

## 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
9	1	7	Access: Quality and Adequacy of Services
5	1	5	Access: Timely
9	1	9	Behavioral Health Integration
8	1	9	CLAS Standards
9	1	9	Grievances and Appeals System
8	1	6	Health Equity: Cultural Responsiveness
9	1	8	Health Equity: Data
8	1	9	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	7	Severe and Persistent Mental Illness
9	1	9	Social Determinants of Health & Equity
5	1	8*	Special Health Care Needs – Full Benefit Dual Eligible
6	1	n/a*	Special Health Care Needs – Non-FBDE Medicaid Population
8.5	2	6	Utilization Review
<b>128.5 (out of 144; 89.2%)</b>		<b>119 (out of 135; 88.1%)</b>	<b>TOTAL TQS SCORE</b>

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

**Project scores and feedback**

**Project ID# NEW: Establishing Housing Infrastructure**

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	3	3	3	9

**OHA review:** This project meets the SDOH-E component requirements and shows a strong potential for collective impact. Strong evidence of member engagement to inform the project and community collaboration.

**OHA recommendations:** Consider using updated data, as much of the included data was from the 2017 community health assessment. Also consider whether the total number of housing projects is the best measure of project impact. The impact could be more dependent on the scope of projects (breadth vs. depth). Other potential measures include number of community members served or number of community members able to transition from homelessness to temporary housing to permanent housing.

**Project ID# 364: Medical Dental Integration**

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	2	3	8
<p><b>OHA review:</b> Overall, this project meets the oral health integration component requirements, with some clarifying details needed. The program does well to build on prior efforts, identify gaps (for example, the lack of care in frontier communities and lack of HIE use by dental providers), and target gaps with specific, measurable actions. More details are needed about how the CCO is onboarding dental providers to the HIE or attach them to the mobile project.</p> <p><b>OHA recommendations:</b> Describe how the CCO will onboard dental providers to the HIE or attach them to the mobile project.</p>				

Project ID# 61: Closed-loop Grievance System (previously named Member Reassignment)				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Timely	1	2	2	5
Grievance and appeal system	3	3	3	9
Health equity: Data	3	3	3	9
<p><b>OHA review:</b> (Access: Timely) The project does not meet all component requirements and is lacking a clear plan to improve timely access. The narrative includes limited detail on improvement methods. Although the project includes a lot of detail about why each activity contributes to improving access, it's recommended to assess which activity will best improve timely access and network standards. The project also lacks clarification for OHA's travel time and distance standard. More information about reporting methods is needed to better assess feasibility.</p> <p>(Grievance and appeal system) The project meets all component requirements. The project does well to include very detailed information of the prior year's grievance data and a thorough analysis of that data. The project activities are well designed to improve the grievance system, not just from a member reporting perspective, but also by doing the foundational work to educate provider offices on how to improve their services.</p> <p>(Health equity: Data) The project meets all component requirements. However, data showing zero grievances does not always mean an absence of issues. There was sufficient detail and data provided throughout.</p> <p><b>OHA recommendations:</b> (Access: Timely) Provide more detail on improvement methods for timely access to care, including clarification related to OHA's time and distance standards. Assess whether the chosen activities are the best options to improve timely access to care and services.</p> <p>(Grievance and appeal system) None.</p> <p>(Health equity: Data) Consider investigating whether the zero grievances are due to members being unable to access or being unaware of the grievance process. Ensure only details relevant to the project are included and are in the appropriate template sections.</p>				

**Project ID# 365: Comprehensive PCPCH Plan**

Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Member enrollment	3	3	3	9
PCPCH: Tier advancement	3	3	3	9
<p><b>OHA review:</b> The project meets all component requirements, and the included Comprehensive PCPCH Plan document for 2022 is a highlight. The project includes an excellent description of the past year’s activities. The member PCPCH handout and text message strategies from 2021 are worth sharing with other CCOs.</p> <p><b>OHA recommendations:</b> None.</p>				

Project ID# 33: Cultural and Linguistic Services Provision				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	3	2	3	8
CLAS standards	3	3	2	8
Health equity: Cultural responsiveness	3	3	2	8
<p><b>OHA review:</b> (Access: Cultural considerations) While the project overall meets the component requirements, there’s limited prior year data and assessment of activities, benchmark improvements or challenges. The project activities are well designed to address the stated challenges and improve cultural and linguistic services.</p> <p>(CLAS) and (Health equity: Cultural responsiveness) The project generally meets both component requirements, and the project is both relevant and timely. However, the project requires additional refinement for feasibility. The activity to explore a CLAS coordinator position does not meet the level of transformation and quality improvement of the TQS.</p> <p><b>OHA recommendations:</b> (Access: Cultural considerations) Include more data and assessment of improvements and challenges from prior year.</p> <p>(CLAS) and (Health equity: Cultural responsiveness) Move beyond stating that hiring a CLAS coordinator will happen if needed and instead consider developing parameters to evaluate if the position is needed. For the CHA provider language line, consider investigating why providers are not utilizing it and whether the line employees are state qualified and certified health care interpreters.</p>				

Project ID# 366: Holistic Diabetes Management (MEPP Episode: Diabetes)				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	3	3	9
Utilization review	3	3	2	8
Special health care needs: Non-dual Medicaid population	2	2	2	6
<p><b>OHA review:</b> (Access: Quality and adequacy) The project meets the component requirements, includes thorough documentation and data, and has well-defined targets.</p> <p>(Utilization review) The project includes a comprehensive and detailed explanation of utilization efforts and how the projects connect to these efforts. The project goal for a 5% reduction in AAEs for the diabetic</p>				

population may need to be considered for feasibility. Other statistics represented a 0.5 percentage point improvement over prior year, so it is unclear how the 5% reduction in AAEs would be achieved, if only six additional patients get their HbA1c to a controlled status during the performance period. The project could be stronger if it were designed to achieve a more impactful result than improving A1c control for more than six people, which would also increase the likelihood of achieving the AAE reduction targets.

(SCHN: Non-dual) The project does not meet the component requirement to primarily focus on quality improvement related to improving health outcomes. For example, the project does not have a specific measurement of improvements in ED utilization or the other health aspects the project presented. Not all activities are written in a clearly measurable way, and additional details are needed to show what short-term interventions support reaching the long-term goals.

**OHA recommendations:** (Access: Quality and adequacy) None.

(Utilization review) Review activities, targets and benchmarks to ensure alignment and improve project impact.

(SCHN: Non-dual) Improve targets and benchmarks to include improvements in ED utilizations and other health aspects presented in the project. Include enough short-term activities to show how the project will broadly reach its long-term goals (for example, medication refills, follow-up appointments, development of member-centric care plans, etc.).

**Project ID# 59: Potentially Avoidable Costs in SPMI and THW Sustainable Capacity (MEPP Episodes: Schizophrenia and SUD)**

Component	Relevance score	Detail score	Feasibility score	Combined score
Behavioral health integration	3	3	3	9
Serious and persistent mental illness	3	3	3	9
Utilization review	3	3	3	9

**OHA review:** (BHI) The project does well to identify key medical diagnoses that contribute to excess morbidity and over utilization of the ED, expand the workforce by building the capacity of THW to meet these members in the ED, and include multiple community partners that promote and link to behavioral health integration.

(SPMI) The project includes strong baseline collection of data and processes. The project also does well to combine system improvement projects to support efficiency and broad focus on specific improvements. The combined focus on both personnel and technology for efficiency measures is strength of the project. Also, adding training for quality, consistency, and reliability is critical.

(Utilization review) The project includes a comprehensive and detailed explanation of utilization efforts and how the projects connect to these efforts. The project does an excellent job to stratify the populations and provide context regarding the opportunity to improve outcomes. The level of detail regarding strategy and implementation process is robust.

**OHA recommendations:** (BHI) None.

(SPMI) Clarify whether the plan is to combine depression and anxiety (two different diagnoses) on page 57 where three SPMI types are introduced, but four are listed. Consider defining a methodology for THW to

receive from the trainings or implement in interventions. Consider exploring coordination with local resources and resource engagement with members for potential improvement. Also consider measuring beyond the SDU population, such as members with diabetes, congestive heart failure and chronic obstructive pulmonary disease.

(Utilization review) When evaluating impact of the intervention, consider that PAC/AAE rates are sensitive to case mix changes, which may require reevaluating benchmarks.

**Project ID# 368: Collaboration and Care Coordination for LTSS FBDE Population**

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

**OHA review:** The project does not meet the requirement to primarily focus on quality improvement related to improving health outcomes. The project lacks sufficient health-specific monitoring activities, and has activities and measurements that do not clearly structure the project to improve health outcomes. Project does do well to improve partnership with DHS and DSNP through project collaboration.

**OHA recommendations:** The monitoring activities need to more clearly track specific data points in the selected population, the monitoring activities need to be written in measurable ways, and both short- and long-term measurements are needed. For example, activity three mentions member engagement with care management, ED utilization and readmissions, but these are not included in the measurement targets and benchmarks.