

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

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
9	1	9	Behavioral Health Integration
4	1	6	CLAS Standards
9	1	9	Grievances and Appeals System
6	1	9	Health Equity: Cultural Responsiveness
6	1	6	Health Equity: Data
4	1	6	Oral Health Integration
9	0*	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	8	Social Determinants of Health & Equity
6	1	4	Special Health Care Needs – Full Benefit Dual Eligible
5	1	5	Special Health Care Needs – Non-dual Medicaid Population
8	1	8	Utilization Review (Medicaid Efficiency and Performance Program)
88 (out of 117; 75.2%)		118 (out of 144; 81.9%)	TOTAL TQS SCORE

*CCO was not required to submit a project for this component because they met the threshold for PCPCH member enrollment; by default they earned full points.

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>OHA feedback: OHA appreciates the level of detail included in the workplan and focus area descriptions. For next year’s impact analysis, 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# 438: Equitable Access to Traditional Health Workers				
Component	Relevance score	Detail score	Feasibility score	Combined score
Health equity: Cultural responsiveness	2	2	2	6
Social determinants of health & equity	2	1	2	5
<p>OHA review (Health equity: Cultural responsiveness): The project doesn’t address relevance criteria 1 and 4:</p> <ul style="list-style-type: none"> 1- Project clearly identifies and describes how it addresses quality and/or transformation. 				

- 4- Project clearly describes how it will improve and/or transform the assistance and support members receive in accessing and navigating the health care delivery system and in accessing and navigating community and social support services and statewide resources

Project lacks sufficient details to fully understand the project concept, need and goals.

(Social determinants of health & equity): The project does not provide enough detail to address required relevance criteria 2 and 3 for project development and progression:

- 2- Project addresses social needs at a community level, beyond working with individual members, through collaboration between the health care system and community partners.
- 3- Project shows how community needs and priorities were considered in development of the project.

More details are also needed in the activities and measures, and REALD and SOGI data are excluded. The project mentions demographic data was collected on THWs, but the project doesn't include the data or analysis. It does not appear OHA's prior year recommendations were considered.

OHA recommendations (Health equity: Cultural responsiveness): Clarify the activities that will allow the CCO to improve quality. Clearly define which THW type the project is focused on. Include additional details about the THW community of practice's goals and primary audience. Consider involving the Traditional Health Worker Commission if the desire is to build a community of practice and a community learning collaborative. More clearly describe the purpose and measure of success for the project activities. Use REALD and SOGI for identifying and addressing disparities.

(Social determinants of health & equity): Include details about member engagement, and how community needs and priorities were considered in project development and continuation. Include additional details throughout activities and measures to move project forward in a reasonable timeframe. Incorporate SMART goals in targets and benchmarks. Include REALD and SOGI for member-level data, such as the member survey in monitoring measure 1.2.

Project ID# 441: Expanded Dental Health Delivery Model

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	2	1	1	4

OHA review: Project does not address relevance criteria 2 (allows member to access oral health care outside of the traditional dental office). All the care takes place in a traditional dentist office, even though the provider is an EPDH. There are insufficient details on progress to date. Activities 2-3 note that a baseline has not been determined, but also list improvement targets. It is unclear whether determining the baseline for performance is part of the activity. Goals are similar to those listed for 2022, without clear progress.

OHA recommendations: Incorporate activities for accessing oral health care outside the dental office. Include more details about how the project has performed over the past year and how the CCO is involved in moving work forward.

Project ID# 116: Grievances and Appeals				
Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	9
<p>OHA review: Project addresses all relevance criteria. There is a robust amount of data with both G&A and REALD data to show the complete picture of the project. Project clearly describes the issue and how the CCO intends to make improvements.</p> <p>OHA recommendations: None.</p>				

Project ID# NEW: Interpreter Integration with Primary Care				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	1	1	2	4
Health equity: Data	2	2	2	6
<p>OHA review (CLAS standards): The project is relevant to CLAS Standard #5, but as written, it does not meet the TQS component-specific relevance criteria for CLAS:</p> <ul style="list-style-type: none"> • 2- Project describes how it is transformative. • 3- Project measures quality improvement over time. • 4- Project advances the provision of effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, multiple languages, health literacy and other communication needs. • 6- Project provides specific details to explain how the project, activities and monitoring address the specific CLAS standard selected. <p>There is not sufficient justification for why the project was selected in the context of transformation and quality. It's unclear whether the project will result in language access improvements for IHN members since most of the activities described relate to the hiring of one person at one clinic. It's not clear what percentage of IHN members are being served. The project notes the percentages of patients at different Samaritan locations who speak Spanish, but it's unclear whether all these patients are also IHN members and how adding one patient navigator/interpreter to one clinic will greatly impact language services. Additionally, it is not noted if the patient navigator will be a certified/qualified Oregon interpreter, which is critical. If this is a pilot project that will be replicated across the network, that has not been noted. More information is needed to determine whether this project advances the provision of effective, equitable, understandable and respectful quality care and services for all IHN members.</p> <p>While SOGI data is discussed in the context of increased data collection opportunities, REALD data is excluded with no explanation. The activities need more details and clearer linkages to project goals.</p> <p>(Health equity: Data): The project doesn't address component-specific relevance criteria 1 and 4:</p> <ul style="list-style-type: none"> • 1- Project clearly identifies and describes how it addresses quality and/or transformation. • 4- Project clearly describes how it will improve and/or transform the assistance and support members receive in accessing and navigating the health care delivery system and in accessing and navigating community and social support services and statewide resources 				

Project lacks sufficient details to fully understand the project concept, needs and goals.

Note that while making providers aware of services and finding ways to have providers adhere to CCO policies is important, providing interpreter services not only is a contractual obligation, but state and federal law. Also note that developing a job description for an interpreter is not a sufficient activity for TQS.

The project description does not provide the information needed to understand this as a TQS project. For example, while an in-house interpreter does improve quality, it is not necessarily an innovative practice. It is also unclear if the in-house interpreter is tasked with patient/member navigation, and if that is the case it is unclear how the CCO will support and train the staff to perform those duties. Also, how will the interpreter staff aid in collecting data, how will the CCO use the data, and how will the data be analyzed to demonstrate a successful project?

OHA recommendations (CLAS standards): If continuing as a CLAS project, ensure it addresses all relevance criteria for the CLAS component. Provide sufficient justification for the project in the context of transformation and quality, including use of REALD and SOGI data for identifying and addressing disparities. More clearly link activities to project goals. For example, in activity 3, include details about the current state of interpreter utilization through a vendor, whether those interpreters are certified/qualified, and costs associated. Also consider identifying member satisfaction baseline with regards to interpreter services as the patient navigator is being hired. If the project can't fully address the component and meet requirements for quality and transformation, consider focusing on a different CLAS project next year.

(Health equity: Data): Revisit the project's purpose and measures of success through the lens of quality and transformation. Ensure the project addresses all relevance criteria for the components attached and include more details as noted above. Include strategies to increase provider knowledge of the legal and ethical responsibilities to offer and arrange for interpreter services.

Project ID# 440: Medicaid Efficiency and Performance Program (MEPP)

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	2	3	8

OHA review: Project addresses all relevance criteria with a well-structured overview of the CCO's utilization management strategy and a clear connection between the broader utilization management efforts and the selected projects.

The level of detail was overall exemplary. However, while REALD was included in the analysis, there was no SOGI data included nor a plan to incorporate it in the future. The one reference under the data component project appeared to be limited in scope to a children's clinic and connected to use of an interpreter. The evaluation of prior year efforts did clearly identify shortcomings and detailed effective modifications to the plan for future success.

Note that if implementation challenges continue into 2023, the CCO may need to explore different interventions where its ability to execute is more certain.

OHA recommendations: Ensure SOGI data is included in the project as required in TQS guidance.

Project ID# 434: Mental Health Home Clinic				
Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	3	3	9
<p>OHA review: Project addresses all relevance criteria with sufficient details and activities.</p> <p>OHA recommendations: Consider providing more detail on the type of staff that would be utilized at the medical home via MOU, and how the workforce training meets the needs of members in BH crisis. Consider including activities and monitoring measures to measure the impact of the project.</p>				

Project ID# 436: PCPCH: VBP & Consultant				
Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Tier advancement	3	3	3	9
<p>OHA review: Project describes a comprehensive plan to support PCPCH practices in upward tier recognition. The details are thoughtfully laid out throughout the project, there is good use of SMART goals, and the activities as described should support PCPCH tier advancement.</p> <p>OHA recommendations: None.</p>				

Project ID# 437: Pharmacy Care Coordination for high-risk members				
Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	2	3	8
Special health care needs: Non-dual Medicaid population	2	1	2	5
<p>OHA review (Serious and persistent mental illness): Project addresses all required relevance criteria with a solid focus on challenges for SPMI population through a conduit (pharmacy) that is not often used for this purpose, but is practical and value neutral. There is a good review of progress toward goals and areas for improvement for known population and barriers. However, it is unclear how goals were developed, if based on statistical analysis or a mere percentage reduction. While there is mention of REALD and SOGI measures, there is no further analysis nor potential for improvement.</p> <p>(Special health care needs: Non-dual Medicaid population): While the narrative provides a good foundation for this project, it 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) by not incorporating interim health improvement tracking. Health monitoring should look at both diabetes and mental health care to ensure outcomes. For example, project serves SPMI population, but monitoring only focuses on improving A1C levels and reduced ED utilization, and no activities relate to assessing mental health medications or ensuring adherence to medication refills for diabetes or mental health. More details are also needed in activities and monitoring metrics to show the link between short- and long-term goals to improve health for transitioning members.</p>				

The project does include innovative approaches to engage pharmacy in complex care coordination. There is also a good plan for use of pharmacy skill sets and building unique approach for complex care population need. The selection of long-term metrics is appropriate.

OHA recommendations (Serious and persistent mental illness): Consider project’s impact when target or benchmark are a flat percentage versus a statistically significant increase. Consider analyzing segments of the population for medication use/adherence and developing a population-centered solution to address concerns. While gender was mentioned for potential high pregnancy rates, no response was developed for that population in reference to this project. More clearly use REALD and SOGI data for addressing disparities.

(Special health care needs: Non-dual Medicaid population): Incorporate interim health improvement tracking that looks at both diabetes and mental health care. Also include equity tracking to monitoring metrics to understand disparities in service mentioned in narrative. For example, assessing whether target population is getting 2 x per year A1C testing and stratifying by REALD would ensure there isn't a disparity in the 4% Latino/a/x population.

Project ID# NEW: Under Pressure; Managing High Blood Pressure to Decrease Morbidity and Mortality Risks

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	2	2	6

OHA review: The project does not meet component relevance criteria 2, 3 and 4:

- 2 - Project utilizes evidence-based or innovative strategies to ensure your identified population has access to integrated and coordinated care.
- 3 - Project primarily focuses on quality improvements related to improving health outcomes for your identified SHCN population.
- 4 - Project clearly identifies and monitors health outcomes for your identified SHCN population.

While the project targets members with hypertension in pharmacy setting, it is not clearly tied to other possible health monitoring such as blood pressure readings with a home blood pressure device. The project also has short-term goals that are not tied to any longer-term population health outcomes in the monitoring activities. A singular pharmacy-based intervention should be part of a longer-term overall health improvement approach for population to meet SHCN relevance criteria 2–4.

The previous project analysis provides a good foundation for this year’s activities and there are appropriate short-term monitoring metrics. However, the project does not have plans to monitor activities for disparities and has not planned to assess monitoring measures by race/ethnicity over time.

There are innovative approaches to engage pharmacy in complex care coordination. The project also does well to engage with the DSNP.

OHA recommendations: Ensure all relevance criteria are addressed. Track and monitor more short-term health improvement variables and link to additional long-term health outcome metrics. Consider how to incorporate REALD and SOGI data in the monitoring measures to identify underserved populations that may not be receiving similar care and outcomes and may need culturally specific engagement approaches.