

Overview

Scoring process

OHA subject matter experts reviewed each project against the [TQS guidance document](#) for each component assigned to that project.

- Reviewers assigned a separate score of 0–3 for relevance, detail and feasibility.
- Relevance scores of zero mean the project did not meet the component-specific requirements; for these projects, detail and feasibility will automatically also score a zero.
- Relevance, detail and feasibility scores were summed for a total possible component score of 9.
- If a CCO submitted multiple projects for a component, scores were averaged to create a final component score.

How scores will be used

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores will help OHA see what improvement is happening and identify areas of technical assistance needed across CCOs. Individual CCO scores and written assessments will be posted online.

How to use this feedback

CCOs should use this assessment to update quality improvement-related deliverables and projects to ensure quality for members, while also continuing to push health system transformation to reduce health disparities across the CCO's service area.

Background

As part of a CCO quality program, the TQS includes health system transformation activities along with quality activities to drive toward the triple aim: better health, better care and lower cost. CCOs will submit a plan (that is, a TQS project) to improve each TQS component area. The TQS highlights specific work a CCO plans to do in the coming year for the quality and transformation components. It is not a full catalog of the CCO's body of work addressing each component or full representation of the overall quality program a CCO should have in place.

Next steps

1. **Schedule a feedback call with OHA (optional)** – OHA is offering feedback calls to any CCOs wanting to participate. If your CCO hasn't done so already, please fill out the scheduling form at <https://www.surveymonkey.com/r/NRRRLBP>. During the call, OHA will answer questions about this assessment. Calls are available in September and October.
2. **If needed, upload a redacted version (with redaction log)** to the [CCO Contract Deliverables Portal](#).

Notes:

- **Resubmissions** – OHA will not be accepting resubmissions. This helps ensure transparency across the original TQS submission and resulting written assessment. Feedback from the written assessment and feedback calls are intended to help CCOs focus on ways to improve projects and documentation in future submissions.
- **What will be posted** – OHA will post each CCO's entire TQS submission (including any attachments) — or redacted version, if approved by OHA — along with written assessment and scores.

CCO TQS assessment			
Component scores			
Average score	# of projects	Prior year score	Component
9	1	8	Behavioral Health Integration
9	1	5	CLAS Standards
9	1	6	Health Equity: Cultural Responsiveness
7	1	8	Oral Health Integration
9	1	9	Patient-Centered Primary Care Home: Member Enrollment
9	1	9	Patient-Centered Primary Care Home: Tier Advancement
9	1	9	Severe and Persistent Mental Illness
5	1	7	Special Health Care Needs – Full Benefit Dual Eligible
8	1	6	Special Health Care Needs – Non-dual Medicaid Population
74 (out of 81; 91.4%)		97 (out of 117; 82.1%)	TOTAL TQS SCORE

Note: Four components (Grievance and Appeals System, Health Equity: Data, Social Determinants of Health & Equity, and Utilization Review) were removed in 2024, which accounts for the difference in total points possible from 2023.

Project scores and feedback

Project ID# 409: Improved Coordination of Care for FBDE LTSS Members				
Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	2	1	5
<p>OHA review: OHA staff met with CCO staff to discuss opportunities to strengthen the project and CCO acknowledged it did not have time to fully consider the opportunities. The project includes some short-term health monitoring measures, but the project lacks long-term health monitoring metrics for the identified population. Several activities are process and administrative (for example, number of HRSN services provided), which can be important for project success, but do not meet the requirement to monitor long-term health outcomes. It’s somewhat unclear how the new Medicare Advantage plan is participating in the project.</p> <p>Continuing measure 6.1 that notes building more short-term health monitoring tracking will serve the project well. Not all other activities are written as measurable, such as the activity to initiate referrals to ODHS or other partners for LTSS assessments. As this is required for annual CCO-LTSS reporting, the CCO should be able to track this.</p> <p>The activity to track IDT meetings once per month doesn’t meet the minimum of two times per month as required in OAR 410-141-3870 and CCO-LTSS guidance.</p> <p>OHA recommendations: Add long-term health monitoring metrics for the identified population, such as reducing ED visits or readmissions. More clearly describe how the project is collaborating with the affiliated Medicare Advantage Plan. Ensure monitoring activities are measurable as written and use SMART objectives (and consider SMARTIE objectives).</p>				

In addition to addressing the gaps above, consider meeting with OHA staff again for feedback on monitoring activities that address the SHCN requirements. OHA staff understands that the CCO did not have time to address this year’s feedback from OHA staff before submitting the deliverable.

Ensure compliance for frequency of IDT meetings.

Project ID# 410: Medical Shelter Program

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	3	2	3	8

OHA review: The CCO clearly brought significant resources and coordination to make this project a reality with some clear improvements over the prior iteration of the project. The project meets all relevance criteria and continues to meet an important community need for medically complex populations. The project does well to leverage combined resources and partnerships to build a unique outreach for populations in medical shelter locations, as well as a health care team of support and community partner referrals.

The project does not include REALD & SOGI within most monitoring measures. Even if the population is primarily homogenous, it is critical to track REALD & SOGI to identify disparities. For example, are the ED numbers continuing to increase only for Spanish-speaking, Latino/a/x members who don’t engage in the Coalbank Village program? Not all monitoring activities are measurable as written and the later review of data may not be effective for quality improvement projects. The narrative notes the referral to BH or SUD treatment as critical, but the project is not tracking those referrals or the number of those in the medical shelter who follow through on those referrals. The tracking of DME and longer-term placement in housing were good long-term metric additions to the project but are lacking REALD & SOGI.

OHA recommendations: Consider adding short-term tracking activities, as OHA recommended last year. This will improve specificity and better show improvement. Consider tracking the referrals to BH or SUD treatment and medication review.

Ensure monitoring activities are measurable as written to track and demonstrate progress over time, and use [SMART](#) objectives (and consider [SMARTIE](#) objectives).

Track all member-level monitoring activities by REALD & SOGI to identify disparities; review guidance and OHA webinar resources to see expectations.

Project ID# NEW: Increasing Pediatric Dental Access within Coos and Curry Counties

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	2	2	3	7

OHA review: The project is missing the health information technology (HIT) requirement. Dental providers need to be able to share member health information with primary care and behavioral health providers through HIT. The project details analysis of most REALD categories to inform project activities but doesn’t demonstrate that disability data has been analyzed.

The project activities are directly related to the oral health integration component and seem likely to make progress in addressing the gaps identified, and they demonstrate meaningful CCO actions throughout the year.

OHA recommendations: Ensure the project addresses the missing HIT requirement. Demonstrate analysis of disability data to inform the project.

Project ID# 46: Roadmap to Improved Behavioral Health Access and Integration

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	3	3	9
Serious and persistent mental illness	3	3	3	9

OHA review (Behavioral health integration): The project is well-detailed and feasible as written with the inclusion of REALD & SOGI. The narrative includes a well-described population, challenges in services, and highlights of community programs working together.

(Serious and persistent mental illness): The is well-detailed and feasible as written with the inclusion of REALD & SOGI. The project includes good workforce development with a need shown to develop Tribal partnerships and peer resources. The project has a great overview and details, contextualizing SPMI work within the full scope of behavioral and physical health.

OHA recommendations (Behavioral health integration): Consider more details that focus on expanding THWs to the provider network. Consider the barriers to increasing the numbers of THWs, how to address them, and why they are not already being addressed.

(Serious and persistent mental illness): Consider addressing the missing Tribal representation in the demographic survey. Consider including or strategies to address needs based on the prevalence details included for Curry County.

The Tableau dashboard measures seem reasonable but disappointingly low as a baseline; consider whether a discussion of these challenges would add context to the process of improvement and implementation strategies. The additional business case document should help expand these details and draw funding for improvement.

Consider whether applying true statistical significance to the measures would add to the overall data-based decision-making and scientific accountability process.

Project ID# 361: Patient-Centered Primary Care Home Advancement and Enrollment

Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	3	3	9
PCPCH: Tier advancement	3	3	3	9

OHA review (PCPCH: Member enrollment): The project details a comprehensive plan to increase member assignment to PCPCHs. Plan includes activity details to achieve benchmarks and targets. The project considers what hasn't worked for this project in the past and what type of technical assistance practices want the most. The adjustments in targets were thoughtful. The project seems feasible as described.

(PCPCH: Tier advancement): The project outlines a detailed plan to assist PCPCH practices in achieving higher-tier recognition. The project seems feasible as described.

OHA recommendations (PCPCH: Member enrollment): None

(PCPCH: Tier advancement): Consider whether all the activities, targets and benchmarks use [SMART](#) objectives (and consider [SMARTIE](#) objectives).

Project ID# 45: Improve Language Services Access

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	3	3	3	9

OHA review: The CCO is trying to address a priority area for OHA, as well as state and federal law. The CCO is addressing the issue from several areas, and strategies/activities reflect that. The CCO addresses other health equity contractual deliverables and aligns the work. The CCO also addresses the collection and analysis of REALD & SOGI data. The project demonstrates aspects of quality and process improvement, and it shows intentional effort to be transformational.

OHA recommendations: Consider reducing the narrative portions to focus only the relevant details for the components. Update population descriptions to ensure use of appropriate terms (the CCO could engage the CAC on this).