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	9	Behavioral Health Integration
9	1	6	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	7	Severe and Persistent Mental Illness
9	2	8	Special Health Care Needs – Full Benefit Dual Eligible
8	1	5	Special Health Care Needs – Non-dual Medicaid Population
79 (out of 81; 97.5%)		**107 (out of 117; 91.5%)**	**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# 103: Expanding Integrated Behavioral Health Services

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

OHA review: The project identifies opportunities to expand BHI in a medical setting while recognizing the individuality of processes for each setting. Good progress in meeting targets and benchmarks. The measurements for this year are straightforward. The assessment of BHI in medical settings proved its importance and need. Appreciate that with the priority focus on women's health/OB-GYN clinics, the PMPM payment is not limited to such settings/facilities. More details are needed to better understand some aspects of the project.

OHA recommendations: Include more details to provide context, give examples and explain potential solutions. For example, what differences were found across clinic settings? The project mentions a lack of documentation, but doesn't describe efforts to support staff in proper documentation or whether this will be addressed, and if not, why it won't be. Also note whether there will be strategies to help with the SOGI data collection. The project noted why data wasn't available but thus far isn't focused on a solution.

Project ID# 371: Increasing Meaningful Language Access

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	**9**

OHA review: The project has good use of data and data analysis in the project background. The project is focused on quality improvement. The dashboards are useful to understand the issue the CCO is trying to address. The CCO provides updates on progress to date and when not, provides justifications and plans to move forward. The population (HSO members with interpreter needs) is clearly identified.

OHA recommendations: The CCO would benefit from a consultation with the OHA REALD & SOGI team to address SOGI data collection concerns.

Project ID# 100: Expanding Access to Traditional Health Workers

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

OHA review: The utilization of THWs is a best practice in providing culturally and linguistically responsive services. The CCO addresses quality and process improvement. The CCO demonstrates use of REALD in the analysis, and the population is clearly identified. The CCO provides an update on progress to date and gives sufficient justification when targets are partially met.

OHA recommendations: Consider describing how the project plans to outreach to doulas.

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: All three OHI relevance criteria were addressed with an excellent level of detail and specificity. The narrative provides a meaningful explanation for why the project was chosen and how activities will make an impact on the selected population. Goals for the project appear reasonable and realistic about what can be completed during 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): The project details a comprehensive plan to increase member assignment to PCPCHs. The project clearly outlines the activities and supports to achieve targets. There is a clear use of REALD & SOGI data to enhance member enrollment.

(PCPCH: Tier advancement): The project outlines a robust plan to assist PCPCH practices in achieving higher-tier recognition. The partnership with CHA is a great addition. The project has excellent details of how a

learning collaborative and practice coaching will aid in tier advancement. The reviewer especially appreciates the detailed list of PCPCH measures the CCO will be receiving from CHA. The project includes the appropriate level of support to achieve the desired outcomes/targets.

OHA recommendations: None.

Project ID# 508: 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: Project uses innovative approach for risk assessment combining clinical risk, social risk, access and coordination risk into an algorithm for understanding unique vulnerabilities of SHCN duals population. The project included a REALD analysis and noted where group sizes were too small to stratify the data. This demonstrated good use of REALD and social risk data to work toward improving health disparities in vulnerable populations. The noted timing alignment with the 1115 OHP waiver SDOH resources and health equity goals was appreciated. Project is feasible, and it's laudable that that CCO is investing in additional data analysis resources to use more data to drive care teamwork.

Remember the importance of SHCN projects to show health improvement for members. Additional details on the activities and metrics would be helpful.

OHA recommendations: Provide additional details to define what AIC referral means. Last year's recommendation was to consider breaking down monitoring activity 2 into separate tracking for specific activities to better understand the effectiveness of intervention steps toward the long-term goals. Consider member-centric care plan development as a short-term measure to better focus the target on the member. Also consider tracking the number of SDOH services received, and some of the other short-term medical goals outlined in the model.

Project ID# 428: Dual Eligible SCHN Outreach Initiative

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

OHA review: The initial year demonstrated some improvements in outcomes and found that incentives can be a valuable approach to assist with higher member engagement. The project improved by adding more short- and long-term monitoring metrics. The deeper dive into REALD and other member information helped to better understand the disparity issue. This is a good demonstration of project collaboration across Medicaid and DSNP.

OHA recommendations: Ensure REALD & GI data are also incorporated into monitoring metrics. Consider additional targets between the completion of AWV and population tracking to see the link with targets to reduce ED visits. Consider what other targets might assist with this. To broaden the reach to the target population with disabilities, consider tracking NEMT use to regular appointments more closely with the CCO, or where ASL or auxiliary aids and services are used for appointments. Also consider more direct outreach post-hospitalization to prevent readmissions. There may be too much expectation that one AWV will achieve longer-range 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	3	2	3	**8**

OHA review: This is an important project seeking to increase treatment engagement with members with SUD presenting at the ED. Outside evaluation results show improvement and support expansion to another location. The project demonstrates the impact of peer navigators and increased refills for Naloxone for vulnerable populations. Good use of disaggregated REALD data to showcase differences by race, ethnicity and language. The CCO improved how the monitoring metrics were described in this year's submission. While the narrative mentions tracking longer-term health outcomes (overdose within 90 days), that needs to be carried through into the monitoring measures. As is, the project still doesn't include a long-term health outcome metric.

OHA recommendations: Ensure the project includes long-term health outcome monitoring measures. Given the project is targeting members after an ED visit, consider actively monitoring ongoing ED utilization.

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

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

OHA review: The project includes a reasonable review of goals and challenges, making the project relevant and meaningful to the population. There is also a reasonable review of data collection challenges and the pursuit of alternatives while resolving local data collection literacy. REALD & SOGI data are well used as a functional process for system improvement. The overall goals are clear and reasonable.

OHA recommendations: Considering that data analysis has been difficult for your system, it's okay to consider less complex data sets that your system can review and analyze to feed data-driven decisions for further refining your interventions.

This issue of not being able to collect data has been going on for years. The definitions issue has been identified and a solution offered; however, there should still be some trends that can be pulled from the current data set. If not, please explain why isn't the case, especially for a CCO of your size.

Consider using true statistical significance measures for the goals, which would add to the overall data-based decision-making and scientific accountability process.