

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
5.5	2	8	CLAS Standards
6	1	9	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
8	1	9	Severe and Persistent Mental Illness
5	1	6	Special Health Care Needs – Full Benefit Dual Eligible
4	1	7	Special Health Care Needs – Non-dual Medicaid Population
62.5 (out of 81; 77.2%)		104.8 (out of 117; 89.6%)	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# 53: Provider Training Program to Increase Language Access through the use of Appropriate Language Services

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	2	2	2	6
Health equity: Cultural responsiveness	2	2	2	6

OHA review: Overall, there is good evidence that language access is a CCO priority and that resources have been allocated. It’s unclear how the project is transformative. The data used is appropriate and the background information provides the appropriate level of context.

It’s unclear what areas have progressed and what areas have not, and not all goals have measurable activities. For example, the CCO mentions aiming to increase the percentage of members served by interpreter services, but it is unclear how the CCO plans to do that.

The project doesn’t use gender identity data, and the CCO states it is not available. It’s OHA’s understanding that while incomplete, CCOs do have enough gender identity data available for quality improvement projects and it’s required for TQS.

The project shows good data sets that illustrate members who need language assistance services, but not all challenges described in the background are addressed. For example, why are members who speak languages other than English not accessing or receiving the language services needed?

OHA recommendations: Demonstrate how the project is transformative. Provide sufficient details to assess progress to date. Consider whether the goals and challenges described are sufficiently addressed with activities and SMART objectives. Ensure use of gender identity data, and a plan for sexual orientation data.

Project ID# 499: Continuous Glucose Monitor Expansion/ Increased Diabetic Oral Health Care

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	1	1	2	4

OHA review: This project has a high potential for meeting a critical need, but it’s still missing some elements in monitoring activities to meet all relevance criteria. Last year’s recommendations for improvement were not addressed, and the project still lacks long-term health monitoring metrics. The project also does not address this relevance criteria: Project clearly identifies and monitors health outcomes for the prioritized population.

More details are needed to understand how the project activities and metrics will monitor that access to continuous glucose monitoring is having a positive health impact on participants. For example, the activity and metric to increase oral health visits is not directly tied back to the project narrative to increase access to continuous glucose monitoring. The project also does not adequately assess REALD & GI data to identify and address disparities.

OHA recommendations: Ensure the project identifies and monitors health outcomes for the identified population, and includes both short- and long-term health outcome metrics. For example, the project could assess A1C test improvements and longer-range goals, such as ED visit reductions. Include metrics to track the increased access to continuous glucose monitoring that was described in the narrative.

Use the REALD analysis results to inform the project and activities. For example, while the data may show that the population is a majority of white, English-speaking members without disabilities, the project could still include activities to support the participation of non-English speaking members, non-White members, and members with disabilities. Track all health outcome metrics, once included in the project, by REALD & GI to identify and address disparities.

Project ID# NEW: Full Benefit Dual Eligible Hypertension

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	1	2	5

OHA review: The project met most relevance criteria, but was missing long-term health outcome metrics for the identified population. The medication adherence metric is a good short-term health outcome metric. The narrative has a good plan to develop unique outreach to address the small group with disparate rates of uncontrolled hypertension. The activities and metrics are missing tracking by REALD & SOGI.

OHA recommendations: The project needs to include more metrics and targets that demonstrate how the project is targeting, tracking and improving member health outcomes, including both short- and long-term health outcome metrics (see OHA’s TQS guidance for examples). For example, the project mentions a goal related to home blood pressure monitoring equipment but is not tracking any metric related to this. The project could also track more direct provider appointments to monitor blood pressure, completion of RD

appointments versus contacts, longer range unnecessary ED visits, or other related goals for the project’s stated purpose to improve cardiovascular outcomes.

The project should also more fully address REALD & SOGI data to identify and address disparities, even when population sizes are small. A deeper dive into how outcomes might be different or care might not be equitable is critical.

Please reach out to OHA for technical support if desired.

Project ID# 412: Increasing engagement of individuals diagnosed with a SPMI

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

OHA review: The project includes a good review of member dynamics and the system changes to not make members feel their privacy was being intruded upon. The focus on medical clinics shows another area of improved services to members of SPMI. Although adjusting the methodology damaged the ability to achieve goals, being sensitive to member experiences is critical to system improvement, and those efforts are appreciated.

OHA recommendations: Ensure the project follows the definition of SPMI, especially when not all members who have depression (for example) have an SPMI level of diagnosis. Consider embedding more behavioral health care within medical clinics to help with a no-wrong-door approach to treatment and improved comprehensive care. Consider differentiating types of SPMI to develop strategies of engagement that might be more relevant for specific types than others (for example, depression vs. schizophrenia).

Project ID# NEW: Behavioral Health Integration

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	3	8
CLAS standards	1	2	2	5

OHA review (Behavioral health integration): The project meets all relevance criteria and is mostly feasible with some additional details needed. Good use of screening tools and EHR communication for behavioral health providers and primary care provider connections. Overall a good level of baseline data, but more details are needed on what may or not be working in the clinics, why there are only three clinics, and how often providers/staff will be trained. Additionally, was REALD & SOGI data only reviewed from those three clinics?

(CLAS standards): The project did not fully incorporate CLAS standards into the project’s primary goals, activities, and metrics in a meaningful way. The following TQS CLAS relevance criteria were not addressed:

1. Provides specific details to explain how the project, activities and monitoring address the specific CLAS standard selected. OHA will be comparing the CCO’s response to the standard as detailed in the CLAS Blueprint.
2. Describe how the project is transformative – that is, how it focuses on fostering innovative, transdisciplinary, culturally and linguistically responsive and impactful projects and programs to improve the health of OHA priority populations.

- Describe how the project moves toward a health care delivery system that improves access, experience, and outcomes for people living in Oregon who communicate in languages other than English. This includes supporting people with disabilities.

The project overall aims to address an important need and justifies the desire to work on this. However, more details and a more defined population are needed for the project to fully address a CLAS standard. As described, the project is not fully feasible as there are no activities and monitoring metrics specific to the CLAS standard identified.

OHA recommendations (Behavioral health integration): Include more details to describe activities and monitoring metrics, as well as use of REALD & SOGI data. This will provide a fuller picture of the project and demonstrate how the project aims to meet its goals. Consider the opportunity to identify BHI care managers' increased or reduced follow-up based on the level of the client's risk of no previous or no follow-up for BH services.

(CLAS standards): Ensure the project addresses all CLAS relevance criteria, includes clarifying details as noted above, and includes activities and objectives that appropriately address the identified CLAS standard.

Project ID# 55: Support Increased Access to Oral Health Services within a Physical Health Setting and Oral Health Referrals to Community Services

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

OHA review: The narrative describes why the project was chosen and how activities will make an impact on the selected population. The activities included are SMART. The project is missing use of gender identity and a plan for using sexual orientation data.

OHA recommendations: Ensure the project includes REALD & GI and a plan for SO data. The project should also include activities and monitoring metrics to address the identified health disparities and track progress.

Project ID# 54: Patient Centered Primary Care Home (PCPCH)

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. OHA appreciates the staff resourcing that has been dedicated to this project, and it's clear the CCO is thoughtfully incorporating lessons learned as the project progresses.

(PCPCH: Tier advancement): The project outlines a well thought out and detailed plan to assist PCPCH practices in achieving higher-tier recognition.

OHA recommendations: None.