

## 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	7	Behavioral Health Integration
9	1	8	CLAS Standards
9	1	9	Health Equity: Cultural Responsiveness
9	1	9	Oral Health Integration
8	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
9	1	9	Special Health Care Needs – Full Benefit Dual Eligible
8	1	8	Special Health Care Needs – Non-dual Medicaid Population
<b>79 (out of 81; 97.5%)</b>		<b>111 (out of 117; 94.9%)</b>	<b>TOTAL TQS SCORE</b>

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# NEW: Supporting Members Living with Severe Mental Illness and/or SUD				
Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	3	3	9
<p><b>OHA review:</b> The project has a clear focus on EHR and increasing provider access to support collaboration, coordination and clinical continuity. The project includes robust data collection and analysis, including public health data and continued collaboration targeting the SUD population. The project is well-detailed and feasible as written.</p> <p><b>OHA recommendations:</b> Consider including information on alternatives to medication if the member refuses long-acting injectable medications. Also, consider whether data will be collected if members refuse or want to use other treatments for their behavioral health diagnosis.</p>				

Project ID# 416: Meaningful Language Access				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	3	3	3	9
<p><b>OHA review:</b> The CCO demonstrated good use of data to address project needs with quantitative and qualitative analysis and root cause analysis. The data shown in the project background is very compelling and aligned with the overall objective of CLAS. The project is well-detailed and seems feasible as written.</p> <p><b>OHA recommendations:</b> Consider describing the criteria for identifying network partners for activity 1.</p>				

Project ID# 421: Oral Health Services in Primary Care				
Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	3	3	9
<p><b>OHA review:</b> The project includes a meaningful explanation for why the project was chosen and how activities will impact the selected population. Goals for the project appear reasonable and realistic about what can be completed during the measurement period.</p> <p><b>OHA recommendations:</b> None.</p>				

Project ID# 78: PCPCH Supports				
Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	2	3	8
PCPCH: Tier advancement	3	3	3	9
<p><b>OHA review (PCPCH: Member enrollment):</b> The project details a comprehensive plan to increase member assignment to PCPCHs. The plan includes activity details to achieve benchmarks and targets. However, for activity 1, additional context would have been helpful to explain why Nehalem Bay Clinic is no longer PCPCH certified, as this affects the feasibility of the re-attestation benchmark.</p> <p>(PCPCH: Tier advancement): The project outlines a detailed plan to assist PCPCH practices in achieving higher-tier recognition. The plan includes activity details to achieve benchmarks and targets. The project seems feasible as described.</p> <p><b>OHA recommendations:</b> Provide more context as described above.</p>				

Project ID# 419: RCT Psych Transitions Tracking				
Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	3	3	9
Special health care needs: Non-dual Medicaid population	3	2	3	8
<p><b>OHA review (Serious and persistent mental illness):</b> The project meets all relevance criteria, is well-detailed, and is feasible as written. The project focus and SPMI population are meaningful and relevant. The project includes a pragmatic and integrated use of REALD. The project includes reasonable goals to measure the intervention outcomes.</p> <p>(Special health care needs: Non-dual Medicaid population): The project meets all relevance criteria, requires minimal additional details, and is feasible as written. However, the project has not responded to last year’s feedback on short-term health outcome metrics. In the second year of the project, the CCO showcases a deeper dive into REALD data to identify potential sub-population differences. The project indicates goals to do the same once SOGI data is available and shows a commitment to having better data and looking at disparities across groups.</p> <p><b>OHA recommendations (Serious and persistent mental illness):</b> Weave SOGI data into the project as robustly as REALD has been.</p>				

Consider the assumption that misconnection with the community and lack of care coordination is the cause of hospital admission and readmission. Preliminarily, this is reasonable, but refine goals as problem-solving continues (such as the use of peers and other allied services).

Consider measuring the effectiveness of CPCCO care coordination with that of local CMHP-based care coordination to identify what specific interventions are helping to reduce hospitalization.

Consider adding allied services to bolster this initiative so it's a systems improvement process for the whole system and doesn't place so much weight on a single service.

(Special health care needs: Non-dual Medicaid population): Incorporate interim, short-term health outcome metrics for the target population. This will showcase the ability to get to outcomes goals and reduce the crisis need for hospitalization, and ideally a reduction in readmissions. Consider short-term health outcome metrics that track the 7-day follow-up, such as medication refills, attendance at scheduled appointments, outreach by peers, starting SUD treatment if indicated, and upstream interventions to prevent hospitalizations.

**Project ID# 502: Vulnerability Framework and Rapid Access Care Planning**

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	3	3	3	9

**OHA review:** The project continues to use an innovative approach for risk assessment, does well to incorporate short-and long-term health outcome metrics, in addition to appropriate process metrics, and collaborates well with the DSNP plan. The project demonstrates that REALD data was well utilized in combination with social risk data to address health disparities in vulnerable populations. The investment in additional data analysis resources to use more data to drive care team work is laudable.

**OHA recommendations:** Consider measuring the development of member-centric care plans as a short-term goal to better focus target on members. Also consider tracking numbers of SDOH services received and some of the other short-term medical goals outlined in the model.

Consider adding details to explain what A1C referral means. Review OHA's prior year feedback about breaking down monitoring activity 2 into separate tracking for specific activities to better understand the effectiveness of intervention steps on the long-term outcomes.