

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.

CCO TQS assessment			
Component scores			
Average score	# of projects	Prior year score	Component
8	1	9	Access: Cultural Considerations
4.7	3	7	Access: Quality and Adequacy of Services
5	1	7	Access: Timely
9	1	6	Behavioral Health Integration
7.25	4	9	CLAS Standards
4	1	5	Grievances and Appeals System
9	1	9	Health Equity: Cultural Responsiveness
9	1	9	Health Equity: Data
9	1	5	Oral Health Integration
6	1	9	Patient-Centered Primary Care Home: Member Enrollment
6	1	9	Patient-Centered Primary Care Home: Tier Advancement
8	1	5.5	Severe and Persistent Mental Illness
8	1	9	Social Determinants of Health & Equity
3	1	6*	Special Health Care Needs – Full Benefit Dual Eligible
0	1	n/a*	Special Health Care Needs – Non-dual Medicaid Population
6.2	5	3	Utilization Review
102.2 (out of 144; 70.9%)		107.5 (out of 135; 79.6%)	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# 87: Increase Access to Assertive Community Treatment (ACT) or Alternative Intensive, Community-based Service

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	2	1	5

OHA review: The project does not clearly address the limitations individuals with SPMI face when trying to access ACT services or other intensive outpatient supports. The focus of the project seems to be primarily around refining EOCCO’s ability to identify these members via lists. Without consideration given to potential barriers and limitations to accessing services prior to outreach for engagement, the outreach efforts may be unsuccessful. While good data is certainly appropriate, it is also critical to plan engagement methods and strategies based on the particulars of the population(s). Since this is a continuing project, more information is needed regarding progress on the activity identified in 2021 (monitoring of ACT caseload count/follow up with those identified as likely eligible for ACT services). Activities do not fully utilize SMART objectives. After

the data pull has been refined, what improvement does EOCCO expect to see re: engagement in ACT or other intensive services as appropriate?

OHA recommendations: The activities are listed as long-term activities, but they're probably more appropriately categorized as short-term activities in support of the longer term goal of increased engagement. It's appropriate to refocus efforts on refining the process for identifying members for outreach; however, monitoring of current case counts and screening efforts is still a useful activity to help assess where efforts may be needed to increase engagement.

Project ID# 88: Enhancing Language Services for Spanish Speaking Members

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	3	3	2	8
CLAS standards	3	3	2	8

OHA review: (Access: Cultural considerations) EOCCO identifies their membership's language access needs through monitoring reports and plans to dive even deeper to specifically examine trends in language access service utilization for its Spanish-speaking members, specifically (Spanish being the prevalent non-English language in the service area). The project description is generally clear, with plans to move the work forward. Progress and updates from the previous year are clear and provide supportive reasoning for the current scope and proposed activities.

(CLAS) The project is relevant and timely. The CCO provides some level of detail under the activities description, but it could be improved.

OHA recommendations: (Access: Cultural considerations) Monitoring activities are described at a very high level and do not necessarily clearly describe what will happen to achieve the benchmark/future state. Go deeper with the monitoring activities to create a clear pathway to achieving the intended outcome.

(CLAS) The monitoring activities need to be more fleshed out to be fully feasible.

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: Project fully addresses the component-specific criteria for both components attached. Project includes good level of detail and is feasible as described.

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

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

OHA review: Project fully addresses the component-specific criteria for both components attached. Project includes good level of detail and is feasible as described.

Project ID# 94: Technical Assistance for PCPCHs

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	1	1	2	4
PCPCH: Member enrollment	2	2	2	6
PCPCH: Tier advancement	2	2	2	6

OHA review: (Access: Quality and adequacy of services) The project does not clearly address the target population’s access limitations (i.e., are members currently experiencing barriers to accessing primary care that correlate to PCPCH tier-levels?). The target population is also not clearly stated, although it seems to be all EOCCO members. PCPCH scores are presented as a proxy for quality and access, although that’s not explicitly stated in the project. Without more clearly stated connections back to access and quality of care for members and member-specific data, it is challenging to understand how these areas will be directly impacted and in what ways. The activities seem generally feasible, but without additional detail clearly connecting these efforts back to quality and access to primary care services for EOCCO member, it’s not completely clear that these activities will move the dial in those areas.

(PCPCH: Member enrollment) The project’s focus is on increasing member enrollment to tier 4 and higher PCPCHs, but it does not address enrollment overall. The project plan does not include any proactive method to increase member enrollment in PCPCH, relying solely on the CCO’s auto-enrollment of members in a PCPCH. It’s not clear how the CCO is working to achieve the enrollment targets.

(PCPCH: Tier advancement) The project plan does not include any proactive TA or support to practices. TA is only offered by request from the PCPCH. It’s not clear why the TA is only being offered on request or why learning collaboratives cannot be convened in 2022, even if needing to be virtual. It’s not clear how the CCO is working to meet the tier level targets.

OHA recommendations: (Access: Quality and adequacy of services) Clarify the population targeted for this intervention and explore the specific access limitations faced by that population in accessing primary care. Provide meaningful connections to how the PCPCH tier work will alleviate or resolve the specific access limitations faced by members in the target population.

(PCPCH: Member enrollment) Explore and incorporate proactive methods to increase member enrollment in PCPCH.

(PCPCH: Tier advancement) Clarify how EOCCO is working to meet the tier level target. Provide additional context around EOCCO’s approach to the TA being offered (on demand only) and why learning collaboratives cannot be convened in 2022.

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	2	3	8

OHA review: This project’s focus is a critical element of client care and reduction of repeated ED visits. The goals are realistic and will move the work forward. Increasing compliance to ED follow-up from 42.7% to 70% might be too ambitious; however, it’s potentially possible with the pragmatic, hands-on teamwork of daily staffings.

OHA recommendations: It’s unknown who is facilitating the follow-up and the differences those roles might take, especially when comparing the approaches between sectors such as ACT, peer only, supported employment only, ICC, etc. Provide additional detail regarding the structure of the follow-up and clarify the representation of these groups during the daily staffings.

Project ID# 96: Improving the Utilization and Impact of Frontier Veggie Rx

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

OHA review: In the component prior year assessment, OHA is looking for a broader evaluation of SDOH-E landscape/work/gaps beyond this specific project topic. For example, it seems like the CCO has the data from the 2021 community health assessment. It is exciting to hear about work being done to increase number of participating stores, especially “unconventional vendors”. Thoughtful pivot in how to best collect member data and feedback.

OHA recommendations: If a current gap is capacity (funding and # of participating stores), consider a monitoring measure or measures to focus on sustainability. This could be a longer-term measure if needed. Consider providing additional detail regarding the work to increase “unconventional vendors”. Provide broader component prior year assessment beyond this project.

Project ID# 98: Impacting Acute Incidents Resulting from Negative Member Outcomes through Care

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	1	1	1	3
Utilization review	2	2	1	5

OHA review: (SHCN: FBDE) This project has the potential to positively impact health outcomes and reduce CCO costs for a high-needs population. However, the project plan is not well defined, so it is hard to know if project will be successful. It is not clear the CCO can easily move forward to implement. The project has an overall weakness in creating actionable and measurable health improvement monitoring activities to reach longer-term targets. The narrative noted previous difficulty with engaging this population. OHA has concerns that this lack of engagement is not likely to be solved with the planned mailed flier activity. Lack of clear measurement in objectives — like monitoring percentage of those with sepsis who receive sepsis care plan. A strength is the measurable target to reduce rate of events for COPD or CHF patients. Not enough information was provided regarding the activity for “tracking FBDE members entered into cohort”.

(Utilization review) The project links the planned activities back to quality of care. The aggregate data indicating the number of members identified is clear. It’s not clear, however, that the project is a result of a macro analysis of over/under utilization compared to the availability of services or part of broader utilization

monitoring activities. The project is also missing trended charts and does not clearly speak to monitoring of utilization over a longer period of time. The mechanisms for detecting under/over utilization of emergency department use are clear with defined workflows and case capture.

It does not seem feasible that sending fliers to members with COPD/CHF after their first ED/inpatient visit would reduce the rate of ED/IP events for that population by 10% by the end of 2022. The activities described do not fully utilize the SMART framework. Ultimately, without examining the root causes of low care coordination/case management participation, it also seems unlikely that the activities proposed will move the dial in a meaningful way towards reducing ED/IP utilization and increasing utilization of primary care services.

OHA recommendations: (SHCN: FBDE) There are many more discharge planning activities and follow-up that could be measured (referrals to follow-up appointments with providers, medication refills, care plans in place, etc.) that would connect narrative to actionable improvement. Consider incorporating some of these discharge planning activities into the project. The narrative mentions goals to ensure care plans are in place and ensure follow-up visits with providers and ensure coordinated discharge planning — these could be measured. Consider and explore incorporating the traditional health worker workforce into the project.

(Utilization review) More discussion is needed around the potential reasons for/solutions to low participation in care coordination/care management. Those services are the primary thrust of the project. Include more information about the specific work that is happening to address low participation and the rationale for selecting flier distribution as an intervention.

Project ID# 99: Increase Testing and Improving Accessibility of Hepatitis C Care

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	2	1	5
Grievance and appeal system	2	1	1	4
Utilization review	1	1	2	4

OHA review: (Access: Quality and adequacy) Access limitations to Hepatitis C testing and care are not clearly addressed in the project as written. Since this is a continuing project, more detail about progress from the previous year is necessary. It’s also not clear why a second provider survey was selected as a means to learn about barriers since the first survey response rate was very poor. Without an understanding of the barriers to testing, it does not seem feasible to expect a 20% increase in testing by 2023. It’s also not clear how EOCCO will get to a 70% response rate on the provider survey since there were no responses to the first survey.

(Grievance and appeal system) The only mention of the grievance system in the project is that EOCCO is monitoring the grievance system for any complaints or appeals related to Hepatitis C. The activities do not address the grievance system. The CCO did not address last year’s feedback from OHA, which asked for more detail about:

- 1) how EOCCO intends to monitor the complaints and appeals for this issue;
- 2) what G&A data would be monitored; and
- 3) how and where would it be reported out.

(Utilization review) The project as written does not demonstrate that there are broader utilization management efforts happening within the plan, nor does it address utilization review at the macro level with an eye towards availability of services. The project is missing a clear connection back to quality of care. What outcomes is EOCCO trying to avoid by increasing testing? These could be assumed, but it's necessary to clearly state them. Trended data demonstrates mechanisms to monitor testing over time.

More detail is needed to justify the selection of a second provider survey given the zero response rate from the first survey. How will survey questions be updated to support an increased response rate? Going from no responses to an 80% response rate seems too assertive without clearly defined actions to achieve that goal. More information about the particulars of the EOIPA relationship in Morrow and Umatilla counties would have been helpful to justify the selection of those two counties for deeper dive work over other counties. Additional detail is needed regarding the prior year assessment.

OHA recommendations: (Access: Quality and adequacy) Identify the steps being taken with the second provider survey to support an improved response rate. Consider if there are any other means by which EOCCO could gather information regarding barriers to testing.

(Grievance and appeal system) Provide additional detail and data specific to grievance and appeals related to Hepatitis C testing and services. Consider addressing what kind of member materials might be needed to educate the member, which could include how to file a complaint, or appeal a CCO decision and subsequently request a state hearing. Fully address the feedback provided in 2021.

(Utilization review) Clearly define the structures and/or mechanisms in place to detect underutilization of testing services, and articulate whether EOCCO sees the impacts of underutilization of testing in overutilization of other services. Clearly articulate the steps to be taken to improve the response rate of the second provider survey given the zero-response rate from the first survey. Include lessons learned from the previous year's activities that will be incorporated into the 2022 activities and beyond.

Project ID# 370: Additional Support and Care Coordination for Members with Special Healthcare Needs

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	1	1	1	3
Special health care needs: Non-dual Medicaid population	0	n/a	n/a	0

OHA review: (CLAS) The project does not address CLAS in all activities and monitoring. In the project context, language is not mentioned as a key element; only culturally and linguistically responsive services are mentioned when talking about populations with fewer indicators. If focused interventions are going to be developed, then CLAS elements such a language provisions should be addressed in all activities and in the monitoring sections.

(SHCN: Non-dual) This project does not meet the component-specific requirements for special health care needs. EOCCO has gathered some initially important data that can help create a more meaningful intervention. However, the project has failed to focus on health improvement targets — short and long-term for the identified population. The project's objectives and monitoring activities are not clearly measurable. The activity to start reviewing trends is not actionable as written, and should have been completed to inform project design. Engagement of highest need SHCN members with five or more chronic conditions with SDOH

needs seems to be under 500–1000 members, but EOCCO is focused on creating written educational materials. This approach is not innovative nor best practice for innovation. The previous challenges to get engagement should be an indicator that something more innovative is needed for this highest risk population group to improve health.

Population selected is obviously high-risk, but CCOs should have more innovative and trackable case management actions to document. Especially if plan is really trying to impact the subset of LEP members as indicated in narrative, the approach is not feasible as written. A strength is that focusing on the population selected could make an impact on CCO bottom-line costs and member outcomes.

OHA recommendations: (CLAS) Ensure that the CLAS component is front and center at every step by incorporating language provisions to be addressed in all activities and in the project monitoring.

(SHCN: Non-dual) Review the component-specific requirements in TQS guidance. OHA has concerns that print education may not be the best method for LEP members in this group. Consider using traditional health workers to reach the identified high needs SHCN population, particularly those members with limited English proficiency. This project is not likely to succeed without a clear focus and measurable activities to put effort into real engagement, outreach and work to make improvements for this identified high needs SHCN population.

Project ID# NEW: Increasing Adult Dental Utilization through Dental Van Expansion in Malheur County

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	3	3	9

OHA review: The project clearly outlines how EOCCO will use the dental van and partnerships with physical health care to increase the rates of adult members who receive oral exams and create opportunities outside of traditional dental office to receive oral health services. In addition, the project creates a health information exchange pathway to refer members receiving dental services to services related to social determinants of health.

EOCCO has done a nice job of outlining why they chose this project. There is clear data about the need for a dental van to serve this population. OHA appreciates that this grew out of consultation with community members about their needs. There is a good mix of qualitative data (community input) and quantitative data (utilization rates) that led to identifying this need and the way to address it. The goals for the project move things forward while being realistic about how much they can complete during the time they are measuring. The project fully addresses all oral health integration components.

OHA recommendations: It is not completely clear why Malheur County was chosen, except that it is the second largest county in the area. Are the utilization rates lower than other counties in the service area? It would be helpful to include more comparative detail.

Project ID# NEW: Expansion of Behavioral Health Integration using THWs and HIT

Component	Relevance score	Detail score	Feasibility score	Combined score
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Behavioral health integration	3	3	3	9
<p>OHA review: EOCCO is addressing the behavioral health workforce crisis through use of traditional health workers and creating a future pipeline by enhancing certification. EOCCO had met targets previously. The activities and benchmarks are clear. This project fully addresses all behavioral health integration component areas.</p> <p>OHA recommendations: It would be helpful to include data on the “why” for the project, building on the expansion of integrated BH, addressing the workforce crisis and expanding the workforce.</p>				

Project ID# NEW: Behavioral Health Network Access Data Reporting				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Timely	2	2	1	5
<p>OHA review: For a project to score as fully relevant, it must address time and distance standards and timely access to appointment standards. While consistent reporting of timely access to appointment standards is important, the project is only somewhat relevant.</p> <p>While this is a new project, it grew out of a previously submitted project around access to behavioral health assessments. It would have been helpful to have additional detail regarding the outcome of and lessons learned from that project, as well as the current landscape of time to appointments within the service area. It's not clear what steps will be taken to help the CMHPs build capacity. It does not seem feasible that all plans will be reporting access data measures and will report them uniformly by the end of Q2 2022 if the plan is currently not able to clearly articulate the barriers to accurate reporting.</p> <p>OHA recommendations: Address time and distance standards per TQS guidance. Include details about what happened last year and the current landscape. While it's understandable that the survey results would help to clarify what steps are necessary to correct issues, it would be helpful if the project spoke to 1) what EOCCO is capable of doing and 2) what types of capacity issues have been identified through conversations with the CMHPs regarding data quality.</p>				

Project ID# NEW: Diabetes Self-Management Program				
Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	2	3	2	7
<p>OHA review: The intervention is focused on a specific population and provider group and leverages an experienced company for the intervention; these factors increase the likelihood of success. The opportunity statistics related to the target population and the intervention strategy create a complete picture of what can be done and how. No additional detail needed to comprehensively understand all aspects of the project.</p> <p>EOCCO did not provide sufficient context for its broader UM program for identifying over/under utilization of services outside of MEPP and how that connects to the proposed intervention. The project connects broader utilization management strategy to specific opportunity and strategy for impacting that opportunity.</p> <p>OHA recommendations: Per TQS guidance, demonstrate your CCO has mechanisms to detect both under-utilization and over-utilization of services as part of your CCO’s quality assessment and performance improvement program and describe what those processes are. The intervention is clearly feasible; however,</p>				

the second performance metric should be modified. Changes in the population (new members or attrition) could easily impact the statistic. Consider modifying the performance statistic to a cost per member or a utilization per member statistic that is less sensitive to case mix changes.

Project ID# NEW: Umatilla Community Paramedics Program

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

OHA review: The intervention builds on a successful pilot program and targets opportunity identified through the CCO’s UM strategy (which includes MEPP). The program information provided, coupled with the opportunity analysis, provide excellent context for the opportunity and feasibility of the project. No additional detail needed to comprehensively understand all aspects of the project. The project highlights the opportunity identified through the broader UM strategy and provides context on the programmatic intervention that directly address the opportunity. EOCCO did not provide sufficient context for its broader UM program for identifying over/under utilization of services outside of MEPP and how that connects to the proposed intervention.

OHA recommendations: Demonstrate your CCO has mechanisms to detect both under-utilization and over-utilization of services as part of your CCO’s quality assessment and performance improvement program and describe what those processes are. The intervention is clearly feasible; however, the first performance metric should be modified. Changes in the population (new members or attrition) could easily impact the statistic. Consider modifying the performance statistic to a cost per member or a utilization per member statistics that is less sensitive to case mix changes.

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

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

OHA review: EOCCO clearly outlines the eligibility criteria to strategically impact the population most likely to benefit from the intervention and successfully highlights opportunity identified through the UM process.

Leveraging grant funding and addressing core social determinants of health should increase the likelihood of success for the project. However, EOCCO did not provide sufficient context for its broader UM program for identifying over/under utilization of services outside of MEPP and how that connects to the proposed intervention. The project does include a strong analysis of opportunity and leverages grant funded interventions that address social determinants of health to maximize success.

OHA recommendations: Demonstrate EOCCO has mechanisms to detect both under-utilization and over-utilization of services as part of your CCO’s quality assessment and performance improvement program and describe what those processes are. While not an immediate concern, please note that the PMPM measure (3.1) may not be representative of the population that ultimately receive the intervention. When evaluating performance in the future, it may be necessary to revise the assumed baseline.