Oregon Health Authority

Annual Performance Progress Report

Reporting Year 2018

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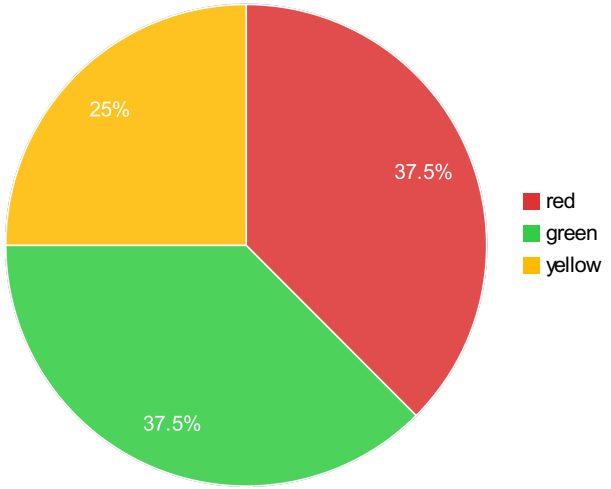
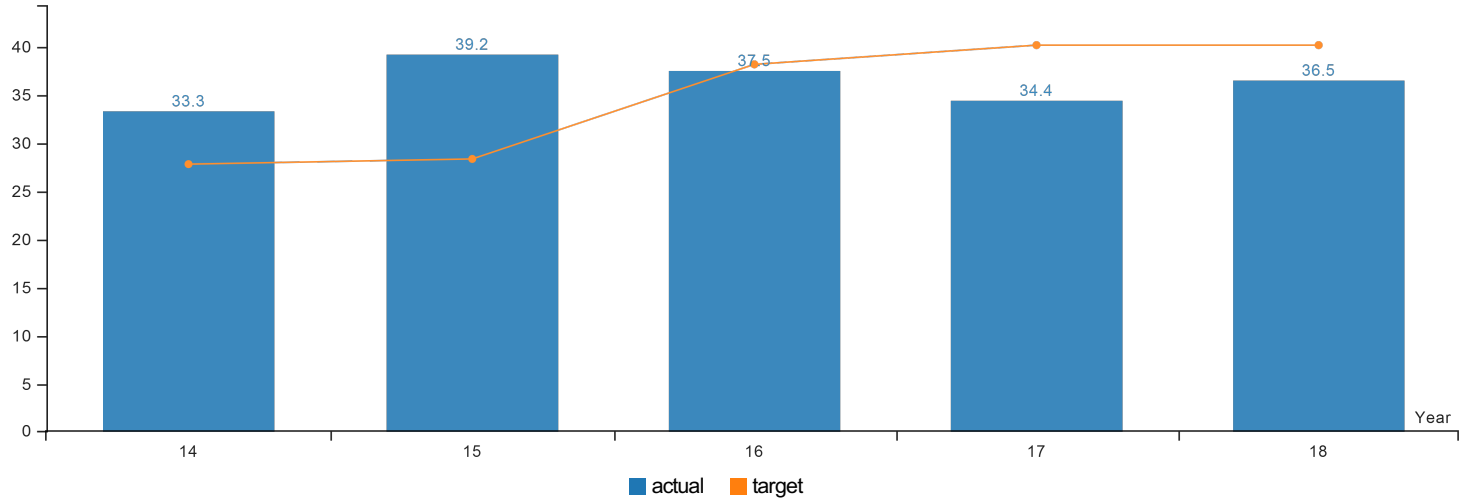
KPM #	Approved Key Performance Measures (KPMs)
1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
5	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (INITIATION) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
6	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (CONTINUATION AND MAINTENANCE) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
7	30 DAY ILLICIT DRUG USE AMONG 6TH GRADERS - Percentage of 6th graders who have used illicit drugs in the past 30 days.
8	30 DAY ALCOHOL USE AMONG 6TH GRADERS - Percentage of 6th graders who have used alcohol in the past 30 days.
9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
11	30 DAY ILLICIT DRUG USE AMONG 11TH GRADERS - Percentage of 11th graders who have used illicit drugs in the past 30 days.
12	30 DAY ALCOHOL USE AMONG 11TH GRADERS - Percentage of 11th graders who have used alcohol in the past 30 days.
13	PRENATAL CARE (POPULATION) - Percentage of women who initiated prenatal care in the first 3 months of pregnancy.
14	PRENATAL CARE (MEDICAID) - Percentage of women who initiated prenatal care within 42 days of enrollment.
15	PATIENT CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT - Number of members enrolled in patient-centered primary care homes by tier.
16	PQI 01: Diabetes Short-Term Complication Admission Rate -
17	PQI 05: COPD or Asthma in Older Adults Admission Rate -
18	PQI 08: Congestive Heart Failure Admission Rate -
19	ACCESS TO CARE - Percentage of members who responded "always" or "usually" too getting care quickly (composite for adult and child).
19	PQI 15: Asthma in Younger Adults Admission Rate -
20	MEMBER EXPERIENCE OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
21	MEMBER HEALTH STATUS - Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (excellent, very good, or good).
22	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
23	RATE OF TOBACCO USE (MEDICAID) - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.
24	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
25	EFFECTIVE CONTRACEPTIVE USE (POPULATION) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
26	EFFECTIVE CONTRACEPTIVE USE (MEDICAID) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
27	FLU SHOTS (POPULATION) - Percentage of adults ages 50-64 who receive a flu vaccine.
28	CHILD IMMUNIZATION RATES (POPULATION) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
29	CHILD IMMUNIZATION RATES (MEDICAID) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
30	PLAN ALL CAUSE READMISSIONS - Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older.
31	ELIGIBILITY PROCESSING TIME - Median number of days processing time from date of request to eligibility determination.
32	OHP MEMBERS IN CCOs - Percent of Oregon Health Plan members enrolled in Coordinated Care Organizations.
33	CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.



Performance Summary	Green	Yellow	Red
	= Target to -5%	= Target -5% to -15%	= Target > -15%
Summary Stats:	37.50%	25%	37.50%

KPM #1	INITIATION OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received initiation of AOD treatment within 14 days of diagnosis.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Initiation of alcohol and other drug dependence treatment					
Actual	33.30%	39.20%	37.50%	34.40%	36.50%
Target	27.81%	28.35%	38.20%	40.20%	40.20%

How Are We Doing

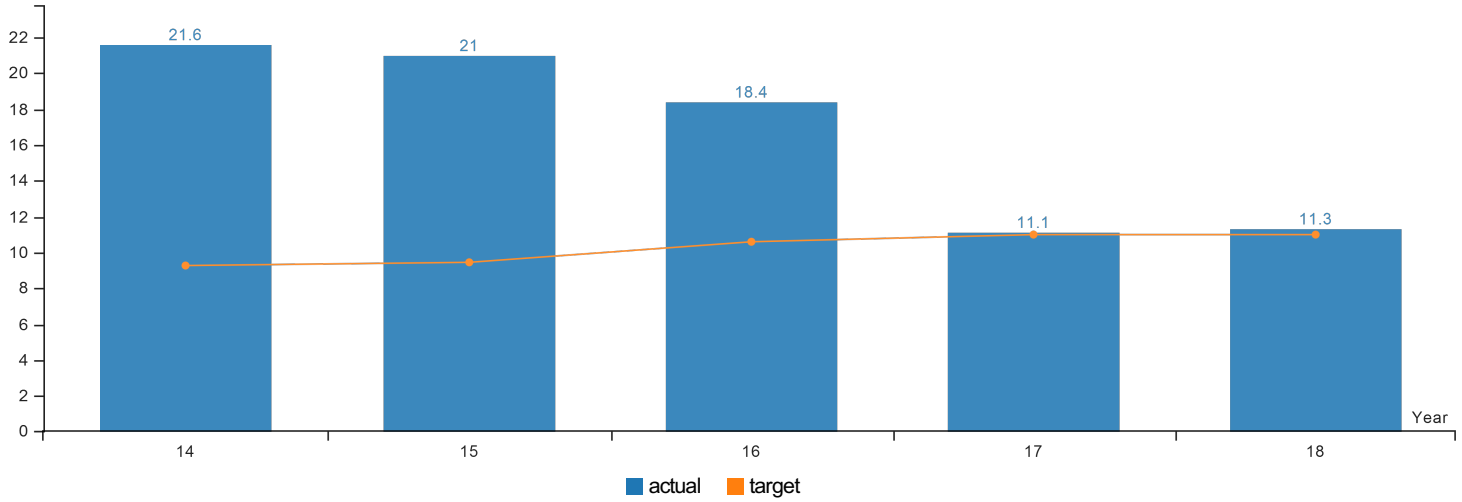
After an 18 percent increase between 2013-2014, the percentage of Medicaid members age 13+ who were newly diagnosed with alcohol or other drug dependence and who began treatment within 14 days of initial diagnosis has been slowly decreasing back to 2013 levels. However, there was an uptick from 2016 to 2017 (from 34.4% to 36.5%).

Factors Affecting Results

It is possible that the increased statewide emphasis on alcohol and drug use screening (SBIRT) due to the CCO incentive measure resulted in an increase in initiation of alcohol and drug treatment, as more individuals with risky or problematic substance use are identified and referred to treatment services.

KPM #2	ENGAGEMENT OF ALCOHOL AND OTHER DRUG DEPENDENCE TREATMENT - Percentage of members with a new episode of alcohol or other drug dependence who received two or more services within 30 days of initiation visit.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Engagement of alcohol and other drug dependence treatment					
Actual	21.60%	21%	18.40%	11.10%	11.30%
Target	9.27%	9.45%	10.60%	11%	11%

How Are We Doing

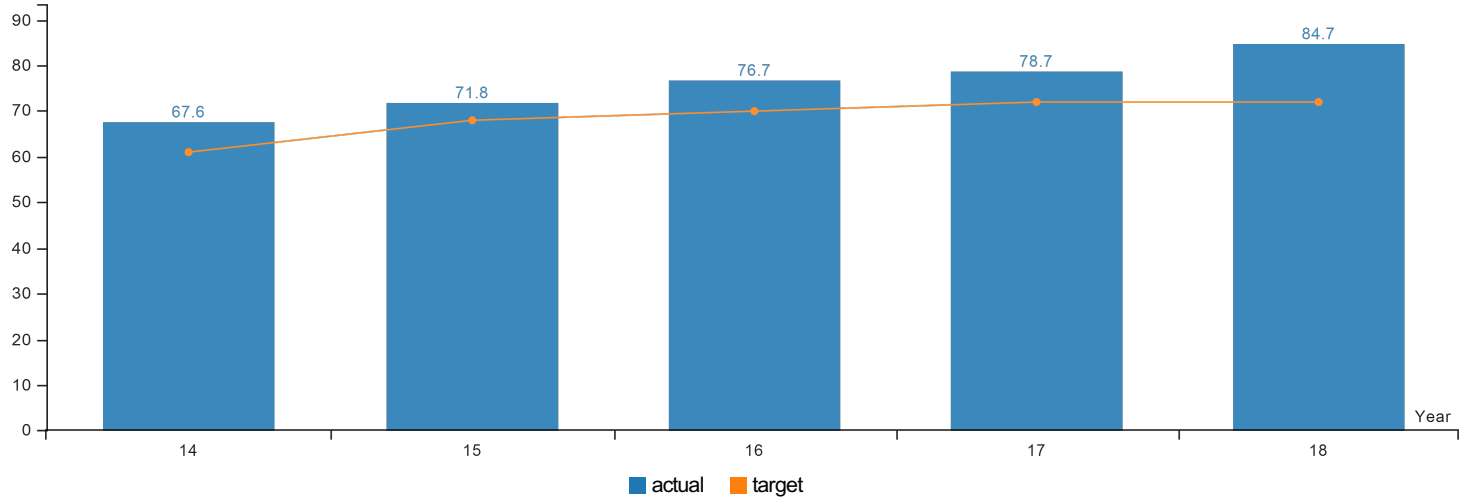
The percentage of CCO members who continued their treatment (had two or more visit within 30 days of their initial treatment) was nearly twice the national average in 2013 (21.6%). Since 2013, this percentage has been steadily declining, and in 2017 only 11.3% of CCO members continued their treatment. While this is a considerable decline since 2013, performance remains slightly above the KPM target.

Factors Affecting Results

Nationally, performance on this measure is low, with a 2013 national Medicaid median of only 10.6%

KPM #3	FOLLOW-UP AFTER HOSPITALIZATION FOR MENTAL ILLNESS - Percentage of enrollees 6 years of age and older who were hospitalized for treatment of mental health disorders and who were seen on an outpatient basis or were in intermediate treatment within seven days of discharge.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Follow-up after hospitalization for mental illness					
Actual	67.60%	71.80%	76.70%	78.70%	84.70%
Target	61%	68%	70%	72%	72%

How Are We Doing

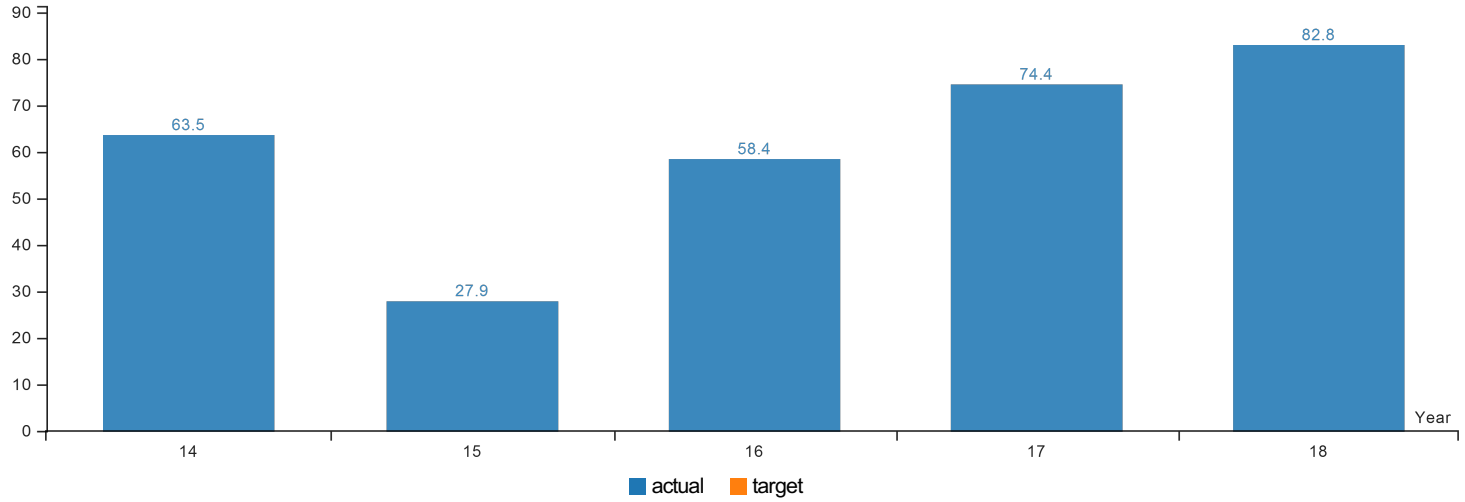
In 2017, 84.7% of CCO members (ages 6 and older) who were admitted to the hospital for mental illness received follow-up with a health care provider within seven days of discharge. Oregon is consistently surpassing the KPM target and in 2015 surpassed the 2014 national Medicaid 90th percentile. Beginning in 2015, follow-up visits on the same day of discharge were included in the measure. Given our high performance in this area, this measure is no longer included in the incentive measure program, though OHA continues to track and monitor performance.

Factors Affecting Results

Oregon is using a modified version of the measure which includes follow up care provided in community health settings, resulting in our higher rate.

KPM #4	MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY - Percentage of children in DHS custody who receive a mental, physical, and dental health assessment within 60 days of the state notifying CCOs that the children were placed into custody with DHS (foster care).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
MENTAL, PHYSICAL, AND DENTAL HEALTH ASSESSMENTS FOR CHILDREN IN DHS CUSTODY					
Actual	63.50%	27.90%	58.40%	74.40%	82.80%
Target	TBD	TBD	TBD	TBD	TBD

How Are We Doing

While there is still continued room for improvement, CCOs improved tremendously in 2015 (58.4%), 2016 (74.4%), and 2017 (82.8%).

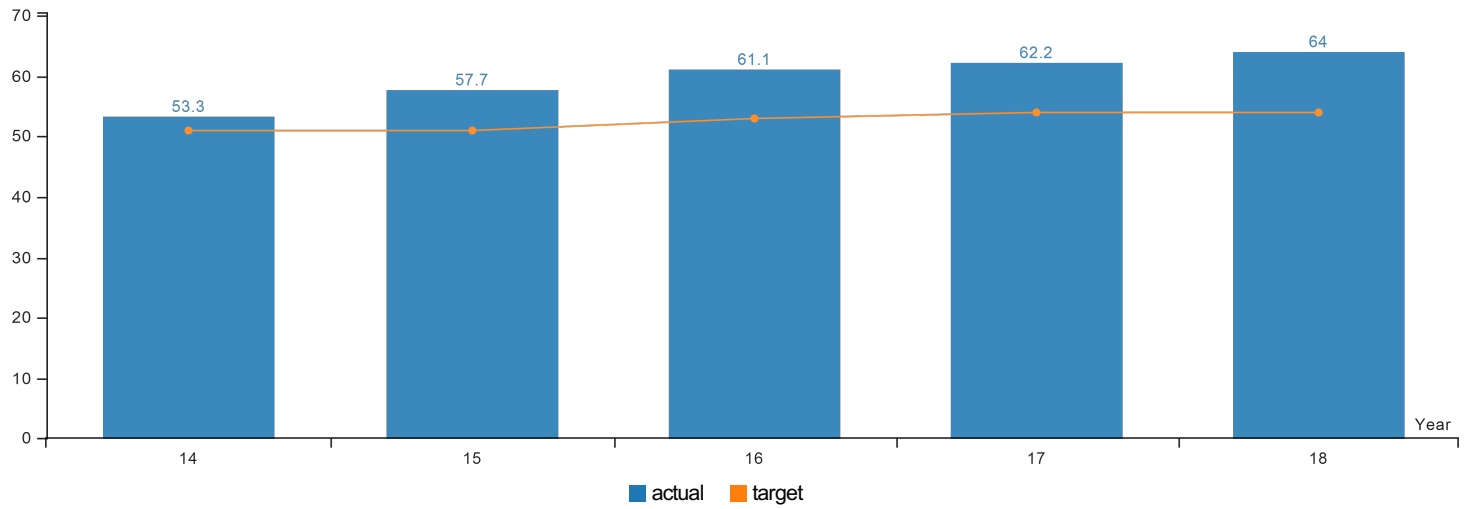
Factors Affecting Results

Because this is a CCO incentive measure, CCOs across the state are making concerted efforts to improve performance. One factor driving improvement has been increased coordination between CCOs and local DHS branch offices.

NOTE: 2013 not comparable to later years due to methodology change. In addition, dental assessments added in 2014.

KPM #5	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (INITIATION) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Follow-up care for children prescribed with ADHD medication (initiation)					
Actual	53.30%	57.70%	61.10%	62.20%	64%
Target	51%	51%	53%	54%	54%

How Are We Doing

In 2011, 52.3% of children ages 6-12 had at least one follow up visit with a health care provider during the 30 days after receiving a new prescription for Attention Deficit Hyperactivity Disorder (ADHD) medication. In 2013, the rate had increased just slightly to 53.3%, above the KPM target, and above the 90th percentile nationally. The rate has continued to improve since then, with 64.0% of patients newly prescribed ADHD medication receiving follow up in 2017. Oregon is above the national 90th percentile for both Medicaid and Commercial.

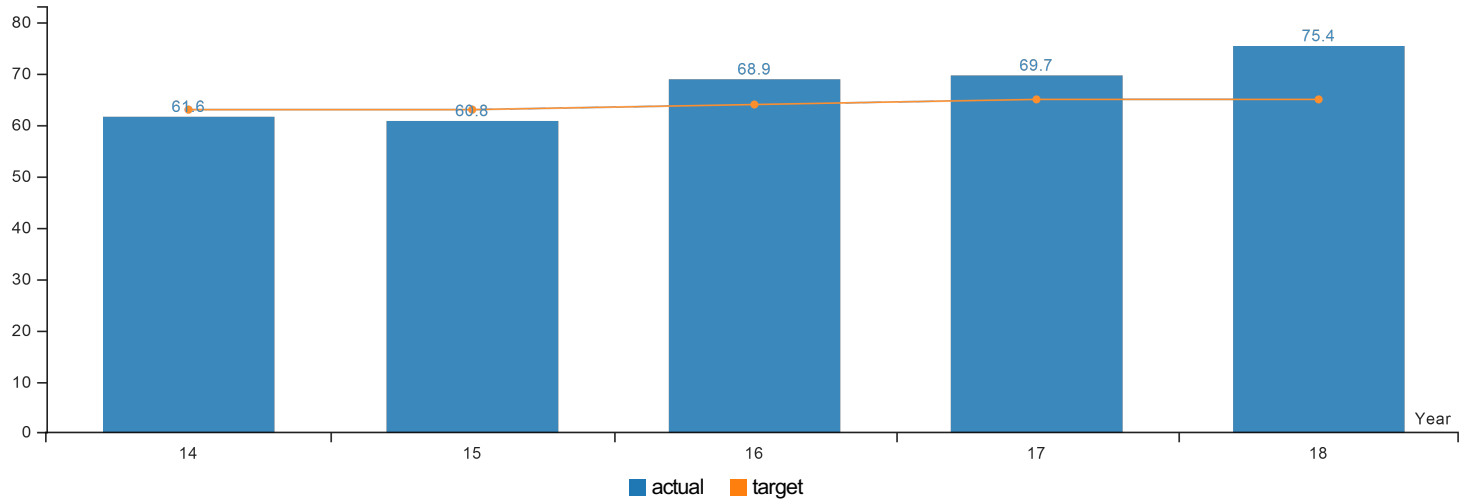
NOTE: This measure was incentivized in 2013 and 2014.

Factors Affecting Results

We have heard from providers that limiting the follow up visit to within the first 30 days is not well aligned with some of the current ADHD medications, which may require a 45 day initial prescription. Children with these longer initial prescriptions would fall outside of the 30 day window for this measure.

KPM #6	FOLLOW-UP CARE FOR CHILDREN PRESCRIBED WITH ADHD MEDICATION (CONTINUATION AND MAINTENANCE) - Percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Follow-up care for children prescribed with ADHD medication (continuation and maintenance)					
Actual	61.60%	60.80%	68.90%	69.70%	75.40%
Target	63%	63%	64%	65%	65%

How Are We Doing

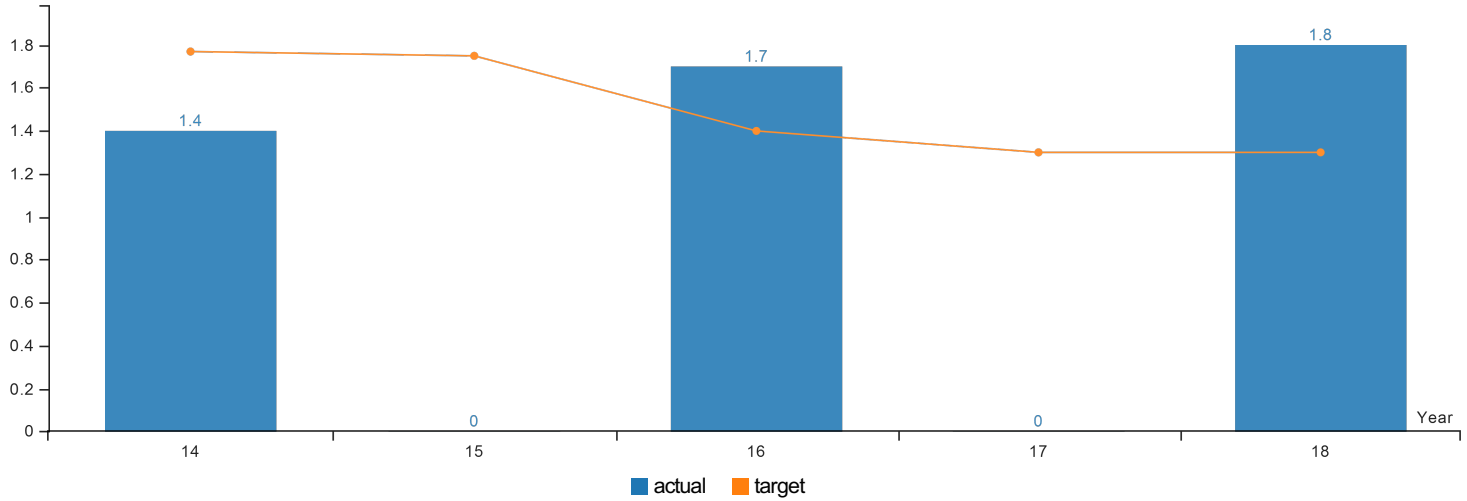
Calendar year 2011 is the baseline for this measure. In 2011, 61.0% of children who remained on ADHD medication for 210 days after receiving a new prescription also had at least two follow up visits with a provider. This rate remained fairly steady in CY's 2013 and 2014, and increased notably in CY2015, with 68.9% of children receiving continued follow-up with a provider. In CY2017, the rate was 75.4%, above the KPM target of 65%.

Factors Affecting Results

A number of other CCO incentive measures as well as initiatives including the patient-centered primary care home model put greater emphasis on preventive care and well child visits. These efforts may result in children being more likely to engage with their primary care providers, leading to greater follow-up care for children prescribed medications for their ADHD. This measure is also notable for small denominators across the CCOs (with some having fewer than 30 children that meet these criteria); data shifts are more likely given these small numbers.

KPM #7	30 DAY ILLICIT DRUG USE AMONG 6TH GRADERS - Percentage of 6th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day illicit drug use among 6th graders					
Actual	1.40%	No Data	1.70%	No Data	1.80%
Target	1.77%	1.75%	1.40%	1.30%	1.30%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Past figures included marijuana use. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

These data can be found published here: https://oregon.pridesurveys.com/dl.php?pdf=Oregon_SWS_Statewide_Report_2018.pdf&type=region

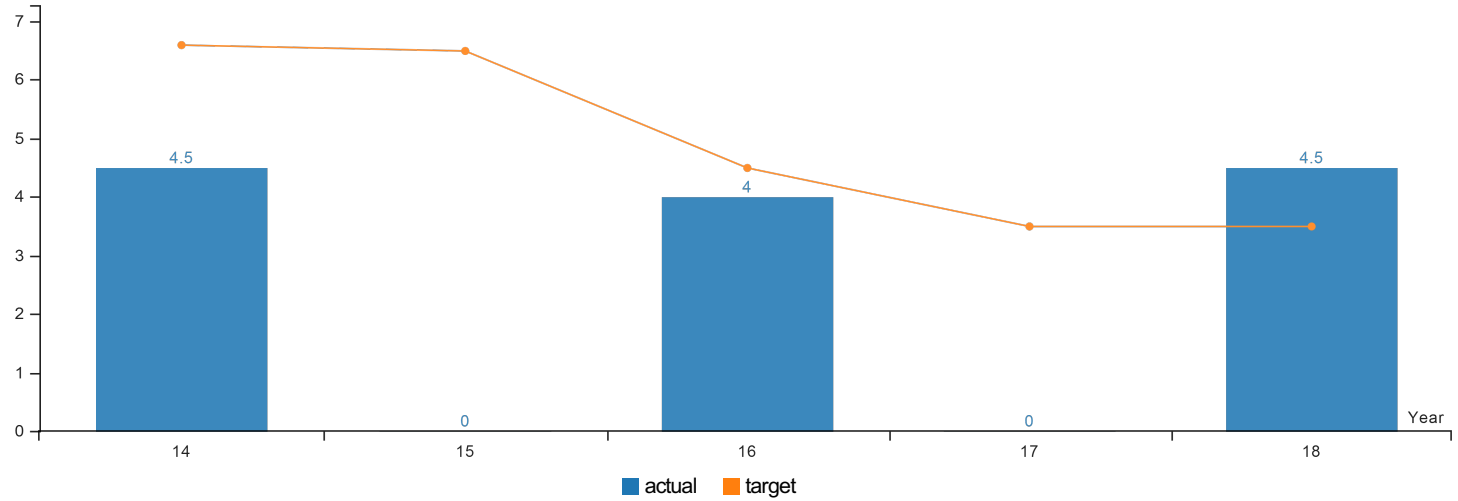
In 2012, the percentage of 6th graders who used any illicit drug in the past 30 days was 1.8%; in 2014 this decreased slightly to 1.4%; and in 2016 this increased again to 1.7%.

Factors Affecting Results

Favorable attitudes on the part of youth about using alcohol and other drugs can be a major predictor of their use. Parental attitudes toward drug use have a tremendous effect on youth use. Youth whose parents feel that drug use is a “rite of passage” or that “kids will be kids” have much higher rates of illicit drug use than those whose parents are clear that youth should not do drugs.

KPM #8	30 DAY ALCOHOL USE AMONG 6TH GRADERS - Percentage of 6th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day alcohol use among 6th graders					
Actual	4.50%	No Data	4%	No Data	4.50%
Target	6.60%	6.50%	4.50%	3.50%	3.50%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

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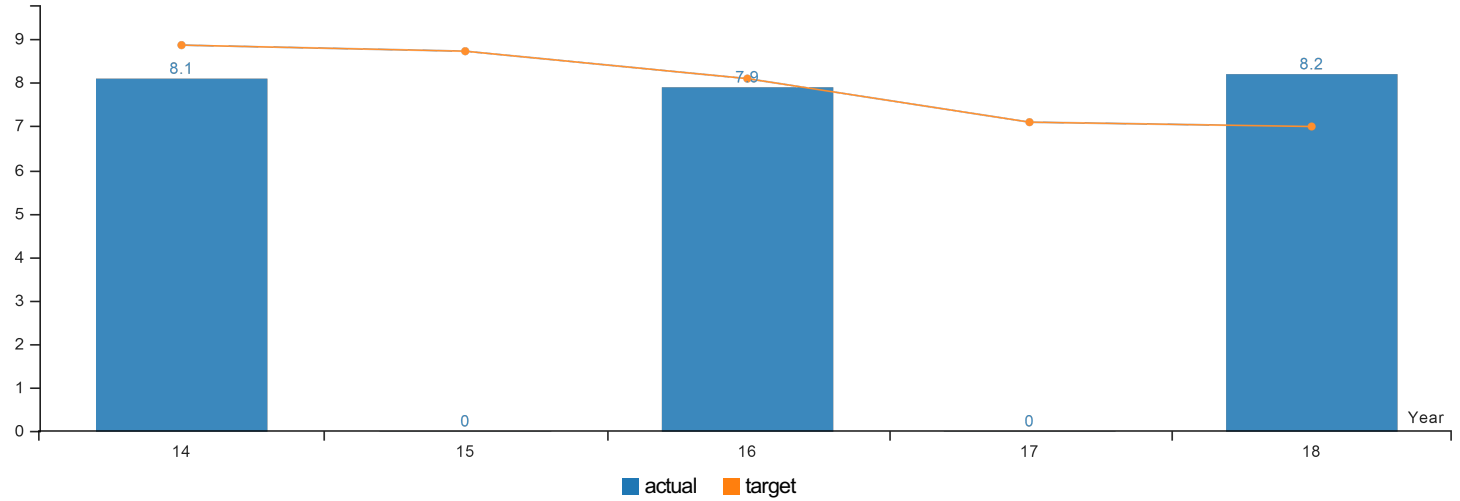
Factors Affecting Results

KPM #9	30 DAY ILLICIT DRUG USE AMONG 8TH GRADERS - Percentage of 8th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day illicit drug use among 8th graders					
Actual	8.10%	No Data	7.90%	No Data	8.20%
Target	8.87%	8.73%	8.10%	7.10%	7%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Past figures included marijuana use. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

These data can be found published here:
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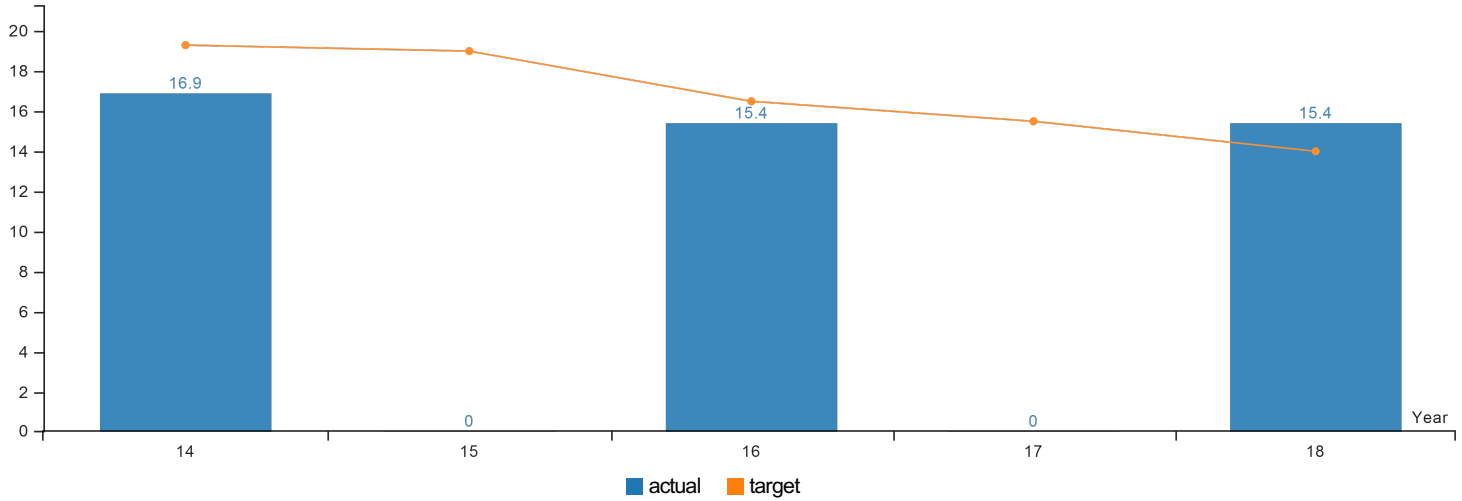
Factors Affecting Results

Favorable attitudes on the part of youth about using alcohol and other drugs can be a major predictor of their use. Parental attitudes toward drugs use have a tremendous effect on youth use. Youth whose parents feel that drug use is a “rite of passage” or that “kids will be kids” have much higher rates of illicit drug use than those whose parents are clear that youth should not do drugs.

KPM #10	30 DAY ALCOHOL USE AMONG 8TH GRADERS - Percentage of 8th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day alcohol use among 8th graders					
Actual	16.90%	No Data	15.40%	No Data	15.40%
Target	19.31%	19.01%	16.50%	15.50%	14%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

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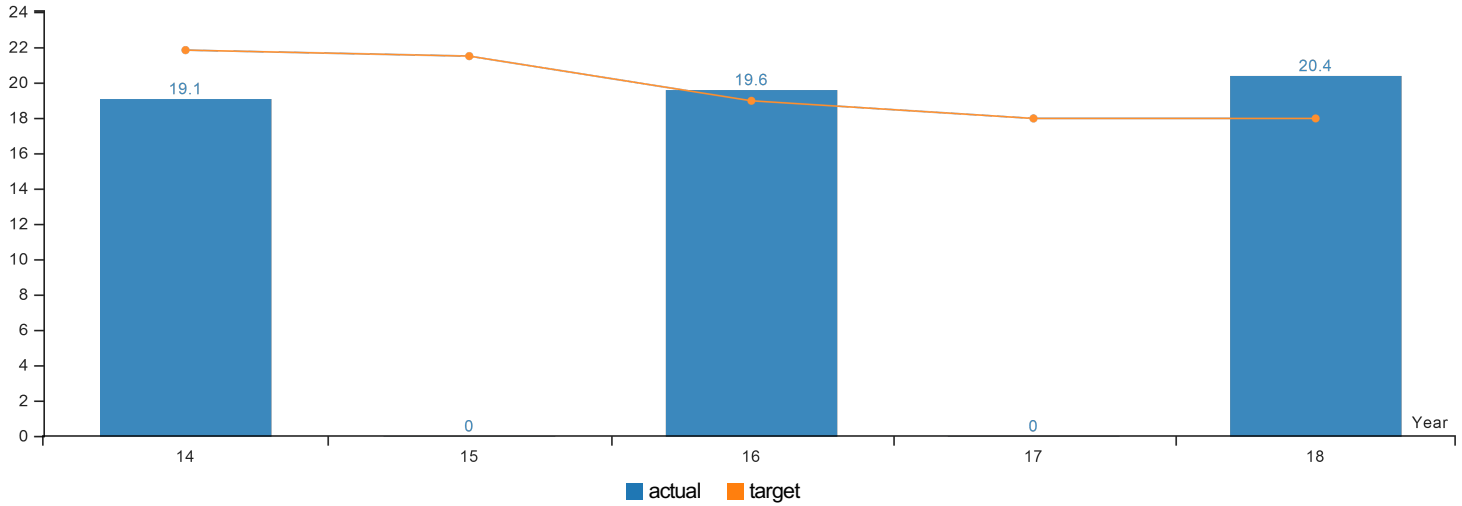
Factors Affecting Results

KPM #11	30 DAY ILLICIT DRUG USE AMONG 11TH GRADERS - Percentage of 11th graders who have used illicit drugs in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day illicit drug use among 11th graders					
Actual	19.10%	No Data	19.60%	No Data	20.40%
Target	21.87%	21.53%	19%	18%	18%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Past figures included marijuana use. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

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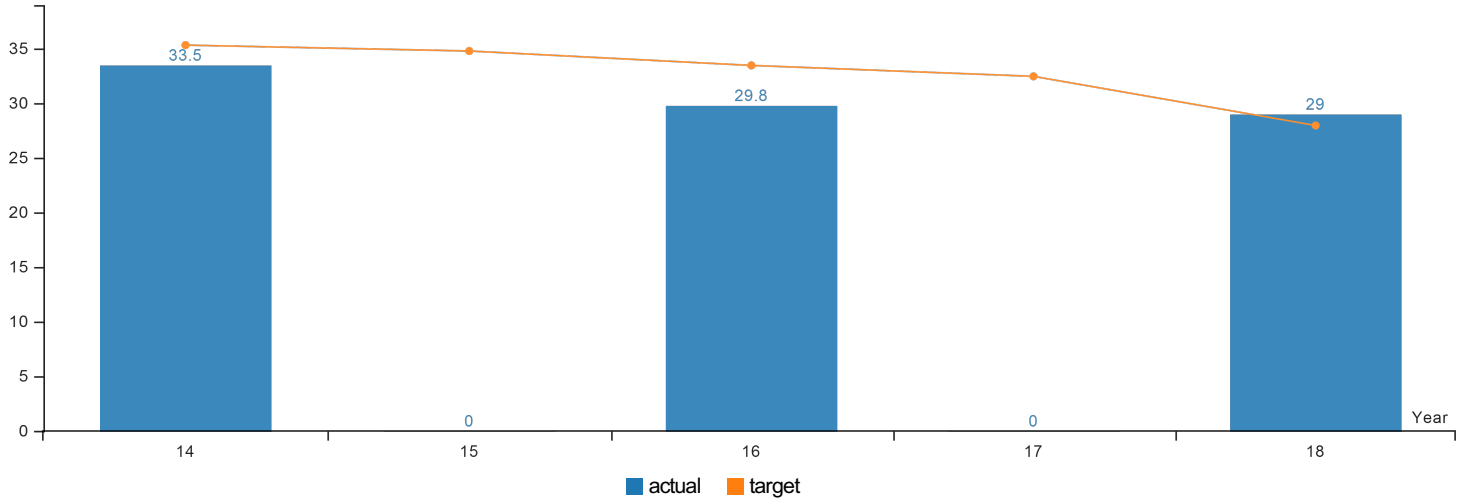
Factors Affecting Results

Favorable attitudes on the part of youth about using alcohol and other drugs can be a major predictor of their use. Parental attitudes toward drugs use have a tremendous effect on youth use. Youth whose parents feel that drug use is a “rite of passage” or that “kids will be kids” have much higher rates of illicit drug use than those whose parents are clear that youth should not do drugs.

KPM #12	30 DAY ALCOHOL USE AMONG 11TH GRADERS - Percentage of 11th graders who have used alcohol in the past 30 days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
30 day alcohol use among 11th graders					
Actual	33.50%	No Data	29.80%	No Data	29%
Target	35.36%	34.82%	33.50%	32.50%	28%

How Are We Doing

The rates reported in the key performance metrics were previously collected by the AMH division of the Oregon Health Authority. In 2015, ownership of the measure was transferred to the Public Health Division. Student Wellness Survey data is only collected in the even numbered years. Beginning in 2020, the Oregon Healthy Teens survey and the Student Wellness survey will be merged to the Student Health Survey which PHD will issue every other year in even numbered years. The Student health survey will include 6th, 8th and 11th grade statistics.

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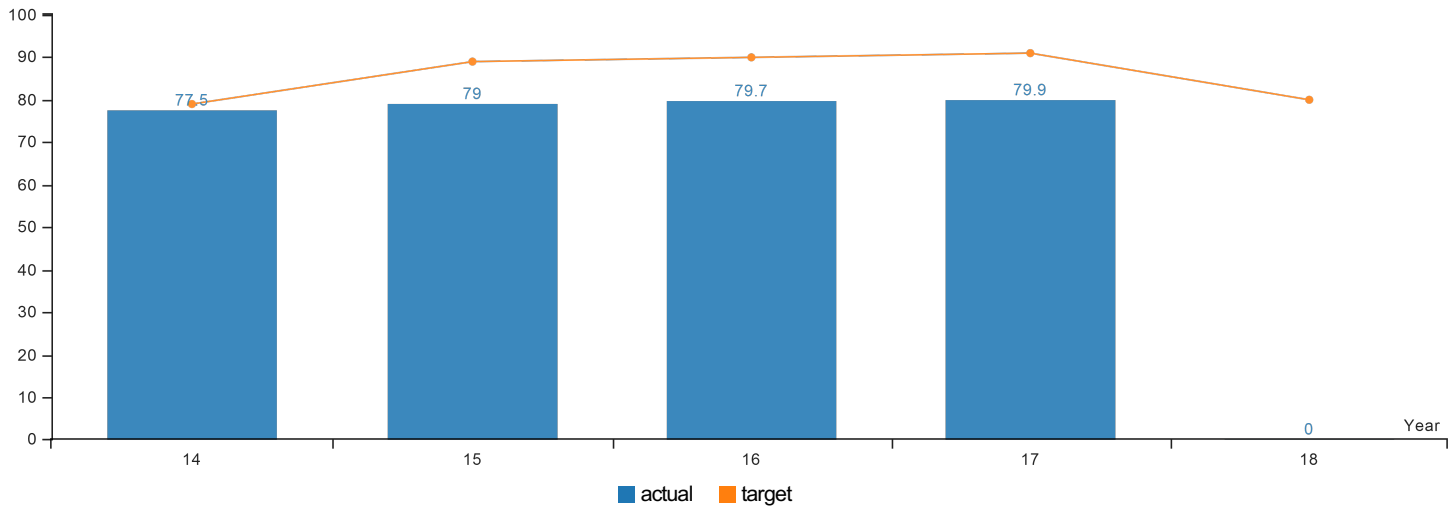
Factors Affecting Results

KPM #13	PRENATAL CARE (POPULATION) - Percentage of women who initiated prenatal care in the first 3 months of pregnancy.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Prenatal care - population					
Actual	77.50%	79%	79.70%	79.90%	No Data
Target	79%	89%	90%	91%	80%

How Are We Doing

The percentage of women initiating prenatal care during the first trimester is a marker for access to maternal health care services. This percentage has remained relatively stable in Oregon from 2015 to 2017. Early prenatal care is important to identify and treat babies or mothers at risk for health conditions that can affect the pregnancy, such as hypertension and diabetes. It is also important because health care providers can educate and assist mothers with health issues related to pregnancy including nutrition, alcohol use, smoking, exercise, and preparing for childbirth and infant care. Prenatal care is an important screening point for behavioral and social risks such as perinatal depression, intimate partner violence, and food insecurity. Babies born to women who receive prenatal care early and throughout the pregnancy are less likely to have low birth weight or to be born prematurely. Psychosocial, financial, logistical, health care provider, and many other issues can create barriers for women in obtaining early prenatal care.

This indicator is used by states and at the national level, as the data is from vital statistics (birth certificates), therefore making it widely available and representative of the population. While this indicator has been traditionally used, and is widely understood, it is also valuable to examine the Adequacy of Prenatal Care Utilization Index (https://www.mchlibrary.org/databases/HSNRCPDFs/Overview_APCUIndex.pdf), which examines the number of prenatal care visits a woman has received throughout pregnancy in addition to the timing of initiation. This allows for a more thorough examination of woman's access to care. It is worth noting that the data for prenatal care used in both indicators is only available for live births, and therefore does not include information on the prenatal care of women who had a miscarriage or a still birth.

The data on first trimester initiation of prenatal care is publicly released by the Oregon Center for Health Statistics in their Annual Vital Statistic Report. These reports can be found at https://www.oregon.gov/oha/PH/BIRTHDEATHCERTIFICATES/VITALSTATISTICS/ANNUALREPORTS/VOLUME1/Pages/index.aspx

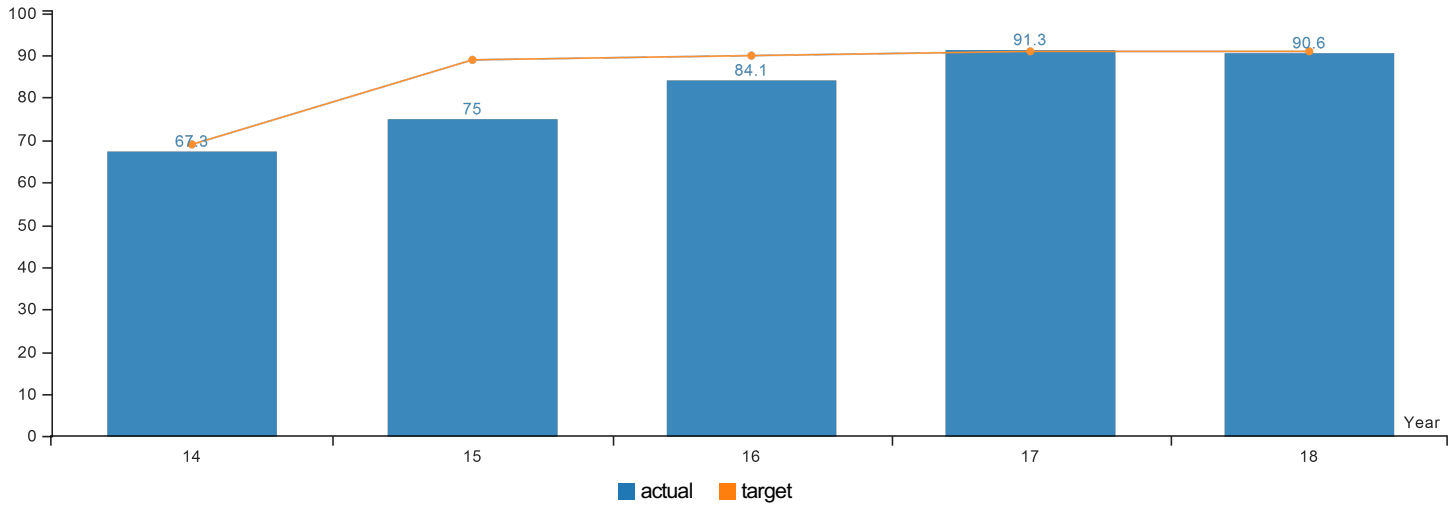
Factors Affecting Results

Women give a variety of reasons for not accessing early prenatal care. Women may not feel that early care is important, may not know they are pregnant, or may be experiencing barriers such as lack of insurance coverage, inability to get an appointment or unreliable transportation.

2018 data is not available yet.

KPM #14	PRENATAL CARE (MEDICAID) - Percentage of women who initiated prenatal care within 42 days of enrollment.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Prenatal care - Medicaid					
Actual	67.30%	75%	84.10%	91.30%	90.60%
Target	69%	89%	90%	91%	91%

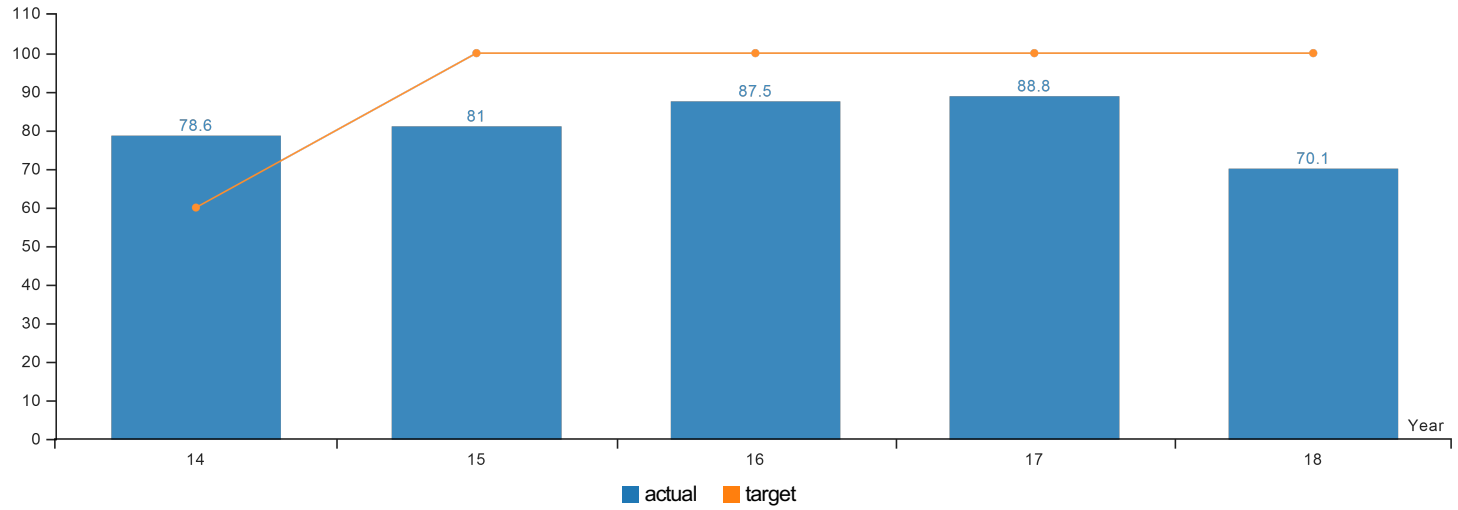
How Are We Doing

Factors Affecting Results

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

KPM #15	PATIENT CENTERED PRIMARY CARE HOME (PCPCH) ENROLLMENT - Number of members enrolled in patient-centered primary care homes by tier.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Patient centered primary care home (PCPCH) enrollment					
Actual	78.60%	81%	87.50%	88.80%	70.10%
Target	60%	100%	100%	100%	100%

How Are We Doing

This measure uses a weighted methodology to ensure members are not just enrolled in a PCPCH, but are enrolled in the higher PCPCH tiers.

92 percent of CCO members are enrolled in a PCPCH, resulting in a weighted score of 70.1 percent.

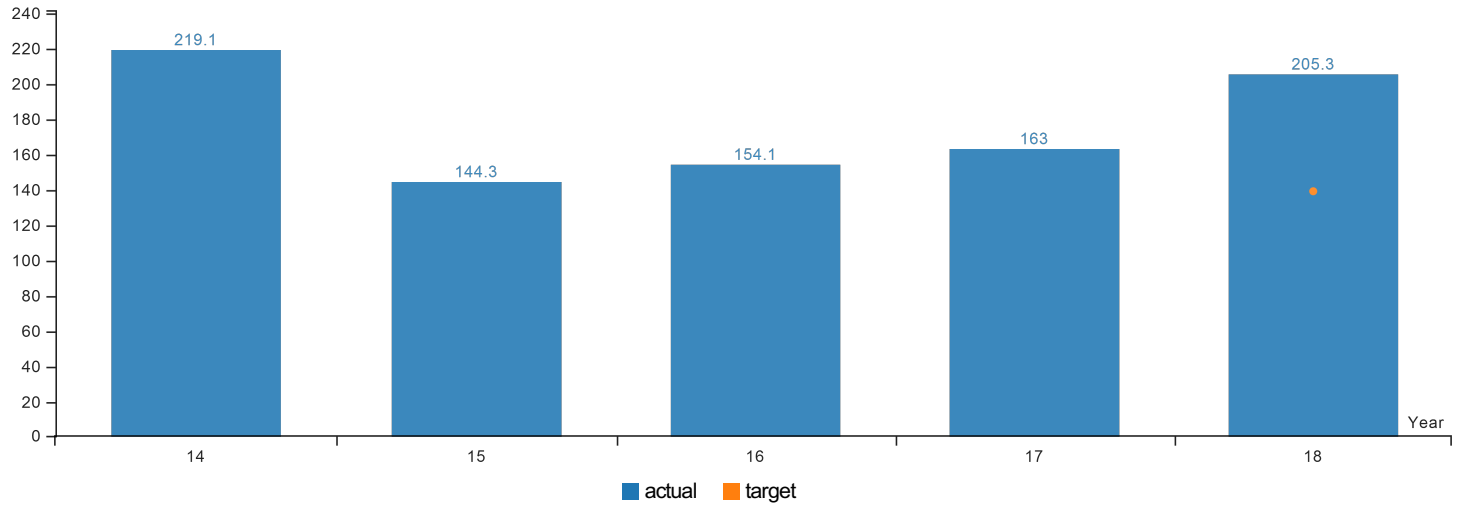
Beginning in 2017, the PCPCH program launched 5 STAR recognition. This new level of recognition was incorporated into the weighting formula for PCPCH score. Thus, scores are not comparable to previous years.

Factors Affecting Results

Coordinated care organizations are driving improvement on this measure through two main efforts: (1) working with contracted providers to go through the PCPCH recognition process, and (2) preferentially assigning members to certified PCPCHs. PCPCH enrollment is also a CCO incentive measure.

KPM #16	PQI 01: Diabetes Short-Term Complication Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
PQI 01: Diabetes Short-Term Complication Admission Rate					
Actual	219.10	144.30	154.10	163	205.30
Target	TBD	TBD	TBD	TBD	139

How Are We Doing

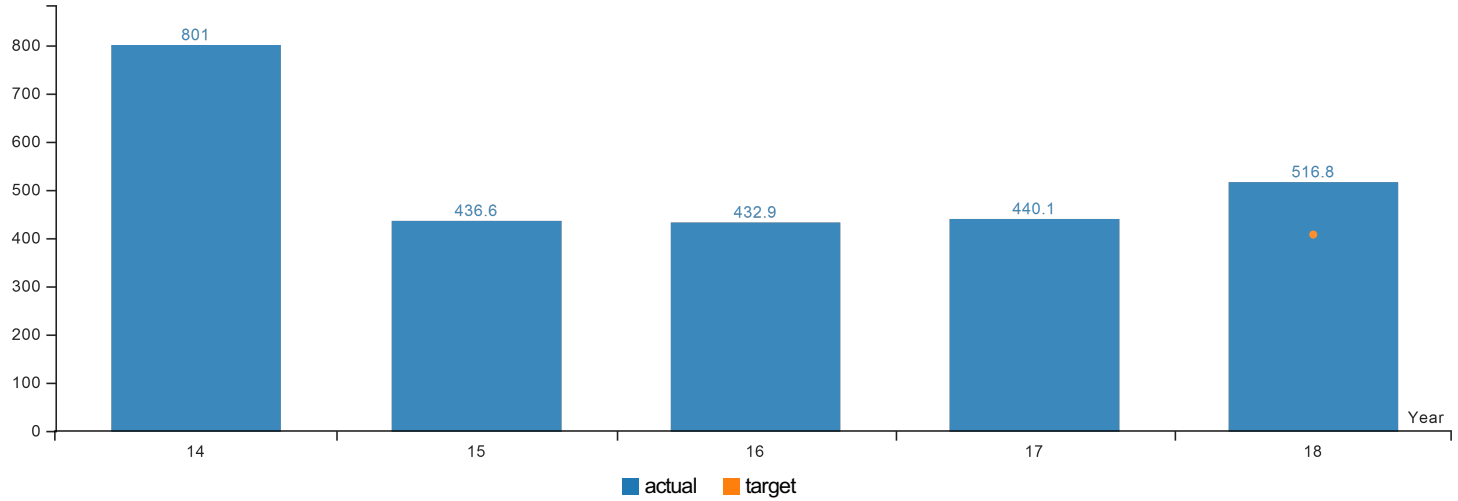
In 2011, there were 198 admissions per 100,000 member years for diabetes short-term complications. This rate increased slightly in 2014 (219 per 100,000 MY) before declining more than 50 percent in 2014, with only 144 admissions per 100,000 member years. In 2015 and 2016, the rate increased slightly with 163/100,000 MY in 2016; this increase continued in 2017 (205.3/100,000 MY when lower is better.)

Factors Affecting Results

Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. As the coordinated care model helps ensure that members receive the appropriate care at the appropriate time in the appropriate place, chronic and acute conditions are more likely to be addressed outside of hospital settings, resulting in improvements in this metric. Moreover, as enrollment in patient-centered primary care homes continues to increase (see KPM #15), CCOs and providers continue to emphasize the importance of preventive care.

KPM #17	PQI 05: COPD or Asthma in Older Adults Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
PQI 05: COPD or Asthma in Older Adults Admission Rate					
Actual	801	436.60	432.90	440.10	516.80
Target	TBD	TBD	TBD	TBD	408

How Are We Doing

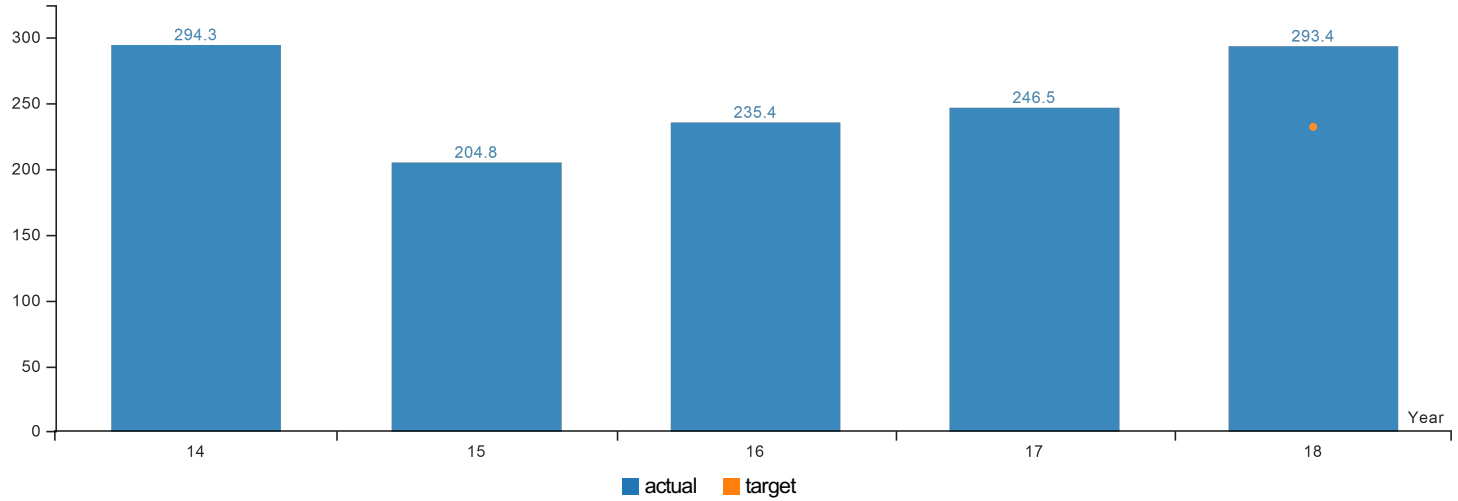
In 2011, there were 1,102 hospital admissions for COPD or asthma in older adults. This rate declined in 2013 to 801/100,000 Member Years (MY); and since 2014 the rate has remained steady around 440 /100,000 MY. In 2016, performance on this metric was below the KPM benchmark (lower is better). However, in 2017 performance was above the KPM benchmark (when lower is better).

Factors Affecting Results

Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. As the coordinated care model helps ensure that members receive the appropriate care at the appropriate time in the appropriate place, chronic and acute conditions are more likely to be addressed outside of hospital settings, resulting in improvements in this metric. Moreover, as enrollment in patient-centered primary care homes continues to increase (see KPM #15), CCOs and providers continue to emphasize the importance of preventive care.

KPM #18	PQI 08: Congestive Heart Failure Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
PQI 08: Congestive Heart Failure Admission Rate					
Actual	294.30	204.80	235.40	246.50	293.40
Target	TBD	TBD	TBD	TBD	232

How Are We Doing

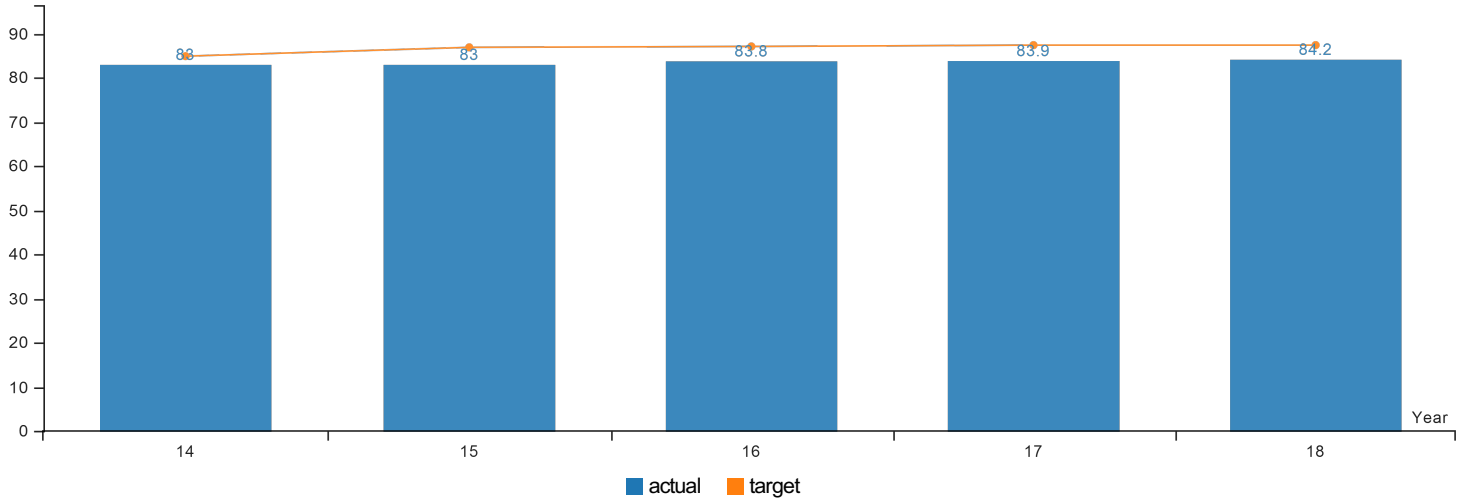
In 2011, there were 345 hospital admissions for congestive heart failure per 100,000 member years (MY). This rate declined in 2013 and 2014, with just 205/100,000 MY in 2014. In 2016, the rate of hospital admissions for congestive heart failure was above the KPM target (246.5 vs 232), and this continued in 2017. Lower is better on this metric.

Factors Affecting Results

Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. As the coordinated care model helps ensure that members receive the appropriate care at the appropriate time in the appropriate place, chronic and acute conditions are more likely to be addressed outside of hospital settings, resulting in improvements in this metric. Moreover, as enrollment in patient-centered primary care homes continues to increase (see KPM #15), CCOs and providers continue to emphasize the importance of preventive care.

KPM #19	ACCESS TO CARE - Percentage of members who responded "always" or "usually" too getting care quickly (composite for adult and child).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Access to care					
Actual	83%	83%	83.80%	83.90%	84.20%
Target	85%	87%	87.20%	87.50%	87.50%

How Are We Doing

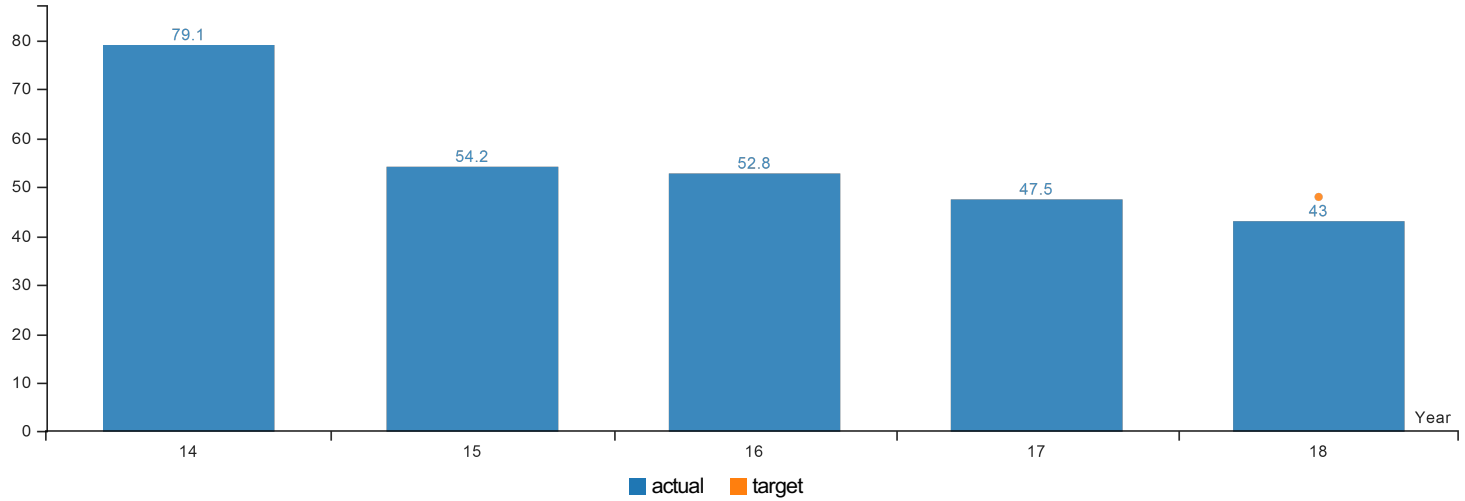
The percent of Medicaid members reporting they were able to receive appointments and care when they needed them has remained steady since 2011, with the percentage of members reporting that they "always or usually" received appointments and care when they needed them hovering near 83-84%.

Factors Affecting Results

The number of Oregonians enrolled in Medicaid increased by more than 60 percent in 2014, predictably increasing demand for care. Access also declined slightly at the national level from 2013 to 2014 (the 75-percentile declined from 88.0% in 2013 to 87.2%). Inclusion in the CCO incentive program helps ensure that CCOs focus on improving member satisfaction and experiences with their health plan.

KPM #19	PQI 15: Asthma in Younger Adults Admission Rate -
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
PQI 15: Asthma in Younger Adults Admission Rate					
Actual	79.10	54.20	52.80	47.50	43
Target	TBD	TBD	TBD	TBD	48

How Are We Doing

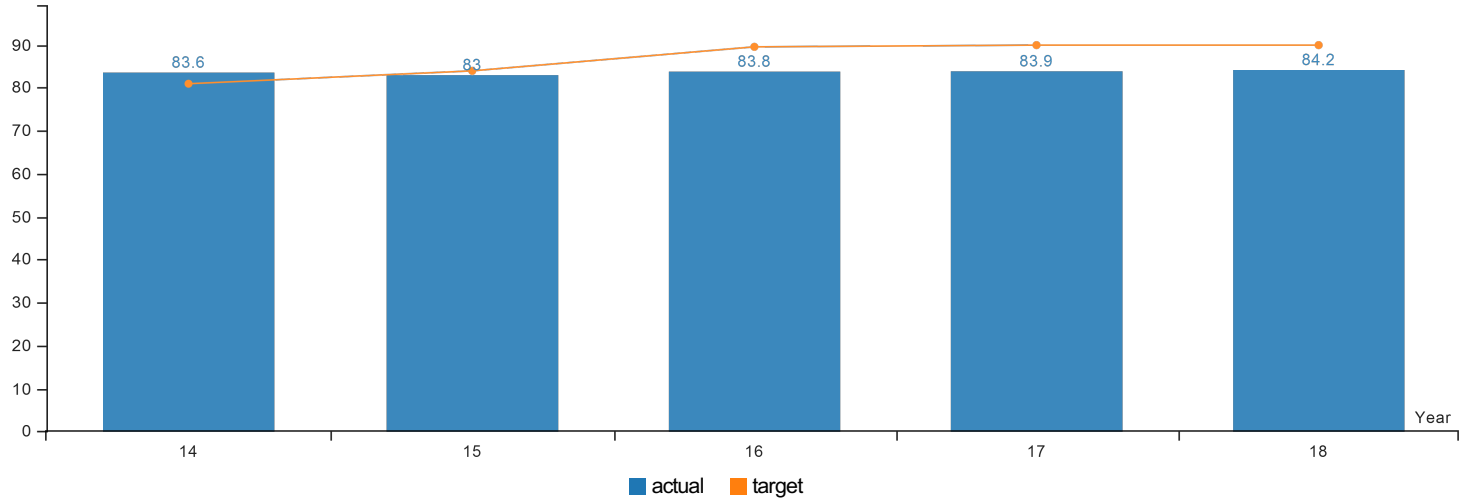
In 2011, there were 96 hospital admissions for asthma in younger adults. This rate declined in 2013 to 79/100,000 member years (MY); and since 2014 the rate has remained steady at around 50 /100,000 MY. In 2016, performance on this metric was below the KPM benchmark (lower is better), and this positive trend continued in 2017.

Factors Affecting Results

Good disease management with a health care provider can help people with chronic diseases avoid complications that could lead to a hospital stay. As the coordinated care model helps ensure that members receive the appropriate care at the appropriate time in the appropriate place, chronic and acute conditions are more likely to be addressed outside of hospital settings, resulting in improvements in this metric. Moreover, as enrollment in patient-centered primary care homes continues to increase (see KPM #15), CCOs and providers continue to emphasize the importance of preventive care.

KPM #20	MEMBER EXPERIENCE OF CARE - Composite measurement: how well doctors communicate; health plan information and customer service (Medicaid population).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Member experience of care					
Actual	83.60%	83%	83.80%	83.90%	84.20%
Target	81%	84%	89.60%	90%	90%

How Are We Doing

Calendar year 2011 is the baseline for this measure. In 2011, 78 percent of adults and children reported they received needed information or help and thought they were treated with courtesy and respect by their health plan's customer service staff. In 2013, the rate increased to 83.1 percent, just shy of the benchmark of 84.0 percent, but still notable considering this increase occurred as CCOs were newly established. Since 2014, the rate has remained steady at around 85%.

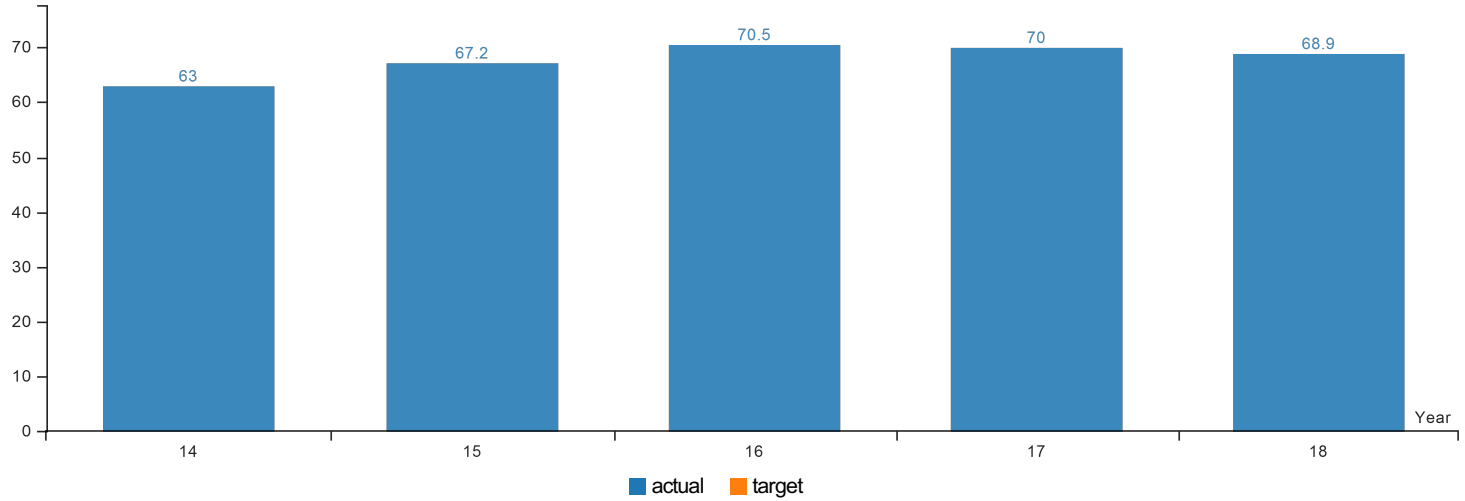
The description of this measure is incorrect (communication with doctors is not included in the composite).

Factors Affecting Results

This was the last year in which this measure is included in the incentive measure set.

KPM #21	MEMBER HEALTH STATUS - Percentage of CAHPS survey respondents with a positive self-reported rating of overall health (excellent, very good, or good).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
MEMBER HEALTH STATUS					
Actual	63%	67.20%	70.50%	70%	68.90%
Target	TBD	TBD	TBD	TBD	TBD

How Are We Doing

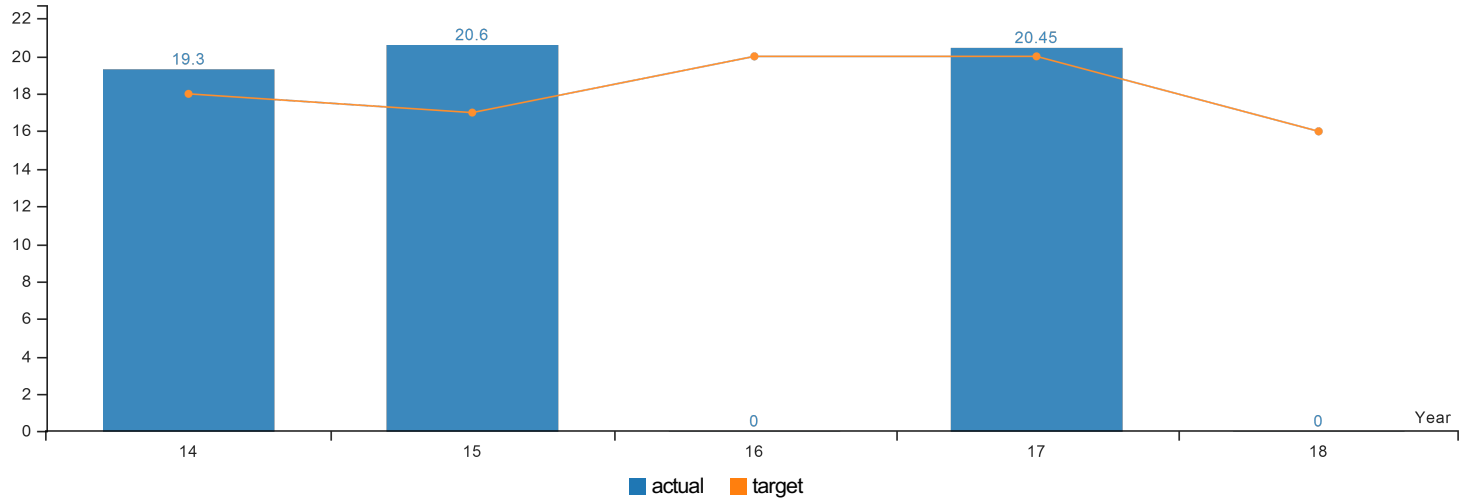
This has increased steadily each year since 2011, when 56% of members reported their health status as excellent, very good, or good (to 68.9% in 2017); however, this was a decrease from 2016, when performance was at 70%.

Factors Affecting Results

This improvement may be due in part to the influx of new Medicaid members after the ACA expansion took effect in 2014. Prior to 2014, a higher percentage of adult members were eligible for Medicaid due to disability. With the influx of new, previously ineligible members in 2014, the proportion of members who feel healthier may have increased.

KPM #22	RATE OF TOBACCO USE (POPULATION) - Rate of tobacco use among adults.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
Rate of tobacco use - adult population					
Actual	19.30%	20.60%	No Data	20.45%	No Data
Target	18%	17%	20%	20%	16%

How Are We Doing

Tobacco use (smoking cigarette or chewing tobacco) among adults has slowly declined from 2012 to 2017. This can be a bit misleading, however, due to the introduction of alternative tobacco products such as e-cigs, hookah, juul and other tobacco products. Beginning in 2015 the Public Health Division started reporting both unadjusted and age-adjusted rates which reflect population tobacco use and includes cigarettes, little cigars, large cigars, hookah, e-cigs and smokeless tobacco use.

This data is collected yearly and can be found published here:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORAnnualBRFSS_tobacco.pdf

For e-cigs, hookahs and smokeless tobacco use data, those can be found publshed here:
https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORTrendBRFSS_tobacco.pdf

Note 20% goal all smoking/16% cigarettes only

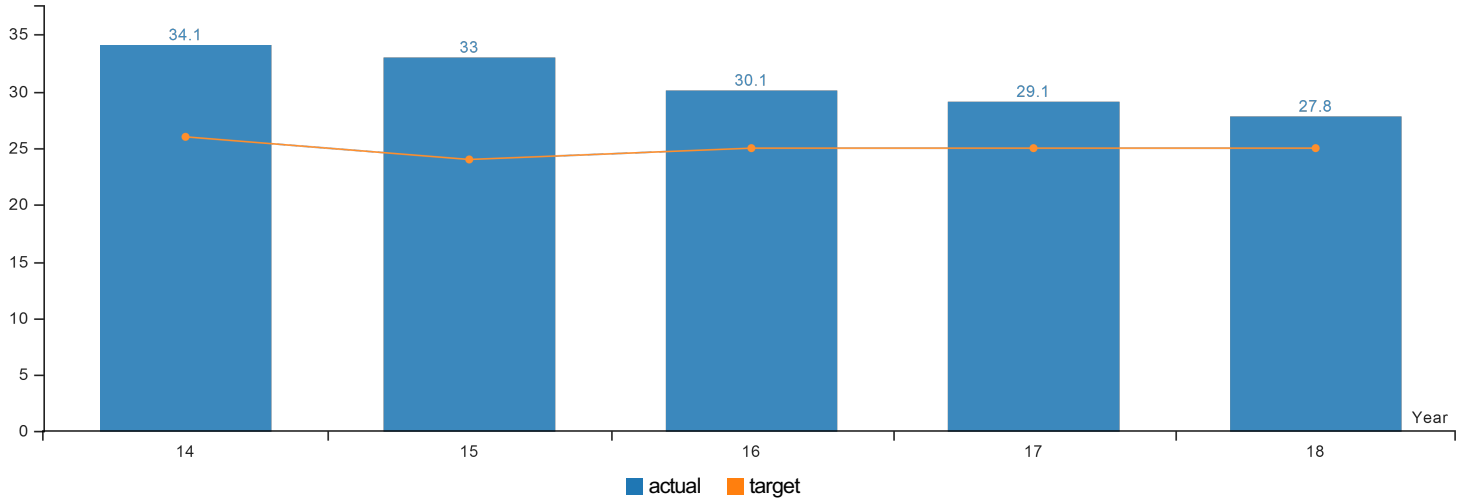
Factors Affecting Results

Includes only cigarettes and tobacco chew/not e-cigs.

2018 data is not available yet.

KPM #23	RATE OF TOBACCO USE (MEDICAID) - Percentage of CCO enrollees who currently smoke cigarettes or use tobacco every day or some days.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
Rate of tobacco use - Medicaid population					
Actual	34.10%	33%	30.10%	29.10%	27.80%
Target	26%	24%	25%	25%	25%

How Are We Doing

The percent of Medicaid members who use tobacco has decreased each year since 2013, the baseline for this measure. Compared to the non-Medicaid adult population (see KPM #19), adults on Medicaid are fifty percent more likely than the general population to use tobacco. The rate has decreased from 2016 to 2017 (which is positive).

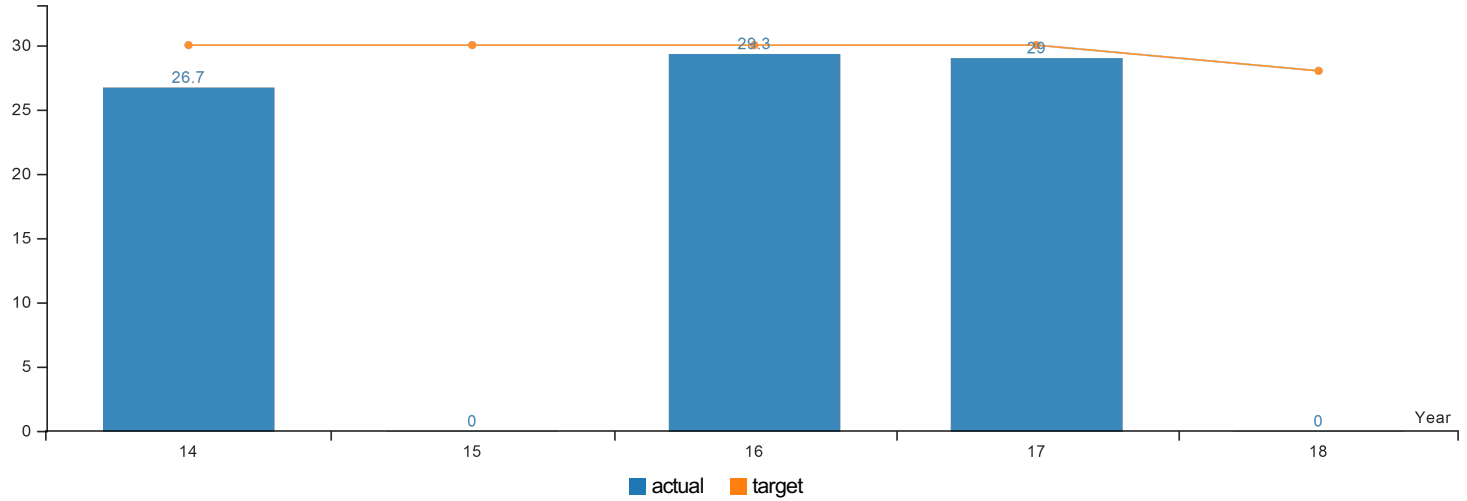
Factors Affecting Results

The Centers for Disease Control and Prevention Office of Smoking and Health has developed an evidence based funding model for countering the health and economic destruction of tobacco use. The recommended model funds programs to prevent initiation of tobacco use among young people, to promote quitting among adults and young people, to eliminate exposure to secondhand smoke, and to identify and eliminate tobacco related disparities. For Oregon, the recommended funding is $10.09 per capita, which equates to $39.3 million annually. This recommendation represents just a fraction of the cost of tobacco use, with more than $2.5 billion lost to medical care and lost productivity annually in Oregon.

Beginning in 2016, cigarette smoking prevalence is a CCO incentive measure. During the 2015 - 2017 biennium Oregon received about $2.77 per capita for tobacco prevention from all funding sources, which is 27% of CDC's recommended funding for tobacco prevention. This is comparable with what was allotted to Oregon tobacco prevention a dozen years ago; however, funding levels have been much lower in the years in between. TPEP received approximately
$2.87 per capita during the 2001 2003 biennium, but was temporarily shuttered when the Legislature directed the allocated revenues elsewhere. After this interruption, smoking among pregnant women and adolescents stopped decreasing, and per capita consumption of cigarettes increased for the first time since the program was first implemented. Since funding was reinstated to TPEP, per capita cigarette consumption has steadily declined.

KPM #24	RATE OF OBESITY (POPULATION) - Percentage of adults who are obese among Oregonians.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
Rate of obesity - adult population					
Actual	26.70%	No Data	29.30%	29%	No Data
Target	30%	30%	30%	30%	28%

How Are We Doing

This data is collected every year.

The Public Health Division does not have a funded program which specifically addresses the issue of obesity (including morbid obesity) among the population in Oregon. CDC funding has not been extended to the Public Health Division since 2005. As a proxy, the Health Prevention & Chronic Disease Prevention program has been focusing on active transportation methods to increase activity.

The survey data can be found here:https://www.oregon.gov/oha/PH/DISEASESCONDITIONS/CHRONICDISEASE/DATAREPORTS/Documents/datatables/ORTrendBRFSS_riskfactors.pdf

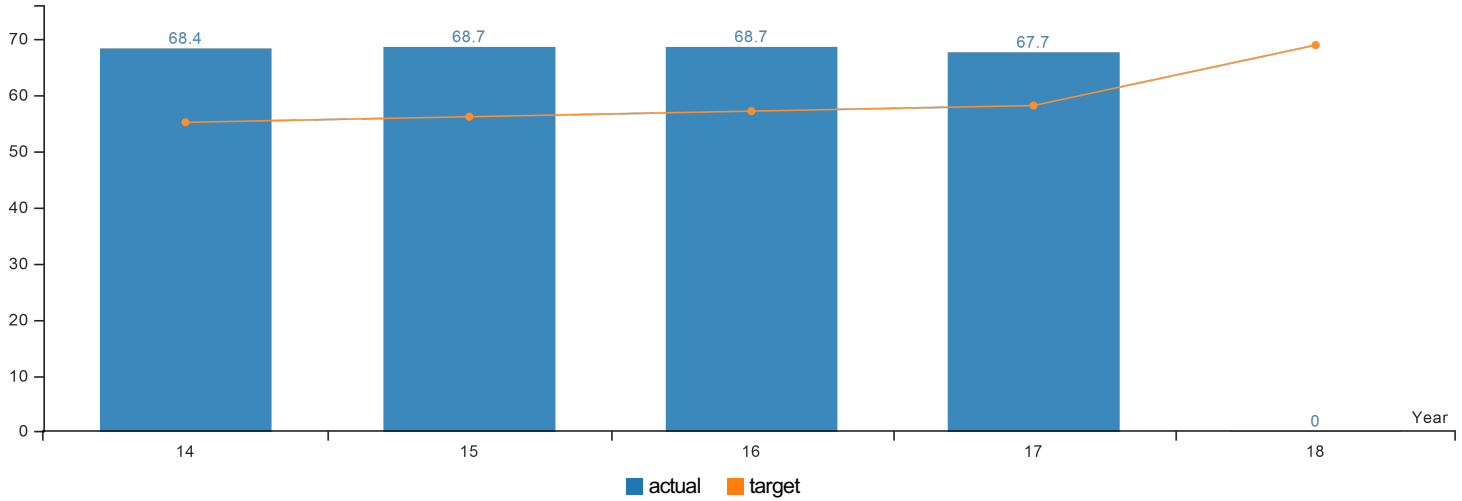
Factors Affecting Results

It should be noted that this measure is based on survey data.

2018 data is not available yet.

KPM #25	EFFECTIVE CONTRACEPTIVE USE (POPULATION) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Effective contraceptive use - population					
Actual	68.40%	68.70%	68.70%	67.70%	No Data
Target	55.20%	56.20%	57.20%	58.20%	69%

How Are We Doing

Beginning in calendar year 2015, effective contraceptive use among women at risk of unintended pregnancy is a CCO incentive metric. The incentive measure is calculated using administrative claims data and cannot be compared directly to this KPM, which come from survey data. For example, BRFSS survey data include a substantial number of women who are using sterilization methods and long-acting reversible methods, which may not be apparent from administrative claims data.

Incentive measure results can be found online at: http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx

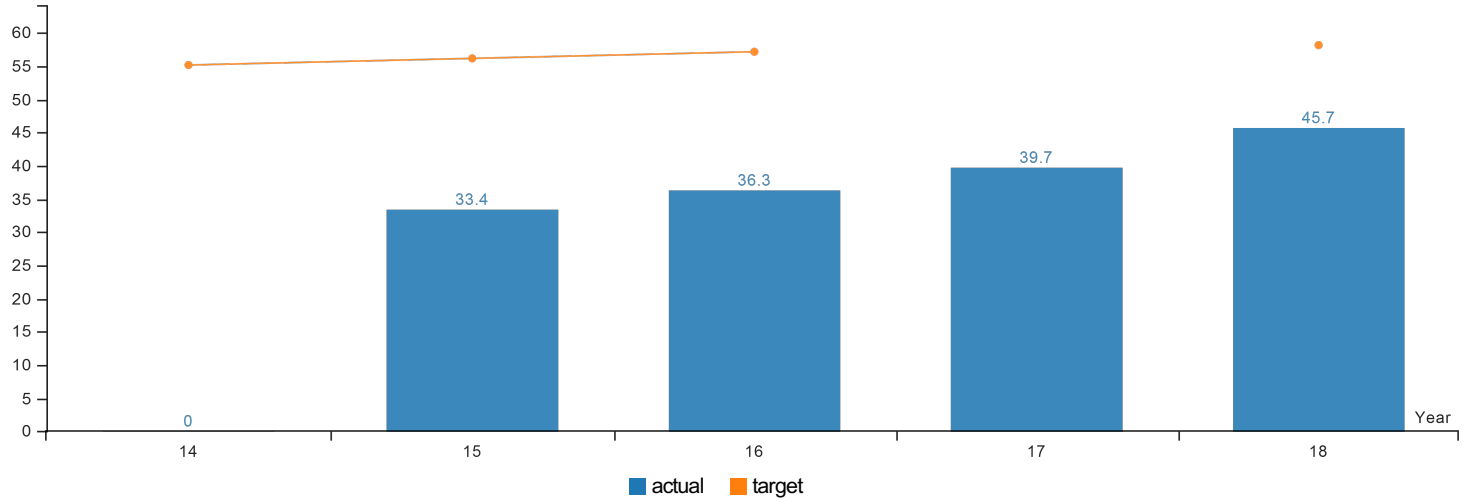
Factors Affecting Results

It should be noted that this measure is based on survey data whereas KPM #26 uses administrative claims data. Thus, KPM #25 is more likely to accurately capture individuals who are using permanent and long-acting contraceptive methods, resulting in higher overall rates of effective contraceptive use compared to KPM #26. In recent years the Oregon legislature has passed several bills intended to increase access to contraception, including enhanced confidentiality provisions and insurance coverage for a full year's worth of contraceptive methods. In addition, the passage of the Reproductive Health Equity Act in the Oregon legislature in 2017 will both ensure that private insurance plans continue to cover preventive services, including contraception, without cost sharing, and also will help to support funding for Oregon's family planning clinics starting in 2018, which may impact results in future years.

2018 data is not available yet.

KPM #26	EFFECTIVE CONTRACEPTIVE USE (MEDICAID) - Percentage of reproductive age women who are at risk of unintended pregnancy using an effective method of contraception.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Effective contraceptive use - Medicaid population					
Actual	0%	33.40%	36.30%	39.70%	45.70%
Target	55.20%	56.20%	57.20%	TBD	58.20%

How Are We Doing

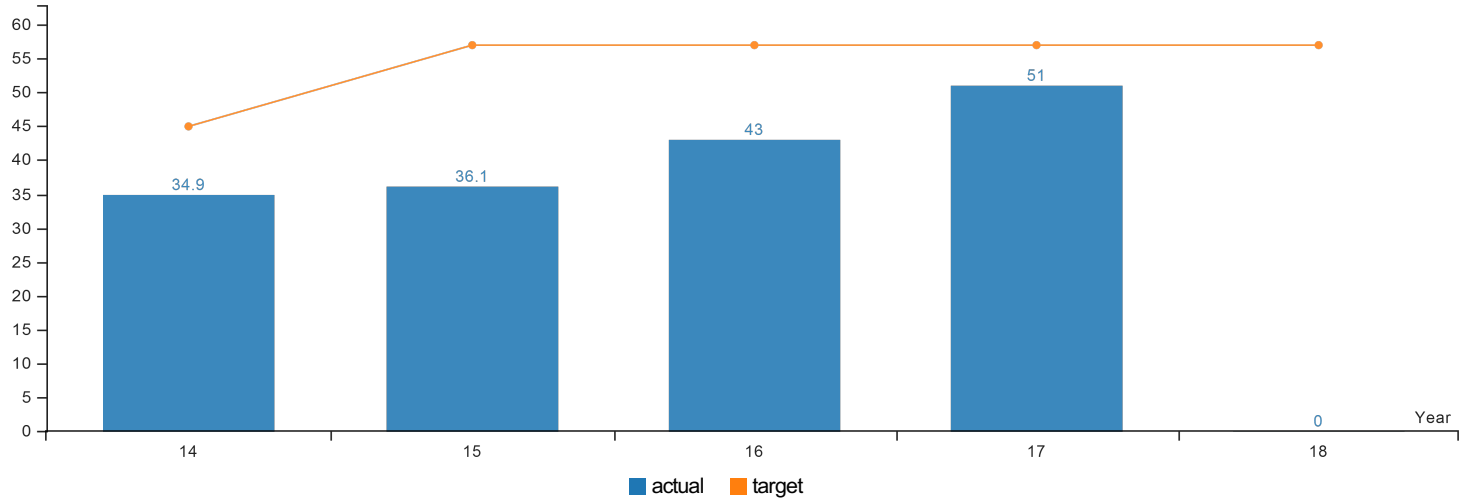
NOTE: data represents women ages 18-50

Factors Affecting Results

CCOs have a target of 50% per the 2017 benchmark source from the Metrics and Scoring Committee

KPM #27	FLU SHOTS (POPULATION) - Percentage of adults ages 50-64 who receive a flu vaccine.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Flu shots - population					
Actual	34.90%	36.10%	43%	51%	No Data
Target	45%	57%	57%	57%	57%

How Are We Doing

According to the CDC, over 48 million Americans were sick with influenza in the 2017-18 season, with almost a million of these having to be admitted to a hospital. (1) Immunizations for influenza provide both direct protection, so that you are less likely to catch flu when exposed, and a community protection, so that you are less likely to pass flu on to others. Senior adults are at the greatest risk of hospitalization from influenza disease. However the majority of influenza disease cases, (61%), are actually among working age adults. Older working age adults, from age 50 to 64, are at a greater risk of serious influenza consequences than younger adults, and typically have substantially lower influenza immunization rates than seniors age 65+. While seniors age 65+ under Medicare have wide access to influenza immunization, working age adults may still have barriers to accessing influenza immunizations. Improving immunization rates for adults age 50 to 64 would close a gap in needed protection against influenza.

While each influenza season is different, immunization rates for adults age 50 to 64 in Oregon have been increasing across most seasons. One item that needs to be addressed to further increase rates is that non-senior adult men tend to have lower immunization rates than women. Another factor is that different parts of Oregon have higher or lower influenza immunization rates; adults in many rural or southern regions of Oregon typically have lower influenza immunization rates.

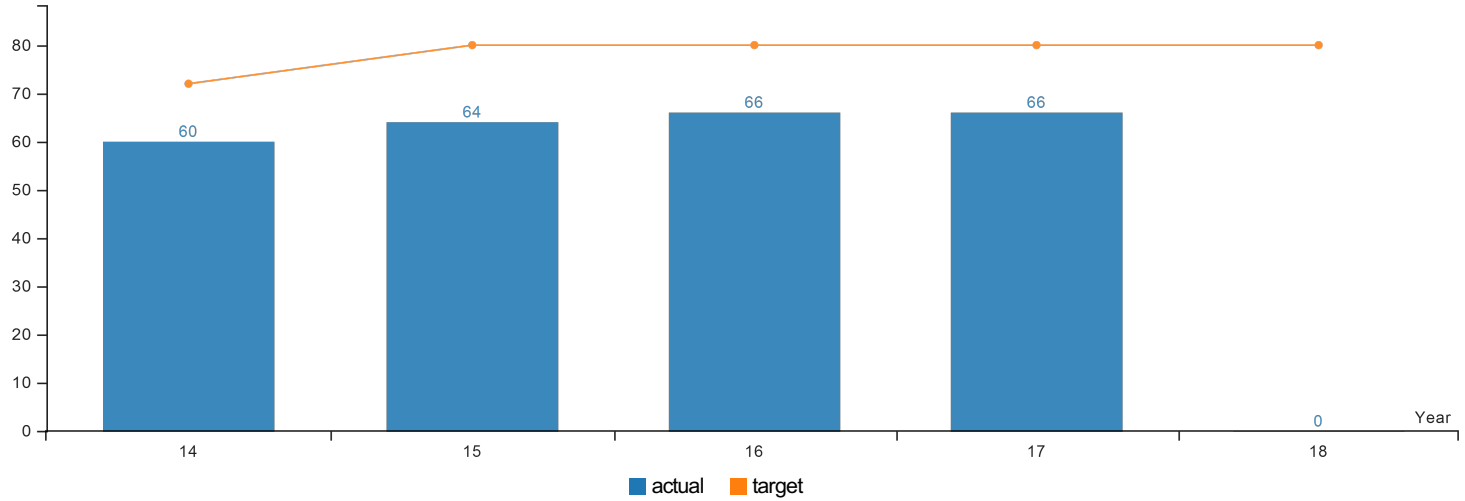
These data are collected annually and can be found published here: http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx

Factors Affecting Results

2018 data is not available yet.

KPM #28	CHILD IMMUNIZATION RATES (POPULATION) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Child immunization rates - population					
Actual	60%	64%	66%	66%	No Data
Target	72%	80%	80%	80%	80%

How Are We Doing

Nationally, the most common measures of immunizations are related to whether two-year olds have received the recommended early childhood vaccines. Infants are vulnerable to vaccine-preventable diseases (VPDs). The reduction in infant hospitalizations and deaths from VPDs because of immunization is one of the greatest successes in public health. According to the American Academy of Pediatrics, between birth and age two 11 well-baby or preventative health care visits are recommended, with immunizations due at up to eight of these visits.(1) Receiving recommended immunizations and immunization visits is often considered as a proxy for whether infants are receiving adequate preventive care visits.

By age two, infants should receive vaccinations protecting against 14 separate diseases. A widely used measure of adequate early immunizations is the 4:3:1:3:3:1:4 series, which is based on infants receiving 4 diphtheria/tetanus/pertussis (combined) immunizations, 3 polio immunizations, 1 measles/mumps/rubella (combined) immunization, 3 hepatitis B immunizations, 3 Hib (Haemophilus influenza type b) immunizations, 1 varicella immunization, and 4 pneumoccoal immunizations.

In Oregon, the percentage of two-year old children having complete 4:3:1:3:3:1:4 series immunizations has been slowly increasing over the last five years. Incentives provided to CCOs to increase immunization rates are one type of factor behind this increase. Importantly, most Oregon two year olds who are not complete for this series only need one more immunization visit to catch up.

For more information, check out the Oregon Immunization Program's website, at https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/VACCINESIMMUNIZATION/Pages/researchchild.aspx

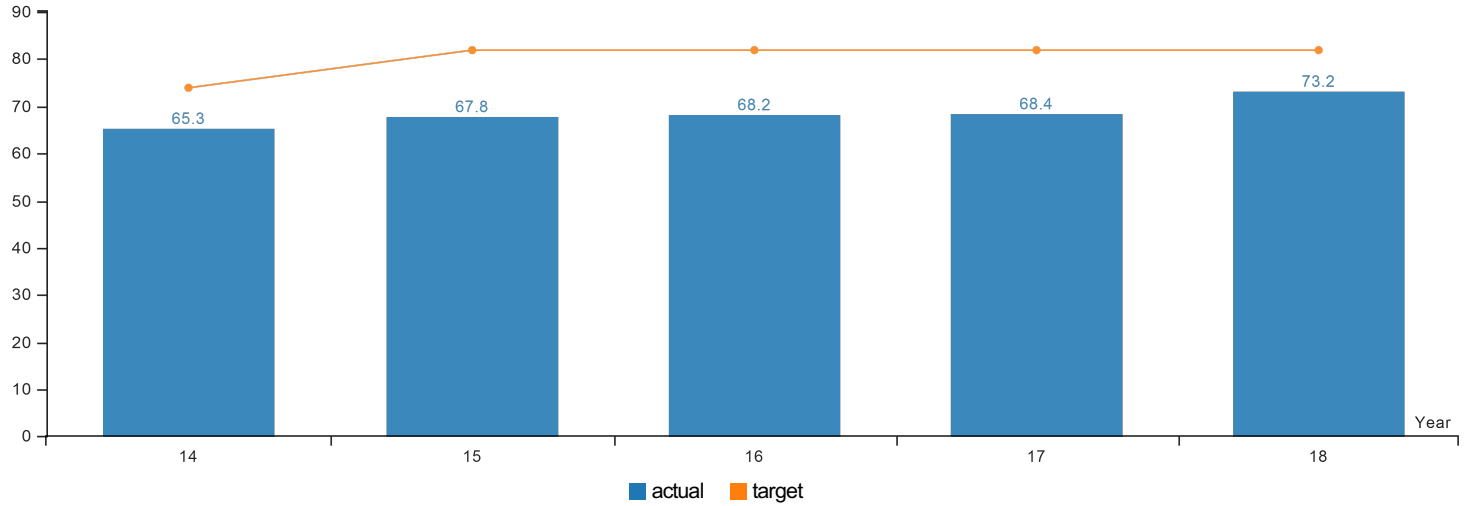
Factors Affecting Results

CCO incentive measures have impacted raise in rates.

2018 data is not available yet.

KPM #29	CHILD IMMUNIZATION RATES (MEDICAID) - Percentage of children who are adequately immunized (immunization series 4:3:1:3:3:1:4).
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
Child immunization rates - Medicaid population					
Actual	65.30%	67.80%	68.20%	68.40%	73.20%
Target	74%	82%	82%	82%	82%

How Are We Doing

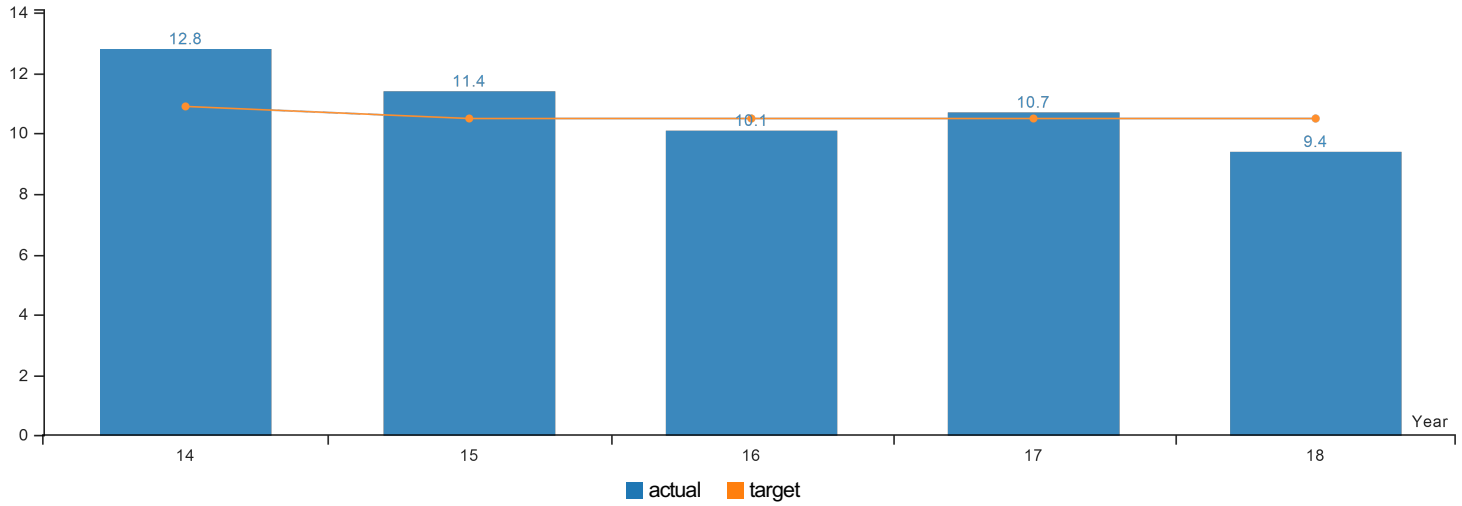
In CY2015, 68.2% of CCO members received recommended vaccines before their second birthday. Positively, this increased to 73.2% in CY2017.

Factors Affecting Results

The Immunization Program oversees the Vaccines for Children (VFC) program, a federally funded entitlement that provides vaccines at no cost to children who might not otherwise be vaccinated because of inability to pay. The success of VFC is based upon partnership between the Oregon Immunization Program and public and private providers. Ninety five percent of Oregon's childhood immunizations are captured in the ALERT IIS, which is used to estimate immunization rates, while also providing a clinical record for providers to accurately assess the vaccine needs of individual children. Other influences include parent and provider knowledge, attitudes, and practices. Beginning 2016, childhood immunization status is a CCO incentive metric which will likely drive improved outreach and workflows. This measure is also available online here: http://www.oregon.gov/oha/Metrics/Pages/HST-Reports.aspx. Data are available statewide and stratified by race/ethnicity and by CCO. Results are published twice per year (January and June).

KPM #30	PLAN ALL CAUSE READMISSIONS - Percentage of acute inpatient stays that were followed by an acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission for members 18 years and older.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = negative result*



Report Year	2014	2015	2016	2017	2018
Plan all cause readmissions					
Actual	12.80%	11.40%	10.10%	10.70%	9.40%
Target	10.90%	10.50%	10.50%	10.50%	10.50%

How Are We Doing

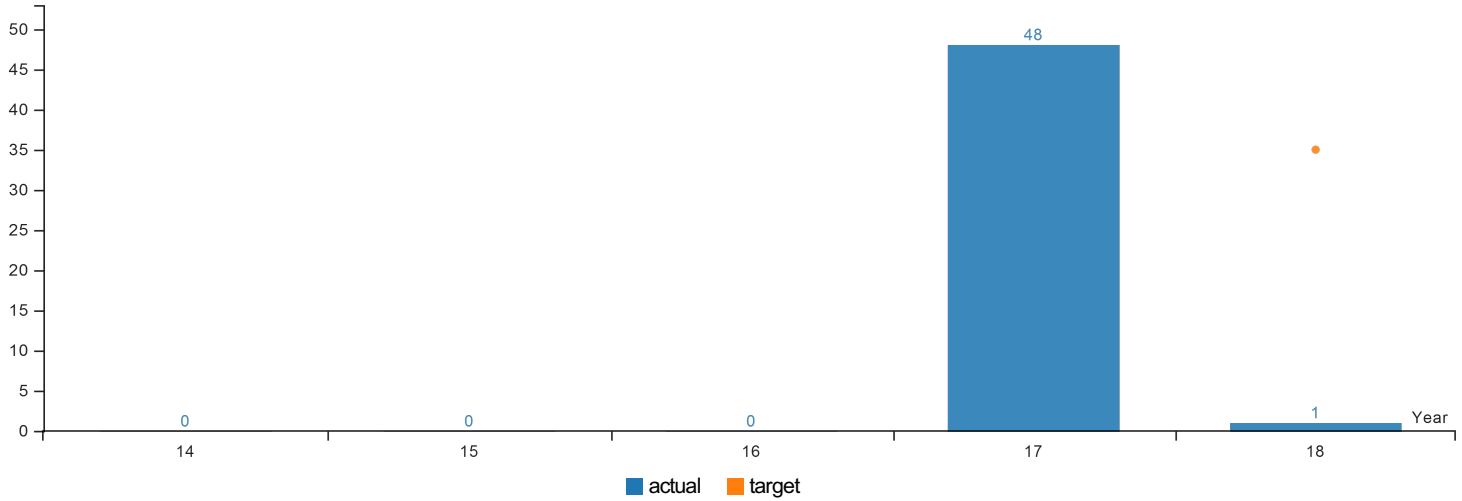
Hospital readmissions continue to decline in Oregon (lower is better) and in CY2016 achieved the KPM target; this trend continued in CY2017.

Factors Affecting Results

As CCOs continue to focus on ensuring their members receive the appropriate care at the appropriate time in the appropriate place, many performance indicators are affected. As enrollment in patient-centered primary care homes continue to increase (see KPM #15), and CCOs and providers continue to emphasize the importance of coordinated, preventive care, post-discharge care is likely to be more appropriately addressed, resulting in a reduction in this readmission rate.

KPM #31	ELIGIBILITY PROCESSING TIME - Median number of days processing time from date of request to eligibility determination.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
ELIGIBILITY PROCESSING TIME					
Actual	No Data	No Data	No Data	48	1
Target	TBD	TBD	TBD	TBD	35

How Are We Doing

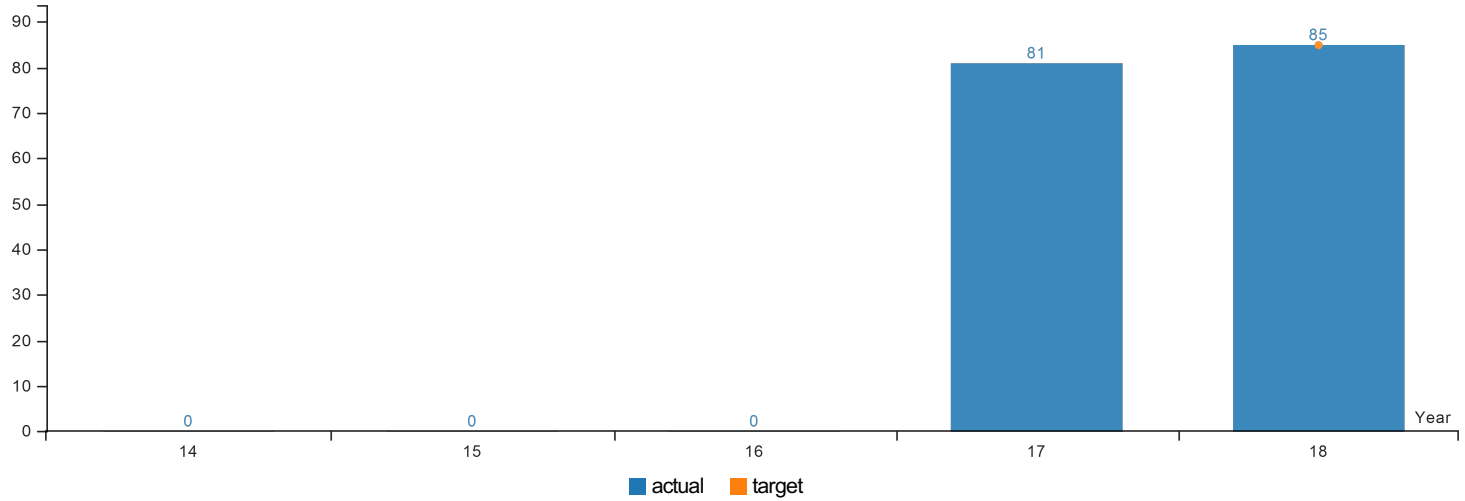
Previous years counted all applications in the processing time indicator. CMS asked that we only report processing times for new applications according to their metric definitions. This change in our reporting methods became effective in February 2018. This means that the CMS processing time indicator does NOT include renewal applications for 2018. This is the median processing time, which is only one type of measure of central tendency. The processing time is fast for new applications because the vast majority are online applications through the ONE Applicant Portal. We confirmed with our system admins that the report reflects the difference in days between the application submission and determination dates.

Factors Affecting Results

Oregon uses data from the ONE system to report on median processing time for new Medicaid/CHIP applications. The data for CY 2018 showed an unusually fast time from application to determination, so we took the extra step of validating this data before we finalized the report.

KPM #32	OHP MEMBERS IN CCOs - Percent of Oregon Health Plan members enrolled in Coordinated Care Organizations.
	Data Collection Period: Jan 01 - Dec 31

** Upward Trend = positive result*



Report Year	2014	2015	2016	2017	2018
OHP MEMBERS IN CCOs					
Actual	No Data	No Data	No Data	81%	85%
Target	TBD	TBD	TBD	TBD	85%

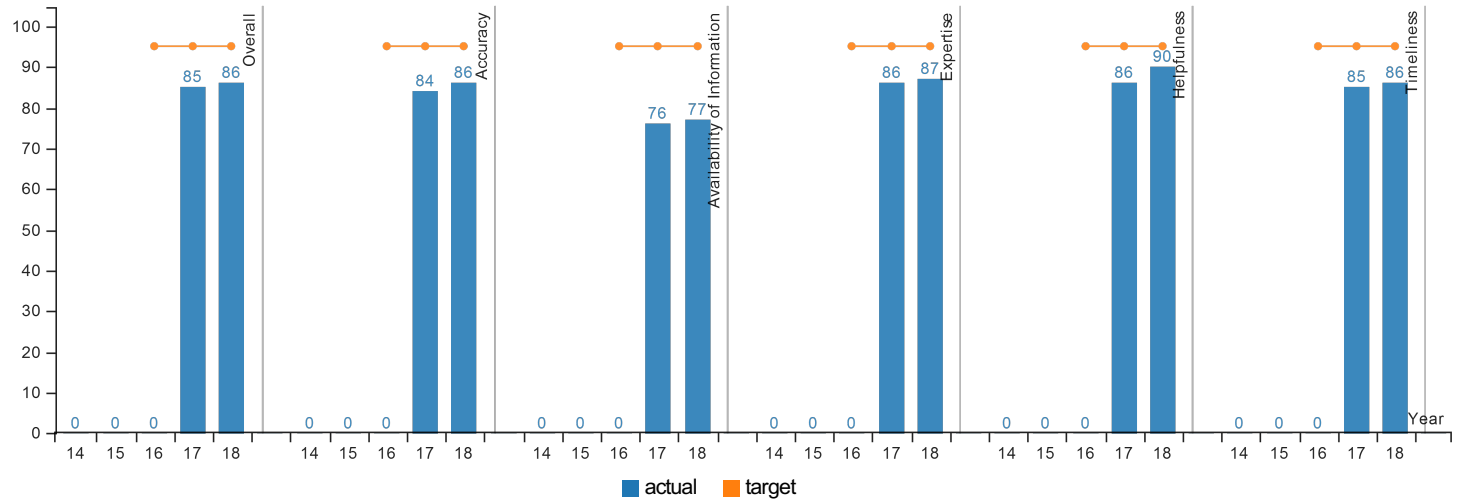
How Are We Doing

OHA met the target of 85% in September 2018 and we are on track to meet the target of 88% for 2019.

Factors Affecting Results

The Oregon Health Authority (OHA) is implementing program changes that will increase the number of Medicaid eligibles enrolled in CCOs. For example, starting in 2019, OHA will automatically enroll duals into CCOs for their physical health care. This process will happen as a regional roll-out, including two pilot regions in January and April of 2019. Duals will have the option, at any time, to opt-out of the CCO for physical health care. In addition, Oregon Health Authority has updated the eligibility renewal process for Oregon Health Plan (OHP) members to begin federally-mandated automated eligibility verification, in appropriate cases. This streamlined and accurate verification method will 1) improve the renewal process for OHP members, 2) reduce the risk members will experience unwarranted disruptions in coverage, care or CCO enrollment.

KPM #33	CUSTOMER SERVICE - Percentage of OHA customers rating their satisfaction with the agency's customer service as "good" or "excellent" overall, timeliness, accuracy, helpfulness, expertise, availability of information.
	Data Collection Period: Jan 01 - Dec 31



Report Year	2014	2015	2016	2017	2018
Overall					
Actual	No Data	No Data	No Data	85%	86%
Target	TBD	TBD	95%	95%	95%
Accuracy					
Actual	No Data	No Data	No Data	84%	86%
Target	TBD	TBD	95%	95%	95%
Availability of Information					
Actual	No Data	No Data	No Data	76%	77%
Target	TBD	TBD	95%	95%	95%
Expertise					
Actual	No Data	No Data	No Data	86%	87%
Target	TBD	TBD	95%	95%	95%
Helpfulness					
Actual	No Data	No Data	No Data	86%	90%
Target	TBD	TBD	95%	95%	95%
Timeliness					
Actual	No Data	No Data	No Data	85%	86%
Target	TBD	TBD	95%	95%	95%

How Are We Doing

PEBB surveys members each year following open enrollment for the new plan year. This year's results show continued improvement of at least 1-2% in all customer service categories over 2017. Employee helpfulness showed a 4% improvement over last year. We expect these results to show continued improvement.

Factors Affecting Results

PEBB continues to refine business processes, train staff, and focus on information sharing. We have further refined web content and communication materials focusing on ADA standards and plain language to improve accessibility and readability. We continue to update systems and processes. Benefits have remained fairly stable and the Health Engagement Model (HEM) has been in place for several years.