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
8	1	9	Behavioral Health Integration
8.5	2	7.25	CLAS Standards
9	1	4	Grievances and Appeals System
9	1	9	Health Equity: Cultural Responsiveness
9	1	9	Health Equity: Data
9	1	9	Oral Health Integration
9	1	6	Patient-Centered Primary Care Home: Member Enrollment
9	1	6	Patient-Centered Primary Care Home: Tier Advancement
9	1	8	Severe and Persistent Mental Illness
8	1	8	Social Determinants of Health & Equity
8	1	3	Special Health Care Needs – Full Benefit Dual Eligible
8	1	0	Special Health Care Needs – Non-dual Medicaid Population
8.7	3	6.2	Utilization Review (Medicaid Efficiency and Performance Program)
112.2 (out of 117; 95.9%)		**102.2 (out of 144; 70.9%)**	**TOTAL TQS SCORE**

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

OHA feedback: OHA recommends a broader analysis of the impacts of EOCCO's quality strategy and workplan for next year's submission. Project-level data is helpful, but it should only be leveraged in the Impact Analysis to make connections to EOCCO's overall QAPI program and its impact on all EOCCO members. OHA recommends including additional specific information about the data sources, actions (planned and taken), and reflection on what worked and what did not.

Project scores and feedback				
Project ID# 91: Improvement and Stratification of Health Equity Data				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	**9**
Health equity: Data	3	3	3	**9**

OHA review (CLAS standards): Project addresses all required relevance criteria. This is an exceptional project that demonstrates a strong commitment to CLAS Standards not only in policy but in functional transformation of process and procedures within the CCO and the CCO network. The project also demonstrates an excellent use of SMARTIE goals.

(Health equity: Data): Project addresses all required relevance criteria and fully utilizes the capabilities of good REALD data. There is clear project progression, and the activities and monitoring measures are appropriate. Overall, this is an excellent project with great potential.

OHA recommendations (CLAS standards): More information about how AHC was administered would be helpful, including what languages were employed, and full results of the 2022 AHC.

Please revise language related to MesoAmerican languages. Mam and Q'anjob'al are languages, not dialects, of Spanish. A dialect is a variation that differs in pronunciation, vocabulary or spelling. For example American English and British English.

(Health equity: Data): None.

Project ID# 92: Culturally Responsive Services by Community Health Workers

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	2	3	**8**
Health equity: Cultural responsiveness	3	3	3	**9**

OHA review (CLAS standards): Project addresses all required relevance criteria and shows great emergent use of spoken language data. While there is good use of member data with regards to Latinx and Spanish speaking members, as well as relevant data for CHWs, the project details exclude, and do not explain the exclusion of, member data as it relates to other members outside of Latinx and Spanish speaking members. For example, there is no information about members who are deaf and may need sign language supports or other members with disabilities. Additionally, while the projects states that when SOGI is available it will be incorporated into TQS, it does not detail how or if it would be added to this project.

(Health equity: Cultural responsiveness): Project addresses all required relevance criteria, and this is a good project overall. Not only does the project address the cultural considerations of the THW model, but it also uses it to operationalize aspects of CLAS. The project also includes background information about the need to retire certain activities, which is appreciated.

OHA recommendations (CLAS standards): Note that it is critical to review not only REALD information for spoken and sign language utilization and interpreter requests, but also for translation needs. They may not be the same under both contexts and should be considered when reviewing the REALD data.

(Health equity: Cultural responsiveness): None.

Project ID# 94: Technical Assistance for PCPCHs

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 all required relevance criteria. The intended outcome of the project and activities are excellently detailed. Technical assistance projects and activities directly align with desired target and benchmark outcomes. It is great to see how many lives may potentially be impacted.

(PCPCH: Tier advancement): Project describes comprehensive plan to support PCPCH practices in upward tier recognition. The details are excellent and thoughtfully laid out across the project context and narrative as it relates to the project component. The activities were clearly laid out as SMART goals.

OHA recommendations: None.

Project ID# 95: 3 Day Follow Up Post Emergency Department (ED) Visit

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

OHA review: Project addresses all required relevance criteria with a solid focus and pragmatic project scope. This year's plans are clearer about who is doing outreach, especially for Spanish speaking service coordination. Project includes a great analysis about strength and weakness of data collection and plans to improve. There is good use of REALD data with plans to use SOGI, even with low occurrences noted. Clear improvement in achievable goals.

OHA recommendations: Consider including PDSA cycles that are more rapid for ongoing refinement of process and problem solving toward goals.

Project ID# 96: Frontier Veggie Rx

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	2	3	**8**

OHA review: Project addresses all required relevance criteria. While there are generally enough details, more are needed related to equity. Also, the population for project focus isn't clearly identified. For example, while project mentions language accessibility, which leads one to assume the CCO is speaking about Latino/a/x populations, it doesn't mention race. Section C was also limited and did not speak to component in a broader sense as requested.

OHA recommendations: Better detail the equity needs and population focus for the project. Based on noted increase in participants who reported food insecurity, consider exploring increasing the amount of food given, how often it can be received, or other sustainable community building opportunities like community gardens.

Project ID# 423: Expansion of Behavioral Health Integration Using THWs and HIT

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

OHA review: Project addresses all required relevance criteria and does well to address the workforce crisis by expanding the care team to include THWs. The project includes good details about using demographic analytics to identify gaps in access to BHI services, and using HIT/CIE to onboard and integrate workflows.

The project has a good start with REALD and SOGI data by piloting REALD and SOGI data analytics to identify disparities and inequities. However, the project is missing details about cross training effort for THWs, except for FFS certification.

OHA recommendations: Include additional details about cross training effort for THWs. For example, detail what other BH type trainings are identified, how trainings are delivered, and how knowledge transfer is measured. Also consider detailing why the seven clinics did not onboard with the HIT.

Project ID# 424: Diabetes Self-Management Program

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

OHA review: Project addresses all required relevance criteria with a good description of progress to date and future opportunities. Modifying tracking measures will make the project success more feasible.

OHA recommendations: Consider modifying measure 1.2, the AAE tracking metric, to either be limited to a cohort, converted to a PMPM, or something similar to ensure the total AAE dollars are not being skewed by increases in caseload. This strategy was applied in other interventions. If that was the intent for 1.2, additional language in the measure specification would be useful to clarify that and address feasibility.

Project ID# 425: Umatilla Community Paramedics Program

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

OHA review: Project addresses all required relevance criteria with a good description of progress to date and future opportunities.

OHA recommendations: Consider setting targets for 2024 versus skipping over 2024 and setting targets for 2025. While useful as a longer-term goal, the monitoring measures help ensure the program is on track.

Project ID# 426: Opioid and Stimulant Use Disorder Housing Support Program

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

OHA review: Project addresses all required relevance criteria with a good description of progress to date and future opportunities. The project also uses a good combination of process and financial performance measures to ensure the program is progressing.

OHA recommendations: None.

Project ID# NEW: Increasing Pediatric Dental Access through First Tooth Certification in the Eastern Oregon Service Area

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	**9**
Oral health integration	3	3	3	**9**

OHA review (Grievance and appeal system): Project addresses all required relevance criteria with a good basis in grievance data to guide the project.

(Oral health integration): Project addresses all required relevance criteria. The project provides good rationale for the activities based on data, including dental access grievances, utilization, and REALD/SOGI.

OHA recommendations (Grievance and appeal system): Consider including more detailed information about the nature of the grievances received last year to provide more context for the project's activities. Also, more detail about how grievances will be reduced would be helpful.

(Oral health integration): The CCO will need to continue to demonstrate that it is working on making progress on the third relevance criterion – building a system for dental providers to share member health information with primary care and behavioral health professionals through health information technology. The assessment activity ("Data Sharing Between Oral and Physical Health") on page 50 demonstrates that EOCCO plans to make progress in this area in 2023.

Project ID# NEW: Improve Health Outcomes of Full Benefit Dual Eligible Patients with Chronic Kidney Disease

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 all required relevance criteria. Good detail in short-term monitoring and tracking with clearly measurable monitoring activities and metrics that target population health improvement. Missing assessment by REALD and SOGI data.

OHA recommendations: Include an assessment of REALD and SOGI data to determine if disparities exist and to identify unique outreach needs, such as for Latino/a/x populations.

Consider including longer-range target goals in the tracking. There is opportunity to make connections to longer range goals to not only reduce CKD deaths and disease progression, but to go upstream and reduce progression of those with untreated or undiagnosed diabetes to CKD over time. For example, are there goals to go upstream to population at risk of developing CKD from precursor conditions?

Project ID# NEW: Improve Health Outcomes of Non-dual Medicaid Patients with Chronic Kidney Disease

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

OHA review: Good detail in short-term monitoring with clearly measurable monitoring activities and metrics that target population health improvement. Missing an assessment of condition by REALD/SOGI data.

OHA recommendations: Include an assessment of REALD and SOGI data to determine if disparities exist and to identify unique outreach needs, such as for Latino/a/x populations.

Consider including longer-range target goals in the tracking. There is opportunity to make connections to longer range goals to not only reduce CKD deaths and disease progression, but to go upstream and reduce progression of those with untreated or undiagnosed diabetes to CKD over time. For example, are there goals to go upstream to population at risk of developing CKD from precursor conditions?