

## 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 TQS projects for 2024 TQS submissions 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. As part of 438.330 CFR, Quality Assessment Performance Improvement (QAPI), CCOs will submit the annual look-back across TQS components and provide analysis with a plan (that is, a TQS project) to improve each 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** – OHA is requiring each CCO to participate in a feedback call. Please fill out the scheduling form at <https://www.surveymonkey.com/r/D5B6VVG>. During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June–August.
2. **If needed, send a redacted version (with redaction log)** to [cco.mcodeliverablereports@odhsoha.oregon.gov](mailto:cco.mcodeliverablereports@odhsoha.oregon.gov)

### 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 (sections 1, 2 and 3) — 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	9	Behavioral Health Integration
6	1	9	CLAS Standards
9	1	9	Grievances and Appeals System
9	2	8.5	Health Equity: Cultural Responsiveness
9	1	9	Health Equity: Data
9	1	8	Oral Health Integration
9	1	6	Patient-Centered Primary Care Home: Member Enrollment
9	1	6	Patient-Centered Primary Care Home: Tier Advancement
7	1	8	Severe and Persistent Mental Illness
9	1	9	Social Determinants of Health & Equity
8	2	6	Special Health Care Needs – Full Benefit Dual Eligible
5	1	7	Special Health Care Needs – Non-dual Medicaid Population
9	1	8	Utilization Review (Medicaid Efficiency and Performance Program)
<b>106 (out of 117; 90.6%)</b>		<b>121.5 (out of 144; 84.4%)</b>	<b>TOTAL TQS SCORE</b>

Note: The three access components were removed in 2023, which accounts for the difference in total points possible from 2022.

Quality Assurance and Performance Improvement (QAPI) program attachments	
	Met/not met
QAPI workplan	Met
QAPI impact analysis	Met
<p><b>OHA feedback:</b> It is helpful to see Health Share’s QAPI goals and objectives outlined in the document. OHA recommends including additional specific information about the data sources, actions (planned and taken), and reflection on what worked and what did not.</p>	

Project scores and feedback				
Project ID# 103: Expanding Integrated Behavioral Health Services				
Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	3	8
<p><b>OHA review:</b> Project addresses all required relevance criteria. Project does well to expand integrated care to specialty medical clinics through MOUs while also building the capacity of the BHI workforce to address the social-emotional needs of children 0-5 years with asset mapping of skill and learning collaboratives. There is limited information on who/what credential type the BHI staff identified for upskilling, and plan does not address SOGI data.</p>				

**OHA recommendations:** Project must address both REALD and SOGI data in future submissions. Consider adding detail about the BHI staff identified for upskilling, such as their credential type.

**Project ID# 371: Increasing Meaningful Language Access**

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	2	2	2	6

**OHA review:** Project addresses most required relevance criteria. However, the project does not fully apply CLAS Standard #5 and describe how it will ensure certified and qualified interpreter services for over 13,000 members. The percentage of members utilizing interpreters over three quarters appears to be 13–18%. The focus on increasing the utilization of certified /qualified interpreters is critical, but so is continuing to work toward increasing the utilization and reporting of utilization of interpreters for all HSO members and potential members. The project doesn’t address these other components of interpreter access. There also appears to be an emergence of reviewing for timely access to interpreter services, but no specific activities are associated with this aspect of Standard 5.

The project lacks clarity on the population being targeted and why. The project doesn’t identify differences in interpreter services by language or county. There is also no explicit use of REALD and SOGI data or a reason why the focus is only on the percentage of members using interpreters and increasing the percentage of certified and qualified interpreters. While the MLA work group uses a survey to identify areas of improvement, there is no example of this survey or how it relates to member data/REALD and SOGI data.

**OHA recommendations:** Include details about how the CCO will ensure certified and qualified interpreter services. Include additional details regarding timely access to interpreter services. Clarify focus population and rationale. Include use of REALD and SOGI data as well as a more robust rationale for the focus of the project’s activities. Additional activities related to increasing interpreter utilization would support a more robust project.

**Project ID# 104: Expanding Grievance and Appeals Analysis**

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	9

**OHA review:** Project addresses all required relevance criteria with data to demonstrate how CCO is making improvements.

**OHA recommendations:** None.

**Project ID# 372: Improving Access to Health-Related Services**

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

**OHA review:** Project addresses all required relevance criteria. This is a great project with a clear application of lessons learned from a prior project. The reviewer appreciates the analysis of efforts in the project

context, as well as using the analysis of the target population to be more responsive to their needs. Overall, this project does very well to represent the objective of this component.

**OHA recommendations:** None.

**Project ID# 100: Expanding Access to Traditional Health Workers (THWs)**

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

**OHA review:** Project addresses all required relevance criteria. This is a good continuation of a prior year project with the appropriate level of detail in the prior year assessment and progress to date. The reviewer appreciates the level of analysis provided.

**OHA recommendations:** Consider strengthening the project by adding one or two goals for the technical assistance activity. For example, what does the CCO plan to accomplish with the technical assistance (skills, process development, etc.)?

**Project ID# 105: Equity Driven Data Best Practices**

Component	Relevance score	Detail score	Feasibility score	Combined score
Health equity: Data	3	3	3	9

**OHA review:** Project addresses all required relevance criteria. The ability of the CCO to collect, analyze and utilize data for the purpose of eliminating health inequities is impressive. The reviewer appreciates the detail provided in the project context as it allows to see the progression of this project. Activities and monitoring for performance are appropriate. This is a great project!

**OHA recommendations:** None.

**Project ID# 431: Oral Health Services in Primary Care**

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

**OHA review:** Project addresses all required relevance criteria with significant and impressive progress over the course of the past year. There is an excellent level of detail and specificity in the project with appropriate goals for the measurement period.

**OHA recommendations:** None.

**Project ID# 107: Strategic Patient-Centered Primary Care Home (PCPCH) Efforts**

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): Project addresses the required relevance criteria. The CCO did a phenomenal job of detailing each specific activity that was done and will need to be done to increase PCPCH member enrollment. Some of the activities listed such as network monitoring should be noted as exemplary.

(PCPCH: Tier advancement): Project describes comprehensive plan to support PCPCH practices in upward tier recognition. The level of detail showed a clearly laid out plan with measurable activities and appropriate SMART goals.

**OHA recommendations:** None.

**Project ID# 430: Seven Day Follow-Up Improvement Project**

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	2	2	7

**OHA review:** Project addresses the required relevance criteria with relevant goals for SPMI population and system improvement. While there are plans to incorporate REALD and SOGI data, REALD data was not analyzed or reviewed for potential improvements. There are insufficient details and lack of basic data collection. Self-report data is a reasonable back-up for lack of objective data, although billing could have been used for determining some information between discharge and first service. Neither self-report nor billing data were pursued or analyzed. This is especially important as this is the second year for this project without data. Additionally, there was no review of the challenges involved in collecting data, only that data was not collected. Knowing the details of the problem and the response could have been helpful to review and would have reflected the level of intervention the CCO is taking to address the issue.

**OHA recommendations:** Include REALD and SOGI data for identifying and addressing disparities. When there are data challenges, address them in the narrative and project activities. If this project is continued, OHA expects the project to include data.

**Project ID# 109: Community Investments to Support Social Determinants of Health and Equity**

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9

**OHA review:** Project addresses the required relevance criteria. The details are thorough and well documented.

**OHA recommendations:** None.

**Project ID# NEW: 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	2	3	8

**OHA review:** Project addresses the required relevance criteria. There is clear identification of underserved populations within the target group definition. The project plan also appears to have the flexibility to be designed specifically for members’ needs and issues. However, the plan to impact gaps in equity are not well

detailed. For example, CCO could more clearly outline and track activities where equity data is being reviewed as part of project.

The project includes some clear monitoring measures that meet SHCN requirements, including medication adherence, tracking improvement in either PCP or other supports where PCP or underutilization has existed, and tracking avoidable ER utilization. However, the project plan could more clearly track some of the supports planned as part of the RACP to demonstrate and monitor specific health impacts of interventions. Also, not all monitoring metrics are tracking specific health improvements, and there is the opportunity to consider things mentioned in narrative.

**OHA recommendations:** Consider including monitoring metrics to track specific health improvements as noted in the narrative (for example, increased primary care, behavioral health or specialist regular care appointments for populations). Project could also consider tracking A1C regular testing where indicated, BP monitoring where indicated, referrals to LTSS assessments for assistance with ADLs, screening for BH conditions like SBIRT and depression that can impact patient ability to manage disease, referrals and participation in disease self-management programs, regular BH appts, etc.

**Project ID# 428: Dual Eligible SHCN Outreach Initiative**

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	3	2	3	8

**OHA review:** Project addresses the required relevance criteria and details the SHCN-FBDE population with disabilities identified as receiving disparate care/fewer annual wellness visits than other FBDE population. Project does well to work across the Providence Medicaid arm of Health Share and its DSNP.

Note that access to AWW is not automatically a health improvement measure for the population, but a steppingstone to disease care management. Details are lacking for outreach strategies to reach improvements in AWW for targeted population. There also isn't a plan to ensure members get needed connections and referrals to DHS or Comagine assessments for LTSS services. While the priority population selected is members with disabilities, there is no deeper dive of the population by REALD and SOGI.

**OHA recommendations:** Include more details on REALD and SOGI data that show identified gaps being addressed by the project. Better detail how access to AWW will lead to health improvements.

Consider a potentially missed opportunity for a more effective thru-line from improving primary care AWW to improving health. This could help achieve longer-term metrics. Also consider looking at other items like depression or SBIRT screenings post-pandemic for populations that did not engage with primary care.

Consider how the project will ensure that any issues identified in the AWW are followed up on and supported for the member. This will support achieving longer-term targets.

**Project ID# 429: Emergency Department Pilot for Members with SUD**

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	2	1	2	5

**OHA review:** Project is innovative and has an important goal to increase engagement with treatment, including naloxone use, for those with addiction that present to the ER. However, the project does not fully address relevance criteria 3 (primarily focuses on quality improvements related to improving health outcomes for your identified SHCN population) and 4 (clearly identifies and monitors health outcomes for the prioritized population).

Overall, this project is clearly planning to address a high need issue, but has some work to do in monitoring measures for short- and long-range success to be documented. Project includes insufficient detail, which may be a result of this being a pilot still in development. As written, several monitoring activities are not measurable, and project does not have long-term health monitoring metrics. There is no clear use or tracking of REALD or SOGI within pilot to determine whether services or contacts will be successful and provided equitably across target population (for example, tracking engagement in non-English speaking populations vs. English speaking). This level of tracking could inform additional strategies needed to engage more vulnerable populations.

**OHA recommendations:** Include a clear use or tracking of REALD or SOGI for identifying and addressing disparities. Make mentoring metrics more measurable and bolder to see progress in a year. For example, tracking direct numbers of referrals versus “in development”. Include long-term health monitoring metrics, such as reduction in readmissions, changes to BH disparity metric, or even monitoring or targeting reduction in deaths from overdose in target group.

**Project ID# 111: Implementing Medicaid Efficiency and Performance Program (MEPP)**

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	3	3	9

**OHA review:** Project addresses all required relevance criteria. Project includes REALD data and an action plan for SOGI data to close that gap. Prior year evaluation was detailed and effective for communicating how the programs are operationalized, what worked, and what didn't. The CCO identified critical project milestones and developed process measures to track progress toward implementation.

**OHA recommendations:** Consider including outcome measures, in addition to the current process measures, so there is a quantitative mechanism for evaluating whether the processes put in place are having an actual impact on the patient population.

Several components of the prior year action plan were not completed, and in some cases it was due to loss of an individual participant. If progress is again delayed due to issues with individual participants, consider modifying the intervention strategy to be sufficiently broad so the CCO can make progress even when there are challenges with individual participants.

Some sections included a heavy reliance on aggregate AAE statistics and drew conclusions from those statistics while simultaneously undermining the conclusions by noting that the aggregate statistics are not reliable due to changes in caseload over time. Rather than reporting on statistics and discrediting the conclusions, consider modifying the approach to report on different statistics that are more credible such as average AAE costs per episode or total cost per individual with an episode. This will make the content more meaningful and will provide better metrics as a predicate for conclusions.