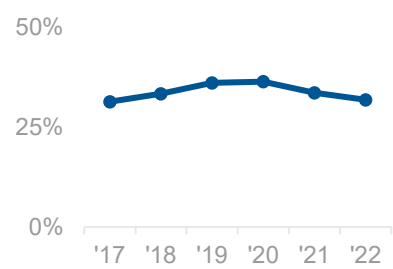
This measure assesses the percentage of children who received recommended vaccines in Combo 3 by their second birthday. Combo 3 is a series of vaccinations including: diphtheria, tetanus, pertussis; poliovirus; measles, mumps, and rubella; haemophilus influenza type B; hepatitis B; chicken pox; and pneumococcal conjugate. CCO performance held steady from 2021 to 2022.

This measure replaces Combo 2, which was incentivized by from 2016 to 2021. The National Committee for Quality Assurance retired Combo 2 following 2021.



### Immunizations for adolescents: Combo 2

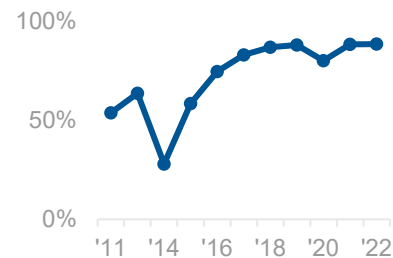
This measure evaluates provision of immunizations (meningococcal, tetanus, diphtheria and pertussis; HPV) for adolescents who turned 13 during the measurement year. CCO performance on this metric continued a downward trend which started in 2020. Disruptions in care during the pandemic are likely still affecting this measure.



### Assessment for children in ODHS custody

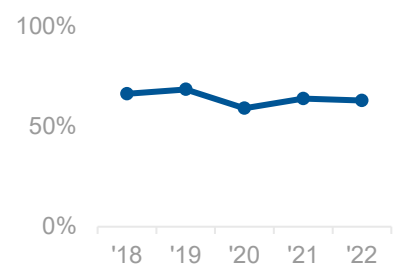
This measure helps ensure children who are entering foster care get the age-appropriate physical, mental, and dental health care they need. CCOs showed improvement on this measure in 2021 and held those gains in 2022.

Note: Because of a change in methodology, results prior to 2014 are not directly comparable to later years.



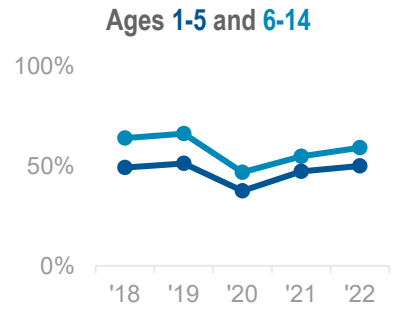
### Kindergarten readiness: Child and adolescent well-care visits (ages 3-6)

This measure is part of the multi-measure health aspects of kindergarten readiness strategy. Well-care visits are a critical opportunity for screening and preventive care. These visits also serve as an opportunity to catch up on missed vaccinations and other important services. CCO performance began to rebound in 2021, after the pandemic caused disruptions in routine care. However, CCO performance in 2022 went down slightly.



## Kindergarten readiness: Preventive dental or oral health services

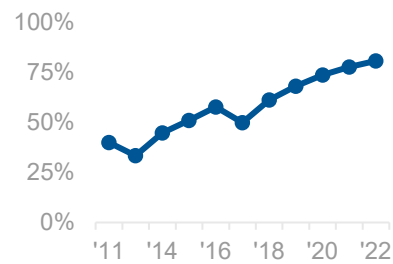
The component of this measure focusing on children ages 1-5 is part of the multi-measure health aspects of kindergarten readiness strategy. After dropping sharply in 2020, CCO performance for both age groups have improved. These services help children avoid oral health problems that can impact their health and education.



## Prenatal and Postpartum care: Postpartum care

This measure focuses on the rate of CCO members who receive postpartum care after giving birth, and it continued to improve in 2022. This care is an important way to support the long-term health and well-being of both parent and child. The steady increase in this measure is a significant success.

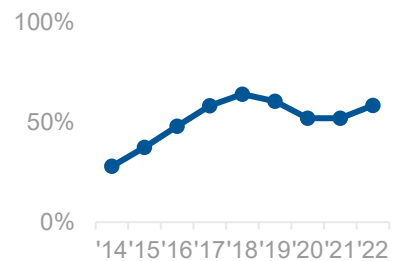
Note: Because of a change in methodology, results prior to 2014 are not directly comparable to later years.



## Depression screening and follow-up (EHR)

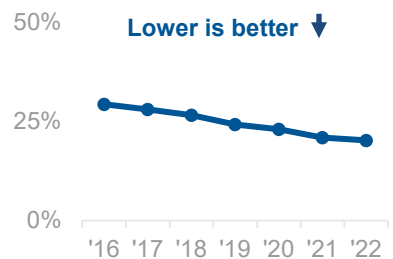
Performance on this measure of depression screening and follow-up showed notable improvement in 2022, after a large drop in 2020 and 2021. Mental health has been a major focus area for OHA, CCOs and community partners.

Note: Because of a change in methodology, results prior to 2019 are not directly comparable to later years.



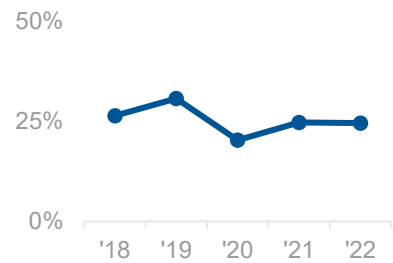
## Cigarette smoking prevalence (EHR)

This measure of cigarette smoking prevalence among members 13 years and older who visited a primary care provider has continued to decline. For this measure, a lower rate indicates better performance.



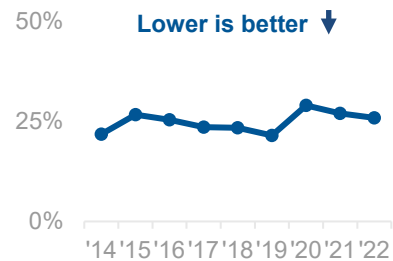
## Oral evaluation for adults with diabetes

This measure looks at the percentage of adult CCO members with diabetes who received a comprehensive oral health evaluation. People with diabetes have higher rates of periodontal disease. Annual oral evaluations can help providers catch and treat the disease early, resulting in better health outcomes. After dropping in 2020, CCO performance improved in 2021 and held steady in 2022. However, CCO performance remains below pre-pandemic rates.



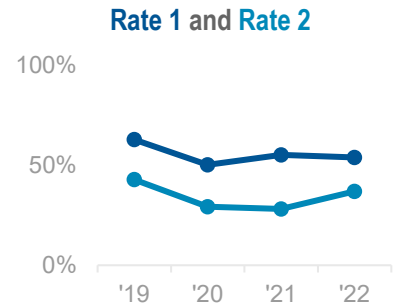
## Diabetes care: HbA1c poor control (EHR)

This measure looks at the percentage of adult CCO members who have diabetes and whose blood sugars are poorly controlled or are not laboratory tested during the measurement year. Because the measure reports poor control, a lower rate is better. After worsening in 2020, performance on this measure has improved. However, CCO performance remains lower than pre-pandemic levels.



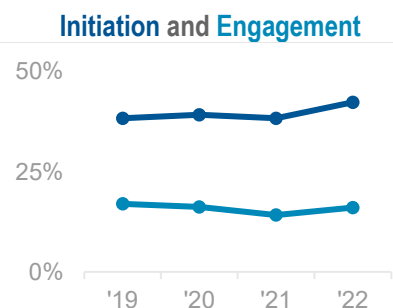
## Screening, brief intervention and referral to treatment (SBIRT) (EHR)

This version of the SBIRT measure was first incentivized in 2019, and then was dramatically affected by the pandemic. Two rates are reported: (1) screening and (2) brief interventions or referrals for those who screen positive for unhealthy alcohol or drug use. The screening rate was down slightly in 2022, but CCOs maintained most of the improvement they made in 2021. The brief intervention or referral rate was up from 2021.

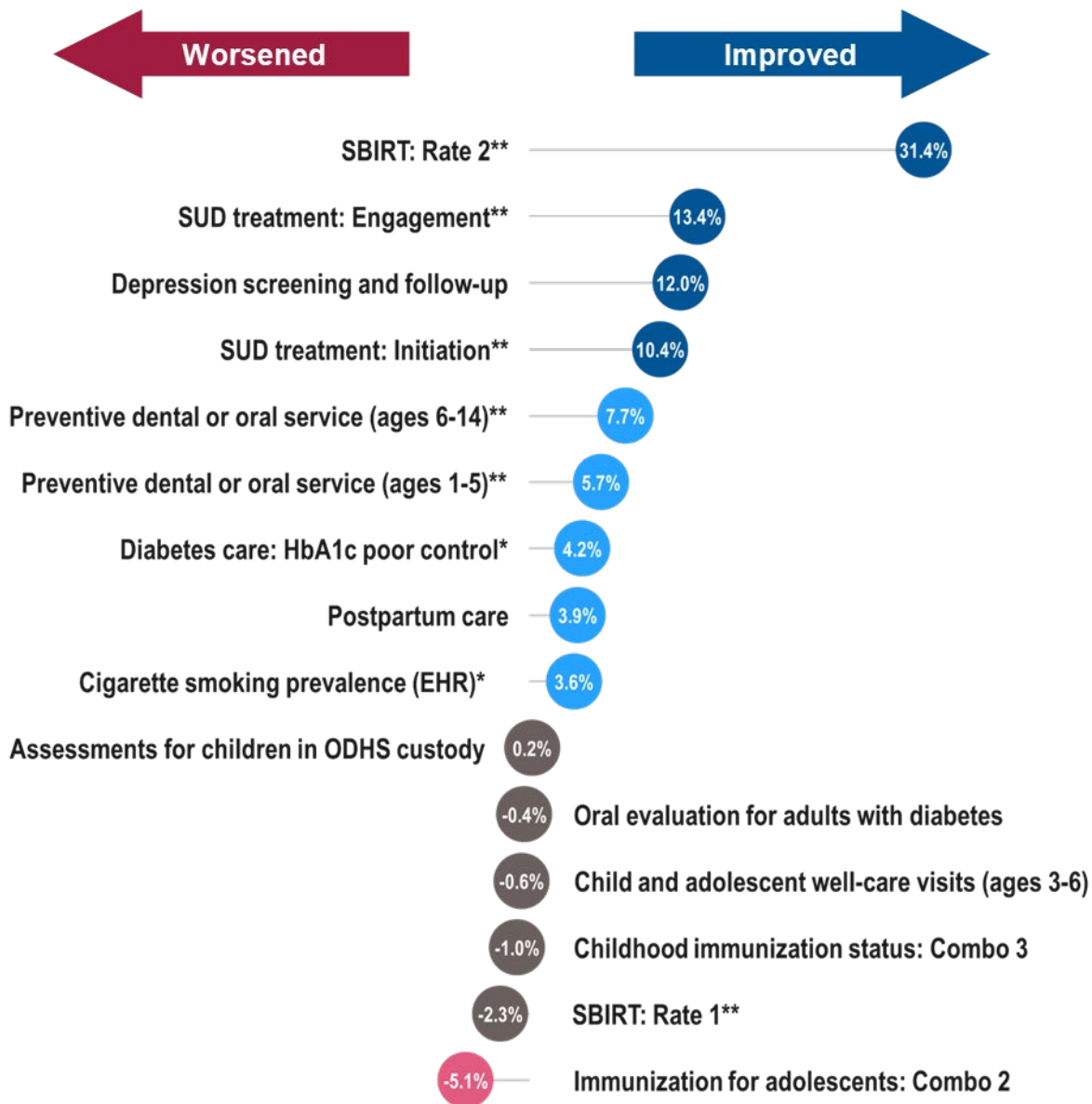


## Substance use disorder (SUD) treatment

This measure looks at two aspects of care for adult CCO members who are newly diagnosed with substance use disorder: (1) timely initiation of treatment and (2) engagement in continuing treatment. Both rates showed improved CCO performance in 2022. However, this may have been influenced by a methodology change from member-based calculations to episode-based calculations. OHA is supporting additional quality improvement on this measure, such as work through a statewide Performance Improvement Project.



## At a glance: Statewide change in CCO performance from 2021



\* 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 3.6%, meaning a 3.6% decrease in the rate of smoking.

\*\* Each of these three measures (SUD treatment, Preventive dental/oral health, and SBIRT) has two separately reported rates.

\*\*\* In the chart, changes of less than 3% are color-coded and grouped as largely steady since 2021, 3-10% moderate change, and above 10% substantial change.



# 2022 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 South	Trillium North	Umpqua Health Alliance	Yamhill Community Care
<p> <span style="color: #0070C0;">■</span> CCO achieved BENCHMARK  <span style="color: #4F81BD;">■</span> CCO achieved IMPROVEMENT TARGET  <span style="color: #0070C0;">*</span> Top performing CCO in each measure                       ^ challenge pool measure                      † can pass either element for incentive                      ‡ must pass both elements for incentive   <b>Bold</b> indicates CCO earned 100% of Quality Pool                 </p>																
Assessments for children in ODHS custody			*													
Child and adolescent well-care visits (ages 3-6) <sup>^</sup>									*							
Childhood immunization status: Combo 3			*													
Cigarette smoking prevalence (EHR)									*							
Depression screening and follow-up								*								
Diabetes care: HbA1c poor control										*						
Health equity: Meaningful language access <sup>^</sup>		*														
Immunization for adolescents: Combo 2									*							
Oral evaluation for adults with diabetes									*							
Prenatal and postpartum care: Postpartum care								*								
Preventive dental or oral service utilization <sup>†^</sup>																
Ages 1-5		*														
Ages 6-14											*					
System-level social emotional health <sup>^</sup>																
SBIRT <sup>‡</sup>																
Rate 1								*								
Rate 2		*														
SUD treatment <sup>‡</sup>																
Initiation										*						
Engagement			*													

## 2022 benchmarks and improvement targets

To achieve a quantitative measure, CCOs must achieve either a benchmark or improvement target. Benchmarks are the same for all CCOs. Normally, the Metrics and Scoring Committee sets benchmarks that are aspirational goals. Benchmarks typically are set at the 75<sup>th</sup> or 90<sup>th</sup> percentile of national performance. CCOs that do not meet the aspirational benchmark can still achieve a measure by showing continuous quality improvement – this is the improvement target. The CCO-specific [improvement target](#) rewards progress toward the aspirational benchmark.

**The pandemic upended the usual benchmarking approach.** In [2020](#), the quality pool funds were greatly reduced and funds redirected to meet the immediate needs of the delivery system. At the same time, all performance benchmarks were suspended, shifting the program from pay-for-performance to pay-for-reporting. This shift helped the health system as it strained to respond to the COVID public health emergency.

In [2021](#), the Metrics & Scoring Committee reintroduced benchmarks, but with the unprecedented plan to revisit benchmarks for measures most impacted by the pandemic. In late 2021, benchmarks were significantly reduced for seven of the eight measures [meeting their criteria](#). Improvement target floors were suspended for all measures.

**In 2022, the Metrics and Scoring Committee increased benchmarks**, but they remained far below historical levels for [measures most impacted by the pandemic](#). As in 2021, CCOs did not have a floor for improvement targets in 2022.

## 2022 Quality Pool distribution and CCO enrollment

Intended to drive quality improvement, each CCO is paid with funds in the Quality Pool for reaching benchmarks or demonstrating improvements on incentive measures.

The 2022 Quality Pool for CCO incentive metrics was over \$300 million, representing 4.25% of the total amount all CCOs were paid in 2022. This is largest payment in the history of the program, which began at \$47 million in 2013 (2% of the total amount all CCOs were paid).

The share of these funds that a CCO can earn depends on the number of members it serves and its performance on the 14 incentive metrics. These funds are earned in two stages described below.

### Quality Pool: Phase one distribution

CCOs can earn 100% of their Quality Pool in the first phase of distribution by meeting the benchmark or improvement target on 75% of the incentive metrics (11 of 14 metrics). If a CCO does not meet this requirement, those unearned funds go into the Challenge Pool.

No “must pass” metrics were selected for the 2022 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 each year.

### Challenge Pool: Phase two distribution

The Challenge Pool contains any funds remaining after stage one distribution of the Quality Pool. For 2022, the Challenge Pool focused on measures for kindergarten readiness and health equity. Challenge Pool funds were distributed to CCOs according to their performance on each of the four Challenge Pool metrics:

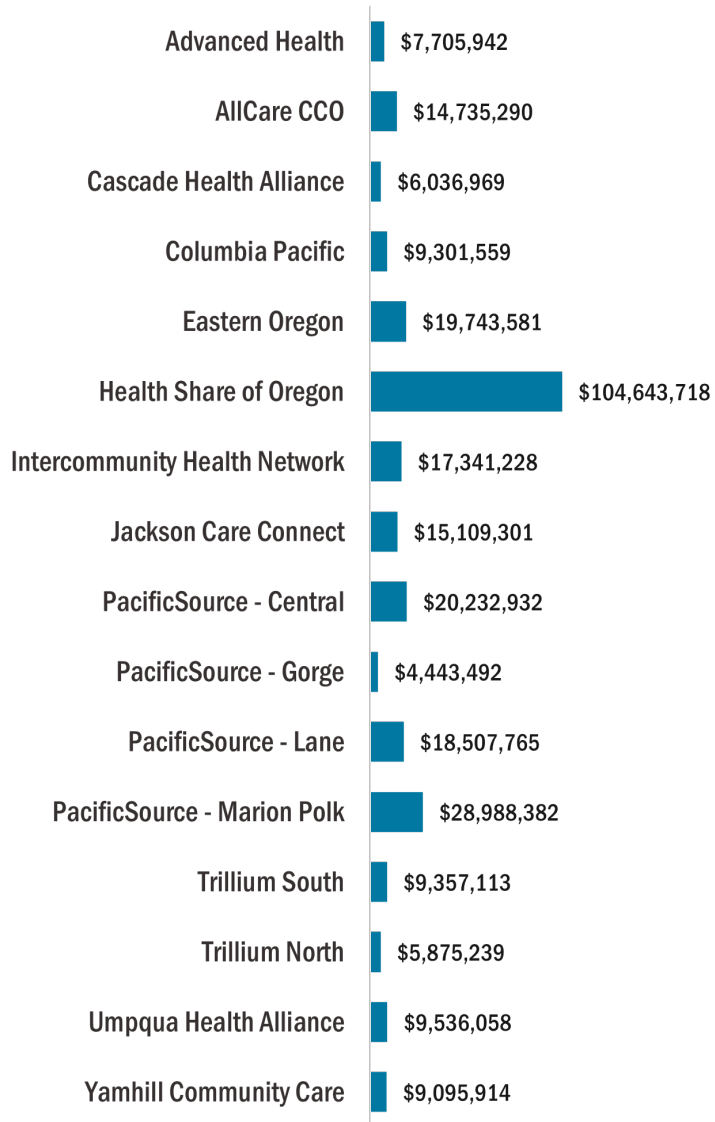
1. Child and adolescent well-care visits (incentivized for ages 3-6)
2. System-Level Social Emotional Health
3. Preventive dental or oral health services, ages 1-5 and 6-14
4. Health equity measure: Meaningful language access to culturally responsive health care services

## 2022 Quality Pool Distribution

CCO	Stage 1 Distribution			Challenge Pool		Total	
	# Measures met (14 possible)	Total payment earned in Stage 1*	% Quality Pool funds earned	# Challenge Pool measures met (4 possible)	\$ Challenge Pool earned	Total payment (Stage 1 + Challenge Pool + MCO tax)	Total % Quality Pool earned
Advanced Health	11	\$7,256,723	100%	4	\$295,100	\$7,705,942	104%
AllCare Health Plan	11	\$13,781,577	100%	4	\$659,007	\$14,735,290	105%
Cascade Health Alliance	11	\$5,707,901	100%	3	\$208,329	\$6,036,969	104%
Columbia Pacific	10	\$8,738,176	90%	4	\$377,351	\$9,301,559	94%
Eastern Oregon	11	\$18,598,920	100%	4	\$749,789	\$19,743,581	104%
Health Share of Oregon	12	\$98,002,155	100%	4	\$4,548,689	\$104,643,718	105%
Intercommunity Health Network	9	\$16,358,179	80%	3	\$636,224	\$17,341,228	83%
Jackson Care Connect	11	\$14,297,485	100%	3	\$509,631	\$15,109,301	104%
PacificSource – Central	12	\$19,052,861	100%	4	\$775,412	\$20,232,932	104%
PacificSource – Gorge	12	\$4,176,983	100%	4	\$177,639	\$4,443,492	104%
PacificSource – Lane	9	\$17,199,797	80%	4	\$937,812	\$18,507,765	84%
PacificSource – Marion Polk	10	\$27,289,733	90%	3	\$1,118,881	\$28,988,382	94%
Trillium South	11	\$8,773,271	100%	4	\$396,700	\$9,357,113	105%
Trillium North	12	\$5,517,852	100%	3	\$239,882	\$5,875,239	104%
Umpqua Health Alliance	13	\$8,952,324	100%	4	\$393,013	\$9,536,058	104%
Yamhill Community Care	12	\$8,544,861	100%	4	\$369,135	\$9,095,914	104%
<b>Total</b>		<b>\$282,248,797</b>			<b>\$12,392,595</b>	<b>\$300,654,482</b>	

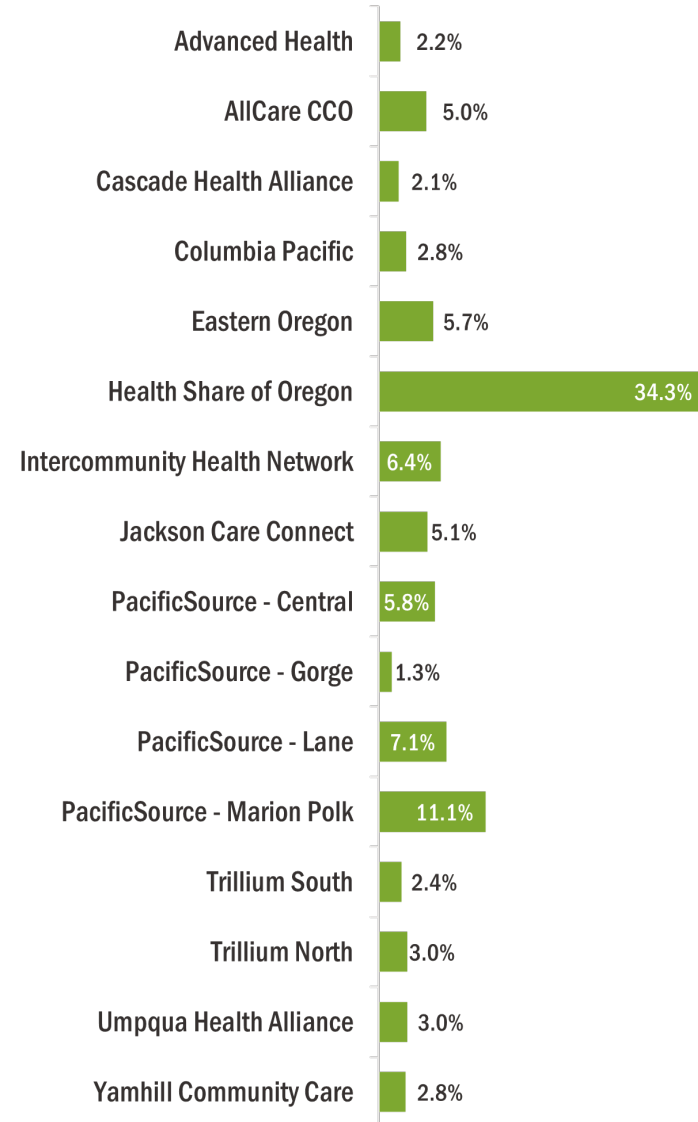
\* Quality Pool distribution is based on number of measures met and CCO size (number of members). See next page for CCO enrollment.

## Total quality pool dollars earned, by CCO



## Percent of total enrollment, by CCO

n = 1,204,561



Total enrollment is the average of monthly members in 2022. These estimates come from OHA's Office of Financial and Actuarial Services (OFA) and are used to calculate Quality Pool payments.

# 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](#) has shown the program is successful in driving improvements overall. OHA is committed to using the CCO quality incentive program as a tool to improve health equity.

## 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.

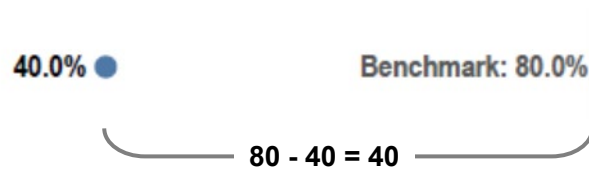
CCOs have the flexibility to support new models of care that are patient-centered and team-focused and eliminate health inequities. CCOs are able to better coordinate services and focus on prevention, chronic illness management and person-centered care. They have flexibility within their budgets to provide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

## Improvement targets

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 **2021** (i.e., baseline) on Measure 1 was 40.0%.

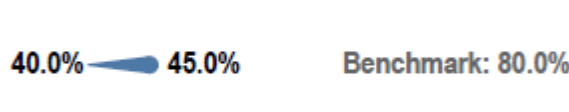


The gap between baseline and the benchmark is  $[80-40] = 40\%$

Ten percent of 40 % = 4%. Thus, **CCO A must improve by 4 percentage points in 2022.**

Their **improvement target** is  $[\text{baseline} + 4\%] = [40\% + 4\%] = 44\%$

Suppose that CCO A’s performance in **2022** is 45%; they **achieved their improvement target and met** Measure 1.



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 2021 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: [baseline + floor] = [60% + 3%] = 63%.

Although a “floor” approach has been used in the past, because of the COVID-19 pandemic, the Metrics and Scoring Committee did not apply floors to the 2021 or 2022 improvement targets. This meant that CCO improvement targets could be lower than in previous years.

### 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/CCO-Metrics.aspx>

### Version control

August 21, 2023: Corrected name of Yamhill Community Care in quilt chart on page 9.