

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
9	1	9	Access: Cultural Considerations
7	1	7.5	Access: Quality and Adequacy of Services
6	1	6	Access: Timely
9	1	9	Behavioral Health Integration
8	3	8.75	CLAS Standards
9	1	7	Grievances and Appeals System
7	1	8	Health Equity: Cultural Responsiveness
9	1	9	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
7	1	7	Severe and Persistent Mental Illness
8	1	9	Social Determinants of Health & Equity
5	1	n/a*	Special Health Care Needs – Full Benefit Dual Eligible
3	1	0*	Special Health Care Needs – Non-FBDE Medicaid Population
6	1	3	Utilization Review
120 (out of 144; 83.3%)		109.3 (out of 135; 80.9%)	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# 80: Trauma Informed Network

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

OHA review: The project addresses all component-specific criteria. CPCCO acknowledges gaps in direct engagement with members and describes a plan to improve in this area. This is a great example of the role a CCO can play in facilitating community collaboration and planning sustainable funding. The project includes a good explanation of progress made and what needed to be slowed down due to COVID. Activities and monitoring measures seem feasible as described with meaningful activities through the year.

OHA recommendations: In the component prior year assessment, OHA is looking for a broader evaluation of SDOH-E landscape/work/gaps beyond this specific project. Consider how annual child health complexity data provided by OHA could be used as a data source, if not already. If you’re not already connected, it could be worthwhile to share experiences and strategies with Advanced Health, which is also focusing on regional, cross-sector trauma-informed care/ACEs in TQS.

Project ID# 74: Equity Data Guidelines				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	3	9
Health equity: Data	3	3	3	9
<p>OHA review: (CLAS) & (Health equity: Data) The project fully addresses the component-specific criteria. The project highlights the CCO’s understanding that data has power, especially as a tool to advance health equity and eliminate health disparities. CPCCO provides the appropriate level of detail and analysis. The project is feasible and the activities are comprehensive.</p> <p>OHA recommendations: (CLAS) & (Health equity: Data) None.</p>				

Project ID# 73: Improved access to grievances and appeals for members with Limited English Proficiency				
Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	3	3	2	8
Grievance and appeal system	3	3	3	9
<p>OHA review: (CLAS) The project fully addresses the component-specific criteria. Project includes appropriate level of detail. Targets and benchmarks are somewhat feasible, as described.</p> <p>(Grievance and appeal system) The project includes sufficient data and thorough analysis of that data. The projects sufficiently describes what was learned from the prior year’s activities and how developing the new activities address gaps in processes. Activities are feasible.</p> <p>OHA recommendations: (CLAS) As suggested last year, an additional focus group is needed. However, due to COVID, the reasons why a community focus group could not be held is understood.</p> <p>(Grievance and appeal system) None.</p>				

Project ID# NEW: Meaningful Language Access				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	3	3	3	9
CLAS standards	2	2	3	7
Health equity: Cultural responsiveness	2	2	3	7
<p>OHA review: (Access: Cultural considerations) The project description and rationale are clear, as are the general activities to achieve greater access to language access services. The project clearly describes how activities will connect to and improve the member’s experience of care in the context of access to and delivery of services in a culturally competent manner.</p> <p>(CLAS) & (Health equity: Cultural responsiveness) The project is somewhat relevant and needs some additional details.</p> <p>OHA recommendations: (Access: Cultural considerations) None</p>				

(CLAS) & (Health equity: Cultural responsiveness) Activity 2 and Activity 3 descriptions need more details. Consider including specific information about what development steps the activities will take and what the final product will include.

Project ID# NEW: Oral Health Services in Primary Care

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

OHA review: This is a new project for CPCCO that, in part, parallels the work they are doing with the OH affinity group on topical fluoride varnish application in primary care. The descriptions of why the project was chosen and what CPCCO hopes to accomplish are clear and fully address the component-specific criteria. The project includes sufficient detail. The actions and monitoring measures are comprehensive and clear, especially with regard to care for children. Activities are feasible.

OHA recommendations: Clarify that the prior year assessment information refers to a previous oral health integration project about diabetes. Clarify if this new project will utilize information, tools or lessons learned from the closed project.

Project ID# NEW: Improving Behavioral Health Access: Expansion and Integration of Behavioral Health Services in Primary Care Settings

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	3	2	2	7
Access: Timely	2	2	2	6
Behavioral health integration	3	3	3	9

OHA review: (Access: Quality and adequacy of services) & (Access: Timely) The project includes utilization data and clear justification for this project.

(BHI) The project fully addresses the component-specific criteria. A strength is that each phase of the project builds on the other phases.

OHA recommendations: (Access: Quality and adequacy of services) & (Access: Timely) Provide details about how CPCCO will identify the target member populations. The project does not address network adequacy standards for timely appointments under OAR 410-141-3515, taking into account the urgency of the need for services (42 CFR 438.206(c)(1)(i)). This project only speaks to travel time and distance standards and not time to appointment.

The descriptions for Activity 2 and Activity 3 are the same, which seems like an error as the monitoring measures in 3.1 and 3.2 speak to technical assistance to clinics and contracts being executed. For monitoring measure 3.1, include a benchmark/future state as this is a long-term activity.

(BHI) Include a clear description of EHR/HIE integration to advance this model. Consider projecting how much of an access gap would be mitigated and how much utilization would increase by the end of the project.

Project ID# NEW: Expanding Transition Support to Observation Patients				
Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs: Full benefit dual eligible	2	1	2	5
<p>OHA review: Project has clearly identified a target population and need for improvement.</p> <p>OHA recommendations: The project seems to be focused on data collection but hasn't clearly identified how it will intervene to make improvement. Develop more specific health metrics in the monitoring activities (for example, tracking how many members in flagged population receive medication reconciliation, receive discharge summary or attend follow-up appointments). Clarify how the affiliated MA DSNP is engaged in this project.</p>				

Project ID# NEW: Special Health Care Needs- Non-Dual Medicaid: RCT psychiatric transitions tracking				
Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	3	2	2	7
Special health care needs: Non-dual Medicaid population	1	1	1	3
<p>OHA review: (SPMI) The project is a good mix of a functional challenge and need for improvement. Goals are feasible. Developing a tracking system should be a stepping stone to addressing the challenges, not the primary objective.</p> <p>(SHCN: Non dual) The narrative has clearly identified a very high-need situation and population with SCHN, but the project hasn't connected the narrative with measurable project activities. The aim to address gap identified in follow-up post hospitalization is a meaningful goal for this high-needs/high-risk population.</p> <p>OHA recommendations: (SPMI) Short-term targets are pragmatic, but establish benchmarks with a shorter due date to implement a PDSA process, considering the urgency of the need. Implement a PDSA process to address barriers for each challenged site and increase target by 10% or more with cycles of monthly progress reports.</p> <p>(SHCN: Non dual) As written, the project does not have a clear focus that meets SHCN project requirements, but the CCO could work toward developing measurable health outcome measures. Currently, the project better aligns to access than SHCN. The project activities need to demonstrate CCO intent to improve health outcomes. Recommend including activities to monitor readmissions medication refills, home visits by traditional health workers, or other short-term health metrics, which are not addressed at present.</p>				

Project ID# NEW: Monitoring the Impact of the COVID-19 Pandemic on Deferred Care among the Pediatric Population				
Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	2	2	2	6
<p>OHA review: Project includes aggregate and trended data across multiple service types. Project clearly connects utilization to quality of care.</p>				

OHA recommendations: Describe ongoing mechanisms to monitor utilization of PCP services. Clearly articulate a means to measure engagement in primary care services. Include more detail about the Healthy Homes intervention (for example, is it an internal program? How will information flow so CP can assess program outcomes?) Include more detail for Activity 4, such as what information the dashboard will include, how it will be reviewed, and what actions will result from the review.

Project ID# 78: PCPCH Supports

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) & (PCPCH: Tier advancement) The project addresses all component-specific criteria. The project is feasible and the activities are comprehensive.

OHA recommendations: (PCPCH: Member enrollment) & (PCPCH: Tier advancement) None.