

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
6	1	4	CLAS Standards
7.5	2	6	Health Equity: Cultural Responsiveness
7	1	4	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	8	Severe and Persistent Mental Illness
5	1	6	Special Health Care Needs – Full Benefit Dual Eligible
8	1	5	Special Health Care Needs – Non-dual Medicaid Population
68.5 (out of 81; 84.6%)		88 (out of 117; 75.2%)	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

Note to CCO: Please add page numbers to future submissions.

Project ID# 434: Behavioral Health Clinic in East Linn				
Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	3	8
<p>OHA review: Strengths include continued monitoring of language barriers for members and ensuring OHA certified or qualified health care interpreters are available. Plan for ongoing collection of REALD/SOGI is discussed, but more details are needed (see below). All activities listed are related to project implementation and seem realistic.</p> <p>OHA recommendations: More clearly describe why REALD and SOGI data collection hasn't been possible. As project progresses, include activities and measures focused on impact (member outcomes).</p>				

Project ID# NEW: Monitoring the competence of individuals providing language assistance to IHN-CCO members with an identified interpreter service need				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	2	2	2	6
Health equity: Cultural responsiveness	2	2	2	6

OHA review: The CCO clearly addresses quality as a key element, but it’s unclear how the project is transformational. While the CCO appropriately notes access to qualified health interpreters is a fundamental pillar for health equity and federal and state law, it’s also a contractual requirement.

The population for the intervention is defined. CCO uses an appropriate level of data analysis. How does the CCO plan to ensure data submitted for the interpreter services monitoring report has less than 5% error?

It’s unclear what the contents of the health equity report are and how the CCO will use the report to assess language services competence.

OHA recommendations: If the project continues in future submissions, describe how it is transformational. Clarify the connection to the health equity report.

Project ID# NEW: Community Led Behavioral Health Intervention Models

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

OHA review: CCO is moving from a reactive to a proactive model. The project demonstrates the CCO’s effort to engage community partners as funder but also as a convener. Reviewer appreciates the focus on LGBTQ+, older adults and houseless individuals with disabilities. More details would make the overall project clearer, but the reviewer understands they might not be available as it’s a new project.

OHA recommendations: Clarify what is meant by “high risk and under resourced communities” (in project context). As project develops, include more details.

Project ID# NEW: Oral health integration at behavioral health facilities

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	2	2	3	7

OHA review: Project is missing the health information technology requirement for oral health integration projects. Dental providers must be able to share member health information with primary care and BH professionals through HIT. The project does an excellent job analyzing REALD disparities and developing a plan to address those disparities, but it’s missing a plan for using sexual orientation data. Goals for the project appear reasonable and realistic about what can be completed during the measurement period. Project activities are SMART (specific, measurable, achievable, relevant, and time-bound).

OHA recommendations: Incorporate health information sharing between dental providers and primary care/behavioral health providers. Include a plan for using sexual orientation data.

Project ID# NEW: Supporting PCPCH Member Enrollment

Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	3	3	9

OHA review: The CCO did a fantastic job of outlining the project and plan to improve PCPCH enrollment for all CCO members. It’s clear the CCO is using a health equity lens. Project fully addresses component

definition and includes activities to achieve benchmarks and targets. Clear use of REALD and GI data and a clear description of how CCO will obtain sexual orientation data in the future.

OHA recommendations: The SWOT analysis (page 31) is a great example to share with other CCOs.

Project ID# NEW: Supporting PCPCH Tier Advancement

Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Tier advancement	3	3	3	9

OHA review: The project outlines a detailed plan to assist PCPCH practices in achieving higher tier recognition. Clear path forward of how to improve processes for assisting clinics to increase tier levels. Details of targets and activities are well thought out, such as documenting technical assistance needs from engaged practices and developing action plans to support practices in tier advancement.

OHA recommendations: None.

Project ID# NEW: Nurture Oregon: Supporting Pregnant People with Substance Use Disorder and Mental Health Conditions

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	3	2	3	8

OHA review: Project involves new, innovative work with partners to tackle a community-specific need, with high potential to improve outcomes.

Project includes process targets and shorter- and longer-range population health outcomes. Project has some clear and measurable monitoring activities in 1.1-1.3. Project includes review of pregnant population by REALD. Monitoring measures are missing REALD/SOGI tracking.

It's unclear what specific treatment actions are targeted at Nurture site. There might be additional short-term monitoring that could be included based on those items. The targets listed in the narrative aren't being directly measured in the monitoring activities. The project appears to have a goal to improve pregnancy outcomes, but it does not include a pregnancy outcome measure.

Measure 1.4 and activities 3 and 5 aren't SHCN outcomes, but they will be valuable to the project (3 and 5 are also not currently measurable as written).

OHA recommendations: On all member-level monitoring measures, track by REALD so CCO can monitor how program is impacting disparate populations. Add longer-range pregnancy outcomes so CCO can track longer-range health impacts and build the case for program sustainability/ongoing funding (for example, reduction of premature births, low-birth weight, addicted babies at birth).

Project ID# 510: Under Pressure: Managing High Blood Pressure to Decrease Morbidity and Mortality Risk

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	1	2	5

OHA review: Project outlines implementation challenges from last year and identifies some changes that could move project forward. Strengths include continued partnership with DSNP, pharmacy teams and overall care coordination.

Project is missing a clear longer-range health outcome metric. Monitoring targets are missing REALD/SOGI tracking. CCO removed more specific short-term health monitoring from Year 1. Care plan activity is measurable but needs REALD/SOGI tracking. While narrative shows higher rates of uncontrolled blood pressure in populations with non-English language or disability, project activities don't include a more specific approach to address disparities.

PMPM costs don't meet SHCN TQS project requirements since they're focused on cost savings for plan, not on health outcomes for members. Completion of HRA is not enough to meet SHCN requirements. Consider what information members could provide that could be tracked (food insecurity to understand how to better address disparity identified, barriers to regular care appointments, etc.).

Given data-sharing struggles that impacted year 1, and removal of measurable short-term health outcome measures, it's unclear whether as redesigned this project will have as big of an impact on identified population disparities.

OHA recommendations: Include a longer-range health outcome metric (reduced ED use, etc.). Project needs a clearer theory of action (the health outcomes the CCO wants to change and the steps and monitoring activities for short-term health improvements that get to the longer-range improvements). Include activity to address the disparities identified. For all member-level monitoring measures, track by REALD to assess whether improvements are universal to all subpopulations. OHA raised the same concerns last year about tracking REALD/SOGI within monitoring activities and including a long-term health outcome monitoring measure, which the CCO did not address in this year's submission. CCO should be tracking other measures or find a project that better fits SHCN requirements.

Project ID# NEW: Improving Resources for IHN-CCO members with SPMI

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

OHA review: Meaningful and relevant project focus toward the SPMI population and challenges with engagement. Use of REALD and SOGI is meaningful and useful. Other strengths include embedding the populations within the data system and strong delineation of concepts into baseline information.

Using Pathfinder Clubhouse as a component to address initial determinants of health is creative and strategic, although does not directly address access to services. Ruling out clients with a known substance use disorder is potentially eliminating a significant number of potential participants, considering co-occurring disorder between mental health and substance use disorder is more common than not. Goals are reasonable, though may not be significant. Changes of 0.3% or 0.6% seem quite small and may not indicate a statistically significant change in service gaps.

OHA recommendations: Consider establishing an improvement goal for access in addition to Pathfinder to address the challenges of your region more comprehensively. Consider benchmarks that would ensure statistical significance for the population.