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	8	Behavioral Health Integration
5	1	3	CLAS Standards
9	1	9	Grievances and Appeals System
6	1	5	Health Equity: Cultural Responsiveness
8	1	7	Health Equity: Data
8	1	9	Oral Health Integration
9	1	4	Patient-Centered Primary Care Home: Member Enrollment
9	1	5	Patient-Centered Primary Care Home: Tier Advancement
9	1	8	Severe and Persistent Mental Illness
5	1	9	Social Determinants of Health & Equity
7	1	0	Special Health Care Needs – Full Benefit Dual Eligible
6	1	8	Special Health Care Needs – Non-dual Medicaid Population
7	3	6	Utilization Review (Medicaid Efficiency and Performance Program)
96 (out of 117; 82.1%)		**105 (out of 144; 72.9%)**	**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 appreciates the comprehensive approach to the Workplan and Impact Analysis. It is obvious AH is making connections across program areas and utilizing data in a meaningful way.

Project scores and feedback

Project ID# 410: Medical Shelter Program

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Non-dual Medicaid population	2	1	3	**6**

OHA review: Project is meeting an important community need for medically complex populations. Project is relevant, high need and innovative. Ambitious project with lots of moving parts and targets. CCO work to strengthen overall system of care coordination tracking, outreach and referrals is why this project is receiving a higher feasibility score.

Project is tracking longer-term health metrics, but it's missing more direct health outcomes monitoring measurement required for SCHN projects. To ensure project helps members achieve longer-term metrics, more short-term tracking of these health data can be valuable for ensuring success. From narrative, some of

this may be happening from THW/Care Coordination intervention, but for a QI project, these activities should also be tracked for monitoring the successes.

Missing analysis of monitoring activities by REALD/SOGI, which means missing opportunity to identify disparities or where more specific cultural strategies may be needed.

OHA recommendations: Include REALD/SOGI analysis in monitoring activities. Add more interim short-term health monitoring metrics to fully meet relevance criteria (#3: Project primarily focuses on quality improvements related to improving health outcomes for your identified SHCN population; and #4: Project clearly identifies and monitors health outcomes for your identified SHCN population). Examples could include diabetes medication refills, which is mentioned in narrative but not monitoring activities; mental health medications; A1C testing/monitoring or blood pressure monitoring; and depression screening. These recommendations to improve health monitoring were made last year and were not addressed in updates. A checklist of health monitoring could improve the overall outcomes the project is targeting.

Project ID# 40: South Coast Together – ACEs Training and Prevention				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Social determinants of health & equity	2	1	2	**5**

OHA review: It is unclear if the project meets all the SDOH-E component-specific requirements, due to lack of details on how the project is addressing the needs of the populations identified or that those population needs were considered prior to project development. CCO states they are working upstream to develop strategies to mitigate ACEs, but it's unclear how this project does that. Further understanding is needed on how resiliency training for the community addresses childhood poverty and the mental health of parents. Strengths include connection points that were made to disseminate materials and training information.

Project is missing use of REALD/SOGI or plan for using REALD/SOGI data. It's unclear how project focuses on identified disparities or populations in need. Minimal details on how data connects to project, other than materials printed in Spanish. Were trainings offered in Spanish or with translation? Is curriculum culturally specific given demographic data presented? Unclear outcomes to support a continued project (part 2 of ACEs training had over 400 fewer participants).

OHA recommendations: Use REALD and SOGI data to identify and address disparities. Clarify activities around language accessibility and cultural awareness. Clarify strategies to mitigate ACEs. Clarify how project and activities will make progress toward addressing gaps identified by the data presented, which highlighted that disparities have increased, but the project was continued.

Project ID# 42: Member Grievance System Improvements				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Grievance and appeal system	3	3	3	**9**
Health equity: Data	3	3	2	**8**

OHA review (Grievance and appeal system): Project fully meets the criteria for this component. CCO is staying focused on specific improvements and continues to show progress.

(Health equity: Data): This is a good project that could be stronger if elements of quality and transformation were more evident. Good depth in the analysis. It is unclear how some of the activities are appropriate for a TQS project. For example, the addition of the specialist is great, but unsure how it relates to the other activities such as brainstorms and language access. Is there a role for this staff? CCO says complaints process remains accessible, but the data provided implies the process isn't accessible to ALL (which is a requirement).

OHA recommendations (Grievance and appeal system): None.

(Health equity: Data): Consider shortening background information to make it more concise and ease readability. Clarify connection amongst activities and how they're transformational. Continue to work on ways to make the complaints process more accessible to all members.

Project ID# 43: Oral Health Integration for Members with Diabetes

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

OHA review: Health information technology ties are directly related to the other integration efforts with the goal of creating a closed-loop referral system. Excellent and detailed background about why Advanced Health chose this project. Goals for the project appear reasonable and realistic about what can be completed during the measurement period. REALD and SOGI data are missing from analysis.

OHA recommendations: Review TQS guidance for using REALD and SOGI data in component prior year assessment, project context and monitoring activities.

Project ID# 44: Community Collaborative – Initiation and Engagement in SUD Treatment

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	2	3	**8**
Utilization review	3	2	2	**7**

OHA review (Behavioral health integration): A timely project looking at the great need for SUD treatment across Oregon. Project meets all relevance criteria for this component. Project doesn't clearly demonstrate how it will address disparities and inequities. It's not clear what REALD data is currently available and how the CCO is using it.

(Utilization review): Project meets all relevance criteria for this component. Clear description of the analysis of referral patterns and how that informed the intervention. CCO explained why REALD data was not used to inform the intervention, but fails to meet requirement. For example, factors such as language barriers could be contributing to the poor initiation and engagement metric. The monitoring activities could use additional specificity to make measurement more meaningful.

OHA recommendations (Behavioral health integration): Demonstrate more clearly how REALD and SOGI data will be collected and analyzed to inform the intervention.

(Utilization review): Review TQS guidance for REALD and SOGI requirements. Be more specific in monitoring activities. For example, in the first tracking measure, describing what baseline data is to be collected will make it more clear whether the measure was met.

Project ID# 45: Improve Language Services Access

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	2	1	2	**5**
Health equity: Cultural responsiveness	2	2	2	**6**

OHA review (CLAS standards): It's not clear how the activities and monitoring address the chosen CLAS Standard (#5), which requires close evaluation of whether providing interpreter services and bilingual staff is resulting in increased use of preventive care and engagement with the medical system, improved patient safety and reduced medical errors related to miscommunication. This project is emerging in this area, but it is not transformative. Great details about the policy work and direction the CCO wants to see CLAS standards championed within the organization.

Strengths include the CLAS Champions work group, Provider Network Training Plan, CCO staff training on Language Access and Relay Systems, looking at bilingual staff within the CCO and network, scholarship program to increase certified health care interpreters and holding listening sessions.

Major clarifying details are needed about REALD and SOGI data. SOGI is not mentioned. REALD data is limited and doesn't describe whether it's looking at members' spoken or sign language needs, or written communication needs (REALD provides both sets of information).

The goals don't specify what target population it is seeking to improve services for with the scholarship trainings. This project also doesn't mention of the provision of timely interpreter services.

With improvement to the details as described below, the activities would better reflect meaningful CCO actions throughout the year. It appears the CCO is engaging in several activities that aren't listed in the activities section (for example, translating written materials or measuring provider attendance across specialties at the lunch and learns). The existing activities do relate directly to CLAS standards.

(Health equity: Cultural responsiveness): The project includes some aspects of quality, but identifying them was a reach. While the expansion of services using Language Line is appropriate, it's not clear whether the vendor provides qualified or certified interpreters. The CCO provides an extensive background with data and analysis. Some of the details may not be useful to justify the TQS project overall.

While some activities look to address a gap, the activities, targets and measures of success are not conducive to determining that gaps have been filled and the service and experience will improve. For example, what will the CCO do with the results of the listening sessions? What have been the results of the scholarship?

OHA recommendations (CLAS standards): Explore why utilization of qualified health care interpreters is so low. (Are you also seeing gaps in encounter data for Spanish speakers? Are they seeing medical providers and not using interpreters? Has anyone asked a sample of these members why they aren't using interpreters? Has anyone asked the providers why interpreter utilization is so low?)

Include data on both spoken and sign language needs along with written communication needs. Clarify whether the 1.4% of individuals who are identified as Deaf are ASL users, and whether Deaf includes hard of hearing. ASL isn't in the data set provided. Clarify efforts CCO is taking to reduce the percent of "unknown". Is the language data consistent with the region's ACS/Census data on language?

Clarify if scholarship program is targeting a specific population or culturally specific organizations, and what outreach is being done to Latino/Latinx communities and the Deaf and hard of hearing population.

For increased utilization activity 3, include specific language targets for Spanish and sign language if that is appropriate. Consider targets that are specific to the types of interpreter services (telephone, VRI, in-person). Also consider targets for specific types of providers such as PCPs, BH providers, dental and services like NEMT, CCO customer service, and CCO case management. When interpretation is provided, is CCO seeing any delays in service? That particular element of the CLAS standard is absent.

Update the activities to reflect the details from the narrative and specify the population for the intervention.

(Health equity: Cultural responsiveness): CCO needs to find SMARTIE goals that are beyond the # of scholarships or the # of listening sessions. Include goals and measures of success beyond process measures that aim to address gaps identified.

Project ID# 46: Roadmap to Improved Behavioral Health Access and Integration

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

OHA review: Solid description of population, challenges of services, and how to bring these together. Not everything is entirely focused on SPMI, yet allied populations and their common challenges with SPMI makes sense in this context of comprehensive review, planning and goal setting. Great review of data that includes REALD references in a meaningful way. SOGI is referred to in other sections, not necessarily in the SPMI project, yet could be critical to this population especially in a small, more isolated community. Improvement in feasibility over last year's plan, setting aggressive yet reasonable benchmarks.

OHA recommendations: Next year include analysis of SOGI data for this population and address disparities in intervention, if needed.

Project ID# 161: Patient-Centered Primary Care Home Advancement and Enrollment

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 meets all component requirements. Project describes a comprehensive plan for increasing member assignment to PCPCHs. OHA appreciates the emphasis and strategy to include patient choice within patient enrollment. All pertinent details of projects, context and activities to meet targets were clearly detailed.

(PCPCH: Tier advancement): Project meets all component requirements. Project describes comprehensive plan to support PCPCH practices in upward tier recognition. Technical assistance projects and activities directly align with desired target and benchmark outcomes. Goals are feasible as described.

OHA recommendations: None

Project ID# 409: Improved coordination of care and increased depression screening and follow up for FBDE LTSS members with SHCN in a Medically Underserved and Health Professional Shortage Area

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	2	3	**7**

OHA review: While project has identified an important population, it has not fully met the SHCN requirements for tracking and monitoring member health outcomes beyond improvements in care coordination and referrals. Project has not identified long-range health measures. (See SCHN scoring criteria #3: Project primarily focuses on quality improvements related to improving health outcomes for your identified SHCN population; and #4: Project clearly identifies and monitors health outcomes for your identified SHCN population). Project is feasible, particularly if CCO adds some tracking measures as noted below.

Clear improvements in narrative for CCO care coordination processes and alignment with APD/AAA for populations with LTSS. Project has planned collaboration with affiliated PS MA plan for shared population.

Requires closer examination of populations with disparities and deeper dive to understand short- and long-term relationships.

OHA recommendations: To fully meet SHCN project requirements, the project must identify and monitor short- and long-term health outcomes. Project includes goals for increasing screening, but it can do more in building measurable activities such as referrals to behavioral health appointments (x% seen in primary care or behavioral health post identification of depression positive screening) and tracking medication refills. Project needs to identify long-range health measures. Consider what might be relevant (for example, reduction in avoidable ER use, improvement in BH hospitalization disparity metric or readmissions). CCO noted plan to review for disparities in at least one metric; OHA encourages this review across the board to understand any unique outreach necessary to address small minority population issues with unique culturally appropriate strategies.

Project ID# NEW: Integrated Clinical Pharmacist

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	3	2	2	**7**

OHA review: Project meets all relevance criteria for this component. REALD data was not used to inform the intervention, though activities related to REALD data are included as tracking measures. The proposed goals only add one provider compared to 2022 and four patients. This is incongruent with a population-wide improvement in poor A1c control statistics of 2 percentage point reduction. Additionally, in future years the poor A1c control metric continues to have a 2 percentage point reduction target, yet the intervention participant growth rate is reduced relative to the prior year. The program and related goals are clearly articulated. It is encouraging to see the demonstrated efficacy of the intervention.

OHA recommendations: Use REALD data to inform the intervention. Both due to the benefit of the intervention and potential misalignment with overall performance, consider adding more aggressive targets for growing the intervention population.

Project ID# NEW: Asthma Medication Adherence and Optimization				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Utilization review	3	2	2	**7**

OHA review: Project meets all relevance criteria for this component.

The CCO's analysis of progress on AAE reduction is potentially incorrect. A change in the total AAE dollars does not necessarily indicate poorer performance. AAE statistics must be normalized for episode volume and potentially other statistics to be meaningful. Total AAE is not an appropriate performance statistic because it does not account for changes in patient volume. For example, with the end of the public health emergency, total Medicaid enrollment will decrease. Total AAE is likely to decrease as well because there will be fewer episodes captured. With the proposed metric of total AAE for asthma, the CCO could be misled into thinking the decrease is attributed to the intervention. At a minimum, consider adjusting the performance metric to average AAE costs per episode.

It is unclear if closing 50% of the performance gap between the CCO's historical performance on the state average is realistic.

OHA recommendations: Future reporting should include statistics such as cost per episode with potential stratifications by age or other demographics. Incorporate SOGI data analysis.