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 2023 TQS submissions to ensure quality for members, including access and service utilization, 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

- **Feedback calls with OHA** – OHA strongly recommends that CCOs request a feedback call with OHA by filling out the form at https://app.smartsheet.com/b/form/cea2ff1e021f4558bf053e4829fe3726. During the call, OHA will walk through this written assessment and answer any questions. Calls are available in June and July.
- **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 no sooner than August 1.

Oregon Health Authority

CCO TQS assessment			
Component scores			
Average score	**# of projects**	**Prior year score**	**Component**
4.5	2	4	Access: Cultural Considerations
5	2	8	Access: Quality and Adequacy of Services
3	1	1.5	Access: Timely
9	1	8	Behavioral Health Integration
9	1	9	CLAS Standards
8	1	9	Grievances and Appeals System
8	1	8	Health Equity: Cultural Responsiveness
8.5	2	8	Health Equity: Data
9	1	8	Oral Health Integration
9	1	9	Patient-Centered Primary Care Home: Member Enrollment
9	1	9	Patient-Centered Primary Care Home: Tier Advancement
8	1	6	Severe and Persistent Mental Illness
5.5	2	4.3	Social Determinants of Health & Equity
6	1	n/a*	Special Health Care Needs – Full Benefit Dual Eligible
0	1	2.7*	Special Health Care Needs – Non-dual Medicaid Population
9	1	6	Utilization Review
110.5 (out of 144; 76.7%)		**100.5 (out of 135; 74.4%)**	**TOTAL TQS SCORE**

* SHCN is now two components. The prior year SHCN projects could have been FBDE or non-FBDE.

Project scores and feedback

Project ID# 47: Maternal Child High Risk Identification and Collaboration

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	2	2	**7**
Social determinants of health & equity	1	2	3	**6**
Special health care needs: Non-dual Medicaid population	0	n/a	n/a	**0**

OHA review: (Access: Quality and adequacy of services) Project clearly uses a patient-centered approach to offer the right care and the right time and place to high-risk pregnant members. Project clearly identifies and addresses high-risk pregnant members' access limitations. Project addresses the key factors of accommodation and acceptability.

(Social determinants of health & equity) Project involves important work to serve member needs. As described, project doesn't meet requirement to "address social needs at a community level, beyond working with individual members, through collaboration between the health care system and community partners." Project seems limited to working with individual OHP members and within the health care system (only stated partner is a clinic).

(Special health care needs: Non-dual) Project has not presented SHCN-specific activities or measurable health outcome targets. Project appears better matched to the other two components identified. Project clearly has value and takes an innovative approach to create follow-up for high-risk population.

OHA recommendations: (Access: Quality and adequacy of services) Additional detail about progress to date would be valuable. Review activities to reflect current and future state. Review monitoring activity 2.2, as it's unclear if activity was met. The target was 5/2021, with a benchmark of 6/2022. This could be a new monitoring activity because it does not seem to fit with obtaining a lead within the MCH hub. Additionally, increasing access to Babe store was added as a benchmark/future state, but it seems like this could also be a new monitoring activity.

(Social determinants of health & equity) Review TQS guidance document for requirements of SDOH-E component requirements. Clarify how community priorities were considered. Was the discontinued SDOH hub the original plan for community partnership? WIC could be a community partner, but as described, the project only involves sharing information about WIC – not collaboration with WIC. Include a component prior year assessment (see p. 4 of guidance: "overview and brief evaluation of your CCO's work in the component area(s) over the last year and existing gaps in SDOH-E" and FAQ #27). In future years, please remove previous monitoring measures if they don't have updated targets and benchmarks for the current year.

(Special health care needs: Non-dual) Review SHCN requirements in TQS guidance. Next year either update project to address component or remove SHCN: Non-dual from this project and submit a different SHCN project.

Project ID# 48: Intervening on Social Determinants of Health of the Special Needs Population

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	1	2	2	**5**
Special health care needs: Full benefit dual eligible	2	1	3	**6**

OHA review: (SDOH-E) Clear evidence of collaboration with community partner. Great to see expansion to serve more people, even during a pandemic and wildfire. Stronger level of detail than prior year. However, as described, the project doesn't meet requirement to "address social needs at a community level, beyond working with individual members, through collaboration between the health care system and community partners." The only mention is of services to individual CCO members. Is the CCO funding the community partner to provide services for non-CCO members? Will the post-surveys that were skipped last year be reintroduced? As is, it's not clear if there's a plan for member engagement to develop and/or inform project and/or broad strategy.

(SHCN: FBDE) Strong narrative detail. Project is entirely feasible. Project is relevant to reducing fall risk, but it does not clearly meet all the SHCN criteria for identifying and monitoring health outcomes. It is tracking long-range ED risk/visits, but it doesn't demonstrate that it is monitoring short-term health variables that could demonstrate health improvement. Project leans toward being an SDOH-only project without those additional health tracking variables. Partnership with community entity and multiple agencies laudable. Good partnership with MA plan.

OHA recommendations: (SDOH-E) The activities are clearer than the monitoring measures. Review and update monitoring measures with updated targets and benchmarks. Factors to consider: Neither of the

measures have targets for 2022 — the targets have already been met and the benchmarks are two or three years out. How will the CCO know if progress is being made along the way? How is reduced ED use for participating members being attributed to the project, when it looks like overall CCO ED use dropped a similar amount during this period?

(SHCN: FBDE) To meet SCHN criteria, project needs more health-specific monitoring activities. Short-term monitoring could include things like medication reconciliations/reviews for high-risk medication; participation in Health Evidence Review Commission-approved falls reduction programs that improve balance/fitness; tracking attendance at chronic disease management appts with providers; screenings for depression/SBIRT and appropriate referrals; etc.

Project ID# 50: Continuous Glucose Monitor Expansion to Address Underutilization

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

OHA review: Project is fully relevant with clear links to quality of care, trend data (including PMPM cost data), and links back to broader UM monitoring activities. Project provides sufficient detail and justification. Project activities, benchmarks and targets are all feasible and use SMART objectives.

OHA recommendations: None.

Project ID# 53: Provider Training Program to Increase the use of Medically Certified Interpreters

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	2	1	1	**4**
CLAS standards	3	3	3	**9**
Health equity: Data	3	3	3	**9**

OHA review: (Access: Cultural considerations) The project does not clearly demonstrate how the cultural and linguistic needs of the target population are identified. This is a continued project, but it has very limited detail, project rational, and justification for project. SMART (specific, measurable, achievable, relevant, and timely) was not used to guide objectives for activities, targets and benchmarks, resulting in limitation to address the full requirement.

(CLAS and Health equity: Data) Project fully addresses the component-specific criteria. Project includes good level of detail and is feasible as described.

OHA recommendations: (Access: Cultural considerations) Describe how CCO determined language access services needed improving from prior year's submission. How many staff members become qualified interpreters after the training? What medical service areas do the qualified interpreters work in? Include more details around project context, prior year assessment, progress of activities, benchmarks and targets. Use SMART objectives to guide how cultural and linguistically needs are identified for LEP members and access to certified/qualified interpreters.

(CLAS and Health equity: Data) None.

Project ID# 54: Patient-Centered Primary Care Home (PCPCH)				
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: Project fully addresses component-specific requirements, provides sufficient detail, and seems feasible as described. Great use of the provider program coordinator as a TA resource to PCPCHs.

OHA recommendations: None.

Project ID# 55: Support Increased Access to Oral Health Services within a Physical and/or Behavioral Health Setting and Oral Health Referrals to Community Services				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Behavioral health integration	3	3	3	**9**
Oral health integration	3	3	3	**9**

OHA review: (BHI) Great project targeting integrated oral health care, education and awareness. To have a more robust BHI project, the uptake of the HIE should be a priority. Project appears flexible and nimble during the pandemic with ability to shift toward providing oral health education and awareness that promotes prevention.

(OHI) The project demonstrates clear qualitative and quantitative progress and success at breaking ground in integrating physical, behavioral and oral health care. Reviewer is enthusiastic to see that community partners are using Unite Us to refer community members to dental and other care, and that dental practitioners are in the process of adopting Unite Us in their offices as well. Reviewer appreciates the activity will not only increase access but also monitor for follow-up dental visits. Education and awareness is another innovative way to utilize the staff and expand prevention. Great detail, including a personal story, about why AllCare has chosen to continue expanding this project. Reviewer appreciates CCO sharing experiences of challenges as well. Goals for the project move things forward while being realistic about how much CCO can complete during the measurement period.

OHA recommendations: (BHI) Prioritize uptake of HIE.

(OHI) The HIT tie could be stronger and more direct among physical, behavioral and oral health providers.

Project ID# 56: Health Equity, African American PCP visits				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Access: Cultural considerations	2	2	1	**5**
Health equity: Data	3	3	2	**8**
Health equity: Cultural responsiveness	3	3	2	**8**

OHA review: (Access: Cultural considerations) Project doesn’t provide significant detail on how the target population needs or their resistance to receiving care are identified. The data provided isn't meaningful, as it wasn’t stratified to include the breakdown of all populations served by the CCO. Limited detail in progress to

date and project rationale. SMART (specific, measurable, achievable, relevant, and timely) was not used to guide objectives for activities, targets and benchmarks, which limits ability to address the full requirement.

(Health equity: Data and Cultural responsiveness) The CCO demonstrates the use of data to eliminate health inequities in access. In addition, the CCO utilizes other means to validate the access issue among this population with research.

OHA recommendations: (Access: Cultural considerations) Provide details on activities and monitoring of improvement measures. Include total enrolled members stratified by PCP visits for African American, White, Hispanic, Asian, etc. populations. Use SMART objectives, and demonstrate meaningful actions taken throughout the year through appropriate targets and benchmarks.

(Health equity: Data) The idea for the questionnaire at provider credentialing is good, but applying the questionnaire itself may not be the best way to support this project — especially since there are no follow-up activities or ways to link this activity to transformation and quality.

(Health equity: Cultural responsiveness) None.

Project ID# NEW: Mental Health Service Access Monitoring for Adults with SPMI

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	3	2	**8**

OHA review: Client-centered processes to better understand the populations dynamics and avoidance of treatment is as important as research. Use of aggregate data and not relying on merely billable data is critical and often overlooked. Partnering with mental health for mobile crisis, jail diversion and other non-office-based services will be important. Solid data set that is focused and uncomplicated makes measures and progress clear and accurate. Measurability is clear and relevant.

OHA recommendations: Need to have stronger reference for non-office-based interventions to show a more strategic intervention approach, especially for this population.

Project ID# NEW: Education on the Appeals and Grievance Process for Targeted Patient Populations

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	2	3	**8**

OHA review: This project is focused on reaching those with limited English proficiency. While there is some detail about how the project was chosen, it would be helpful to hear more about the data that was used and how the CCO reached their conclusions to choose this project. Additionally, when discussing community partners, it might be helpful to provide additional context (who they mean, what work will be involved to set up the listening sessions, etc.). Looking forward to detailed reporting of these activities next year.

OHA recommendations: Provide more details as described above.

Project ID# NEW: Primary Care Access in Jackson County				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Access: Quality and adequacy of services	1	1	1	**3**
Access: Timely	1	1	1	**3**

OHA review: (Access: Quality and adequacy of services) The project does not describe a plan to improve access to PCP visits, only that there is an opportunity to support the opening of a new clinic. Gaps leading to new clinic support are not fully identified. It is not clear how supporting the opening of a new clinic will increase PCP visits for CCO members. Very limited detail in describing the project's context, activities and rationale. SMART (specific, measurable, achievable, relevant, and timely) was not used to guide objectives for activities, targets and benchmarks, which limits ability to address the full requirement.

(Access: Timely) Project does not provide substantial detail to improve timely access to services or demonstrate improvement over time. No narrative provided on oversight of provider network to monitor and address compliance. Major clarifying details is needed for the description, project context, activities, targets and benchmarks. There is very limited detail and project rationale. SMART (specific, measurable, achievable, relevant, and timely) was not used to guide objectives for activities, targets and benchmarks, which limits ability to address the full requirement.

OHA recommendations: (Access: Quality and adequacy of services) Provide additional detail on the need, opportunity and connection to quality and access for this project. Explain what CCO is doing in contributing to the development of a new clinic. Clarify how the clinic will reduce wait time from seven to three days.

(Access: Timely) Provide additional detail as described above, and review the activities and measures to meet component requirements.