

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
8	1	8	Behavioral Health Integration
9	2	8.5	CLAS Standards
9	1	9	Health Equity: Cultural Responsiveness
9	1	9	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
8	1	8	Special Health Care Needs – Full Benefit Dual Eligible
8	1	8	Special Health Care Needs – Non-dual Medicaid Population
78 (out of 81; 96.3%)		112.2 (out of 117; 95.9%)	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# 91: Improvement and Stratification of Health Equity Data				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
<p>OHA review: While this project is related to areas that are part of state, federal and contractual requirements, the CCO’s approach is transformational and quality improvement oriented. The project demonstrates thoughtful work year-round, and the lessons learned that are included are appropriate. In the project background, the CCO states that AHC screenings were paused due to a lapse in funding. The reviewer has a concern about the project’s progress if funding is not secured.</p> <p>OHA recommendations: None</p>				

Project ID# 92: Culturally Responsive Services by Community Health Workers				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Cultural responsiveness	3	3	3	9
<p>OHA review: The use of THWs is a best practice for incorporating culturally and linguistically responsive services. While the CCO is still working on expanding data sets, the project shows an appropriate level of data analysis in the development of this year’s activities. The CCO states they are still working on incorporating SOGI into its data sets, but it’s not clear why the CCO is facing challenges in collecting SOGI data from CHWs.</p>				

OHA recommendations: Consider explaining the challenges in collecting SOGI data from CHWs.

Project ID# 94: Technical Assistance for PCPCHs

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. The project includes activity details to feasibly achieve benchmarks and targets.

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

OHA recommendations: None.

Project ID# 423: Expansion of BHI Using THWs and HIT3

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	3	8

OHA review: Good use of demographics analytics, including REALD & SOGI, from all EOCCO members to identify gaps in access to BHI and to compare similar data to the PCPCH BHI clinic and other BHI integrated services billed. Some of OHA’s feedback from the 2023 submission was not incorporated and more details are needed on the THW cross-training efforts.

OHA recommendations: Include more details about the THW cross-training efforts. For example, describe what other BH-type trainings were identified, how trainings are being delivered and knowledge transfer measured, and include how many closed-loop referrals facilitated by THWs were completed.

Project ID# 505: Increasing Pediatric Dental Access through First Tooth Certification

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	3	3	9

OHA review: The project meets all relevance criteria, provides an excellent level of detail, and is feasible as written. The narrative provides a meaningful explanation for why the project was chosen and how activities will make an impact on the selected population.

OHA recommendations: None.

Project ID# 506: Improving Health Outcomes of Full Benefit Dual Eligible (FBDE) Members with Chronic Kidney Disease

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	3	2	3	8
<p>OHA review: The CCO implemented OHA recommendations to conduct a deeper dive analysis on the population with disabilities. However, no language or ethnicity data were presented for the target population. Good expansion of goals to include training on Unite Us to ensure members have access to SDOH resources. Sharing information such as care plans across providers and CCO/MA plans is well described.</p> <p>Additional details were recommended for the 2023 submission that do not appear to be incorporated this year, which would improve the project’s long-term health outcome metrics. For example, the activities describe tracking the lack of disease progression, but there aren’t specific measures to document that. The short-term health outcome metrics also need more detail.</p> <p>When the overall population is small, this should bring focus from a small disease management program into a broader health management program. The project notes that subgroups are too small for REALD & SOGI analysis, but there should still be a review of issues that may be at play for subpopulations in monitoring data, not just a description of the population, to ensure equity in program delivery and outcomes. This is especially important to ensure language and culturally specific needs are at the forefront of member care.</p> <p>OHA recommendations: Provide language and ethnicity data in the overview.</p> <p>Include more details for the project’s short- and long-term health outcome metrics to not only reduce CKD deaths and disease progression but to go upstream and reduce the progress of those with untreated or undiagnosed diabetes to CKD over time. For long-term metrics, consider tracking ED utilization or hospital admissions/readmissions to improve the lack of disease progression monitoring activities. For short-term metrics, consider going upstream to track what helps prevent CKD/ESRD, such as under-controlled BP, BP and diabetic medication refills, annual wellness visits, CBC blood test rates, etc. This could also help identify disparities in care that result in disproportionate rates of these critical diseases for persons with disabilities or specific race or ethnicities.</p> <p>For small populations, include a review of issues that may be at play for subpopulations in monitoring data to ensure equity in program delivery and outcomes.</p>				

Project ID# 507: Improving Health Outcomes of Non-dual Medicaid Members with Chronic Kidney Disease

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	3	2	3	8
<p>OHA review: The CCO implemented OHA recommendations to conduct a deeper dive analysis on the population with disabilities. However, no language or ethnicity data were presented for the target population. Good expansion of goals to include training on Unite Us to ensure members have access to SDOH resources. The larger population for this project has allowed for a deeper dive into the data to identify disparities.</p>				

Additional details were recommended for the 2023 submission that do not appear to be incorporated this year, which would improve the project’s long-term health outcome metrics. For example, the activities describe tracking the lack of disease progression, but there aren’t specific measures that document or provide that detail. The short-term health outcome metrics also need more detail.

When the overall population is small, this should bring focus from a small disease management program into a broader health management program. The project notes that subgroups are too small for REALD & SOGI analysis, but there should still be a review of issues that may be at play for subpopulations in monitoring data, not just a description of the population to ensure equity in program delivery and outcomes. This is especially important to ensure language and culturally specific needs are at the forefront of member care

OHA recommendations: Provide language and ethnicity data in the overview.

Include more details for the project’s short- and long-term health outcome metrics to not only reduce CKD deaths and disease progression but to go upstream and reduce the progress of those with untreated or undiagnosed diabetes to CKD over time (review prior year feedback). For long-term metrics, consider tracking ED utilization or hospital admissions/readmissions to improve the lack of disease progression monitoring activities. For short-term metrics, consider going upstream to track what helps prevent CKD/ESRD, such as under-controlled BP, BP and diabetic medication refills, annual wellness visits, CBC blood test rates, etc. This could also help identify disparities in care that result in disproportionate rates of these critical diseases for persons with disabilities or specific race or ethnicities.

For small populations, include a review of issues that may be at play for subpopulations in monitoring data to ensure equity in program delivery and outcomes.

Consider if the low participation in year one should push for going further upstream with prevention and health monitoring and not waiting until kidney disease presents. For example, consider why more of the target population are people with disabilities, whether there are barriers for this population in receiving regular preventive care that results in progression to CKD, and what upstream interventions are appropriate.

Project ID# NEW: Reducing Acute Care Readmission for Members with SPMI

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

OHA review: The project is pragmatic with rational development of intervention using peers. Development of the workforce and designated counties is relevant and purposeful. There is a detailed approach to address the problem, using both initial admission intervention needs and readmission on a continuum. Data is being used to drive interventions, and strategies are being used to improve SOGI data set. The project includes reasonable goals to measure the outcome of the interventions, not merely the increase of the intervention.

OHA recommendations: Consider how the peers will need support while engaging members as well as connecting members to services that make sense to the members themselves. Consider what service transition needs there might be once engagement has been achieved so peers aren’t overburdened over time without further services and support being delivered. On the surface, billable peer services seem low. Although this may be reasonable for expectations, measuring non-billed activities may help identify outreach strategies that peers are providing that aren’t being captured by the billing data.