

## 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

This assessment should be used by the CCO to update TQS projects for 2022 TQS submission 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** – CCOs can request an optional call with OHA by emailing [Transformation.Center@dhs.oha.state.or.us](mailto:Transformation.Center@dhs.oha.state.or.us). 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 to 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	Component
4	2	Access: Cultural Considerations
8	1	Access: Quality and Adequacy of Services
1.5	2	Access: Timely
8	1	Behavioral Health Integration
9	1	CLAS Standards
9	1	Grievances and Appeals System
8	1	Health Equity: Cultural Responsiveness
8	1	Health Equity: Data
8	1	Oral Health Integration
9	1	Patient-Centered Primary Care Home: Member Enrollment
9	1	Patient-Centered Primary Care Home: Tier Advancement
6	1	Severe and Persistent Mental Illness
4.3	3	Social Determinants of Health & Equity
2.7	3	Special Health Care Needs
6	1	Utilization Review
<b>100.5</b>		<b>TOTAL TQS SCORE</b>

**Project scores and feedback**

Project ID# 47: Maternal Child High Risk Identification and Collaboration				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Quality and adequacy of services	2	3	3	<b>8</b>
Social determinants of health & equity	2	2	3	<b>7</b>
Special health care needs	1	1	1	<b>3</b>
<p><b>OHA review:</b> (Access: quality and adequacy of services) This project somewhat addresses the component requirements and sufficiently identifies the target population. The OHA reviewer is eager to see data trends over time for the Risk 3 members that are referred to the SDOH-E hub for services and supports.</p> <p>(Social determinants of health &amp; equity) This project is missing clear evidence of member engagement to develop and or inform the work. The activities and targets/benchmarks are feasible as described.</p> <p>(Special health care needs) Project doesn't focus on quality improvement activities or tracking health outcomes for high-risk members. This isn't the best fit for a SHCN project.</p> <p><b>OHA recommendations:</b> (Access: quality and adequacy of services) Address access needs that are based on anticipated enrollment.</p> <p>(Social determinants of health &amp; equity) Engage members to develop and inform the work (for example, asking members for preference on incentives). The project might consider dual enrollment in WIC, in</p>				

addition to SNAP enrollment. Provide more detail about the SDOH-E hub and how it aims to address members' needs.

(Special health care needs) Consider removing the SHCN component from this project, as Project ID #48 better addresses the component. If continuing as a SHCN project, ensure the project clearly identifies and monitors health outcomes for the defined high-risk member population (for example, whether referrals to case managers results in timely outreach by the case managers to high-risk groups, and/or whether homeless pregnant mothers receive housing as a result of referral).

**Project ID# 48: Intervening on Social Determinants of Health of the Special Needs Population**

Component	Relevance score	Detail score	Feasibility score	Combined score
Social determinants of health & equity	2	2	2	6
Special health care needs	2	1	2	5

**OHA review:** (Social determinants of health & equity) The project somewhat addresses the component requirements, as it does not demonstrate clear member engagement to develop and/or inform the work. Only minor clarifying details are needed, and the activities and targets/benchmarks are somewhat feasible.

(Special health care needs) The project somewhat addresses the component requirements, but it does not include strong enough mechanisms to identify and monitor health outcomes for the defined population. The project does show promising positive impact and prevention of negative outcomes. The project needs major clarifying details, such as how the SDOH-E activities are linked to fall prevention efforts, while the activities and targets/benchmarks are somewhat feasible as described. The demonstrated partnership with RTRV to bring resources to members is exactly the type of relationship OHA hopes to see.

**OHA recommendations:** (Social determinants of health & equity) Ensure members are engaged to develop and/or inform the work. Provide more details on how the SDOH-E activities are connected to the fall prevention efforts. The project does a good job linking to members' individual social needs, but also consider adding activities that demonstrate work at the community level. For example, in addition to installing ramps in members' homes, the project could also ask members what buildings in the community they frequent that also need ramps.

(Special health care needs) Review component-specific requirements for SHCN in TQS guidance and ensure the project clearly identifies and monitors health outcomes for the defined population. For example, the project could focus on medications and identify members with medications that put them at higher risk for falls or incorporate the ED visit data into formal monitoring activities. Clearly detail how the SDOH-E activities are linked to fall prevention efforts.

**Project ID# (new): Aging in Place**

Component	Relevance score	Detail score	Feasibility score	Combined score
Special health care needs	0	N/A	N/A	0

**OHA review:** This project, while important work to reduce and prevent falls, does not meet the SHCN component-specific requirements for TQS. Project is missing strategies to improve long-term health

outcomes and to meet the overall goal of TQS to transform the care delivery system over time. Project repeats activities from Project ID #48. It's unclear why this is a separate project.

**OHA recommendations:** Instead of listing as a separate project, consider folding into Project ID #48 and make improvements there. If continuing separately, rework to address all SHCN component-specific requirements in TQS guidance. In monitoring outcomes, focus on health improvements, not just home safety improvements. Hospital readmissions are discussed but are not included in a tracking activity.

**Project ID# 50: Under and Over Utilization of Services**

Component	Relevance score	Detail score	Feasibility score	Combined score
Utilization review	2	2	2	6

**OHA review:** Mechanisms to detect and monitor under/over utilization over time are not clearly defined. Compelling PMPM cost data and effective data visualizations. Clear and compelling connections made between clinical recommendations, current data sets, actionable steps to be taken, and potential expansion opportunities in the future. Without defined and described plans for monitoring of UM data, the plan as written is only somewhat feasible.

**OHA recommendations:** Include more detail regarding planned workflows to monitor CGM and other service utilization over time.

**Project ID# 51: Provider and Staff Health Literacy Education**

Component	Relevance score	Detail score	Feasibility score	Combined score
Grievance and appeal system	3	3	3	9

**OHA review:** The project fully addresses the component requirements, requires no additional details or clarity and is feasible, as described. There was sufficient detail to explain why the prior years' goals were not reached with a plan for specific, measurable steps for improvement this year.

**Project ID# 52: Warm Handoff from Acute Psychiatric Hospitalization**

Component	Relevance score	Detail score	Feasibility score	Combined score
Serious and persistent mental illness	2	2	2	6
Behavioral health integration	2	3	3	8

**OHA review:** (Serious and persistent mental illness) The project shows a clear need, focus and relevance, and somewhat addresses the component requirements. Minor clarifying details are needed, and the activities and targets/benchmarks are somewhat feasible as described.

(Behavioral health integration) While this is a much-needed body of work, the project is very limited in meeting the BHI component requirements. This year, the project will be allowed for the BHI component, but in 2022 the CCO will need to submit a different project or ensure existing warm handoff projects are revised to take place between behavioral health and physical health settings. The project is well detailed and clear, and the activities and benchmarks/targets are feasible, as described.

**OHA recommendations:** (Serious and persistent mental illness) Reference expectations for warm handoffs from acute care through the Oregon Performance Plan or the current Behavioral Health Quality Performance Improvement Project, which require face-to-face contacts for all SPMI transitions. Include baseline data to consider a reasonable increase of warm handoffs for SPMI clients, and the monitoring activities need to be measurable.

(Behavioral health integration) Future submission of warm handoff projects for the BHI component need to occur between behavioral health and physical health settings. Review BHI component-specific requirements in TQS guidance to ensure the project addresses all criteria.

**Project ID# 53: Provider Training Program to Increase the use of Medically Certified Interpreters**

Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	1	1	1	3
Access: Timely	0	n/a	n/a	0
CLAS standards	3	3	3	9

**OHA review:** (Access: cultural considerations) The project is very limited in addressing the competent requirements, it needs major clarifying details, and the activities and benchmarks/targets are very limited in feasibility.

(Access: timely) This project, while important work to increase the use of medically certified interpreters, does not meet the component-specific requirements for TQS.

(CLAS) The project fully addresses the component requirements, is well detailed with regards to CLAS standards, and has feasible activities and benchmarks/targets to make improvement in CLAS standards.

**OHA recommendations:** (Access: cultural considerations) Demonstrate how the cultural and linguistic needs of the target population are identified. Additional details are required for the prior year assessment and progress to date from the 2020 TQS submission. Use SMART (specific, measurable, achievable, relevant, and timely) objectives for activities, targets and benchmarks.

(Access: timely) Review component-specific requirements in TQS guidance to ensure the project is appropriate as an Access: Timely project. CCO could remove this component from the project or rework to address criteria.

**Project ID# 54: Patient-Centered Primary Care Home (PCPCH)**

Component	Relevance score	Detail score	Feasibility score	Combined score
PCPCH: Tier advancement	3	3	3	9
PCPCH: Member enrollment	3	3	3	9

**OHA review:** The project fully addresses both PCPCH component requirements, is well detailed, and has feasible activities and benchmarks/targets, as described.

**Project ID# 55: Support Increased Access to Oral Health Services within a Physical and/or Behavioral Health Setting and Oral Health Referrals to Community Services**

Component	Relevance score	Detail score	Feasibility score	Combined score
Oral health integration	3	2	3	8
Social determinants of health & equity	0	n/a	n/a	0

**OHA review:** (Oral health integration) The project fully addresses the component requirements and has feasible activities and benchmarks/targets, as described.

(Social determinants of health & equity) This project, while important work, does not meet the SDOH-E component-specific requirements for TQS because it is not related to social and community health. While there is an activity connecting individuals to needed social supports, the scope of project does not include activities related to community health.

**OHA recommendations:** (Oral health integration) Consider repeating the baseline and target data numbers in the monitoring chart for additional clarity, and including hard targets (for example, how many clinics are using the Unite Us platform).

(Social determinants of health & equity) Review component-specific requirements for SDOH-E in TQS guidance to ensure the project submitted is appropriate. Either remove the SDOH-E component from this project or rework to address criteria.

Project ID# 56: Health Equity, African American PCP visits				
Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Cultural considerations	2	1	2	5
Health equity: Cultural responsiveness	3	3	2	8
Health equity: Data	3	3	2	8

**OHA review:** (Access: cultural considerations) Prior year assessment and project rationale are very limited in detail. This is a continued project, but progress to date is very limited in detail.

(Health equity: cultural responsiveness; data) The project fully addresses requirements for both health equity components, is well detailed and is somewhat feasible, as described. The project description clearly establishes that this is a continuation of past efforts. The description of context and addition of resources are appreciated, and it strengthens the work. The delays due to COVID are well detailed. The tool to monitor inequities is a clear strength.

**OHA recommendations:** (Access: Cultural considerations) Review component-specific requirements in TQS guidance to ensure all requirements are addressed. Data would be more meaningful if CCO included total enrollment numbers stratified by enrollment numbers for African American/White/Hispanic/Asian, etc. (percentages of total).

(Health equity: cultural responsiveness; data) Provide more detailed description of the activities and targets/benchmarks. Provide better connection between activity 1 description, baseline/target and benchmark future state. The CCO notes interventions will be further developed, but the activity only speaks of dashboard development.

**Project ID# 211: Increased availability of Chiropractic Services in Jackson County**



Component	Relevance score	Detail score	Feasibility score	Combined score
Access: Timely	1	1	1	3

**OHA review:** The project does not address OHA standards for travel time and distance. The project is very limited in detail and feasibility, as described.

**OHA recommendations:** Review component-specific requirements in TQS guidance, with attention to the OHA standards for travel time and distance. Provide additional details for prior year assessment and project rationale to sufficiently justify the project. Add details to demonstrate progress to date and utilize SMART (specific, measurable, achievable, relevant, and timely) objectives for the activities, targets and benchmarks.