OHA Review of 2023 CCO Transformation and Quality Strategy (TQS)
Cascade Health Alliance

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	9	Behavioral Health Integration
3	1	8	CLAS Standards
9	1	9	Grievances and Appeals System
6	1	8	Health Equity: Cultural Responsiveness
9	1	9	Health Equity: Data
7	1	8	Oral Health Integration
8	1	9	Patient-Centered Primary Care Home: Member Enrollment
9	1	9	Patient-Centered Primary Care Home: Tier Advancement
8	1	9	Severe and Persistent Mental Illness
8	1	9	Social Determinants of Health & Equity
8	1	5	Special Health Care Needs – Full Benefit Dual Eligible
7	1	6	Special Health Care Needs – Non-dual Medicaid Population
6.5	2	8.5	Utilization Review (Medicaid Efficiency and Performance Program)
96.5 (out of 117; 82.5%)		**128.5 (out of 144; 89.2%)**	**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 detailed information included in the Quality Assurance and Performance Improvement Plan. Please include an overall table of contents at the beginning of next year's document to ensure ease of navigation to various projects and sections.	

Project scores and feedback				
Project ID# 415: Establishing Housing Infrastructure				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Social determinants of health & equity	3	2	3	**8**
OHA review: Project meets all SDOH-E component specific requirements. On-site food pantry is an innovative way to meet community needs. Missing REALD/SOGI data or plan to utilize. Good detail on CIE utilization and the connection between searches and disparities within the community. Project seems feasible as written. **OHA recommendations**: Review TQS REALD and SOGI requirements for identifying and addressing disparities and incorporate next year.				

Project ID# 364: Medical Dental Integration				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Oral health integration	3	2	2	**7**

OHA review: Project meets component requirements. More detail needed on the analysis and use of REALD and SOGI data to address disparities. Goals are very detailed and specific. Multiple project activity goals were not met by anticipated deadlines. This may indicate a need to re-evaluate goals to ensure they are reasonable, given the anticipated timeframe and continued staffing challenges.

OHA recommendations: Incorporate REALD and SOGI data to identify and address disparities. Consider reevaluating goals to ensure feasibility.

Project ID# 61: Closed-loop Grievance System				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Grievance and appeal system	3	3	3	**9**
Health equity: Data	3	3	3	**9**

OHA review (Grievance and appeal system): Project continues to be focused on stratifying data for REALD. Good description of what CCO is working toward. Good amount of data shown for the project. Project activities show CCO is making steady progress.

(Health equity: Data): Exemplary project. CCO project is evidently focused on quality improvement using REALD. Background, while lengthy, provided specific information to understand the project. Monitoring activities and measures of success are appropriate.

OHA recommendations (Grievance and appeal system): None.

(Health equity: Data): Consider opportunities for paring down narrative for easier review.

Project ID# 365: Comprehensive PCPCH Plan				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
PCPCH: Member enrollment	3	2	3	**8**
PCPCH: Tier advancement	3	3	3	**9**

OHA review (PCPCH: Member enrollment): Project fully addresses the component. Minor clarifying details needed for what activities will be done to collect SOGI and REALD data. What does the onboarding process look like? How will it be effective in collecting SOGI data? Has patient safety been considered in this process (for example, if a minor is accompanied by a parent who disapproves or isn't aware of their child's sexual orientation or gender identity)? Activities, targets, benchmarks and data sources seem mostly feasible.

(PCPCH: Tier advancement): Project describes comprehensive plan to support PCPCH practices in upward tier recognition. Project is sufficiently detailed, including the use of REALD and plan for using SOGI data to identify and address disparities. The activities are clear, measurable and thoughtfully detailed. Based on the context provided, the activities seem feasible.

OHA recommendations (PCPCH: Member enrollment): Provide more details about the onboarding process and collection of REALD and SOGI data.

(PCPCH: Tier advancement): None.

Project ID# 33: Cultural and Linguistic Services Provision

Component	Relevance score	Detail score	Feasibility score	Combined score
CLAS standards	1	1	1	**3**
Health equity: Cultural responsiveness	2	2	2	**6**

OHA review (CLAS standards): Major clarifying details are needed to better understand how this project meets CLAS standard #13 ("partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness"), as activities and measures don't reflect a partnership beyond the CCO and provider network.

The relationship between the community engagement activities/meetings and Standard 13 isn't clear, particularly as they relate to this project. It's not clear how CHA contributes to the Hispanic Health Committee of the Healthy Klamath Coalition or how they directly partner to advance health equity for the LatinX community. If CHA is speaking to Spanish-speaking members, details about that engagement would be critical to this component.

The intervention population is not clearly defined. OHA appreciates the member demographics currently collected, and will expect additional REALD and SOGI granularity in the future. It's unclear whether Activity 2 will be feasible given CHA has not identified how they will increase cooperation from their provider network and there's no member component to learning more.

OHA is concerned that CHA appears to rely exclusively on a language line for providing certified and qualified interpreters for spoken language. Members, community partners and academic research all show that in-person interpreter services at medical appointments is critical. In addition, the reliance on telephone interpretation does not consistently allow review for certified and qualified interpreters. It's also not clear how CCO meets sign language needs.

(Health equity: Cultural responsiveness): More robust prior year information, but some details seemed not relevant to this project. It was difficult to link the activities together because of the length of descriptions. As described, monitoring measures are not appropriate. Health equity trainings alone are not a sufficient TQS project.

OHA recommendations (CLAS standards): Review Standard 13 from the CLAS Standard Blueprint. Clarify how this project meets this standard by describing what community engagement and partnership activities are part of the project. Define the project population. Draw a clear connection between member/community data, community partners and CHA's work. Incorporate community voice and member experience with interpreter services into monitoring measures. Specifically identify community partners in activities. Explore reasons for the low provider participation rate and develop plan for increasing participation. Apply more REALD and SOGI granularity.

(Health equity: Cultural responsiveness): Please include narrative only relevant to the TQS component and project to streamline review. Link trainings to measures of member impact or quality of care.

Project ID# 366: Holistic Diabetes Management (MEPP Episode: Diabetes)				
Component	**Relevance score**	**Detail score**	**Feasibility score**	**Combined score**
Special health care needs: Non-dual Medicaid population	2	2	3	**7**
Utilization review	2	2	2	**6**

OHA review (Special health care needs: Non-dual Medicaid population): Project is targeting a high-need population. Plan for additional outreach to members without regular A1 testing is a critical post-pandemic step. However, it's unclear how CCO is reaching out to members. Last year project had issues in outreach from care coordination — this makes it more important to monitor diversity in these activities. Are higher numbers of members in Latino and Native American populations not getting adequate care? Is your care management team working with local tribal health or Latino advocates?

Need to work on writing measurable monitoring activities — project doesn't fully meet criteria 3 and 4 for SHCN (#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). Measures 1.1 and 1.2 do not meet SHCN requirements for measurable health improvement tracking. CCO seems to have improved its data systems but is still struggling in some ways to create data flow to identify and build comprehensive projects. MTM policy is linked to project, but no specific monitoring activities are included. Measures 4.1 and 4.2 have very low improvement targets.

Project is feasible, but some aspects of roles and data tracking within the care coordination team seem to still be under development.

(Utilization review): The CCO notes they do not have processes in which utilization management findings can be explored and lead to policy revisions. This is a critical deficiency for a CCO. The CCO does, however, note many appropriate UM activities and create connections between quality of care and utilization review. While there is a robust set of tracking measures, several of them need to be revisited for specificity and clarity (see recommendations below).

The MEPP AAE statistics are not acuity adjusted. While better than just using total dollars, which does not normalize for volume at all, there are potentially changes in the risk of the population that could be skewing results over time.

OHA recommendations (Special health care needs: Non-dual Medicaid population): Clarify outreach activities. Consider longer-range benchmarks with more ambitious goals. Dive deeper into disparities by REALD and SOGI, which may show need for more targeted outreach. Include REALD in measures, which might yield critical information for project (for example, 6.1 and 6.3). Care coordination outreach might be better measured by specific actions to improve health (development of care plans, medication refills, depression screenings, referral and follow-up to appointments with PCP, oral health and MH appts).

(Utilization review): Consider exploring how the MEPP AAE results change if you limit the calculation to only those members who are in both the baseline period and measurement period. This should help with the case mix issue and could be particularly useful as the public health emergency unwinds. Clarify monitoring tasks:

- 2.1: Add quantitative targets such as the number of staff to be trained.
- 3.1 and 3.2: Clarify the action to make it clear what completion means.

- 4.1: Isn't a higher score worse performance for this measure? Review and adjust to show performance improvement. As a long-term measure; consider adding a 2024 target to reflect progress.
- 4.2: A 0.1 percentage point improvement isn't meaningful. Revise target to reflect the impact of the interventions. Consider adding a 2024 benchmark instead of repeating the 2023 target.
- 4.3: Consider reevaluating the 12/2023 target. A 5% reduction doesn't seem realistic because the performance will have to be 3x better in 3-month period compared to the preceding 9-month period to achieve the same magnitude of decrease to the 12-month rolling average statistic.

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	2	3	**8**
Serious and persistent mental illness	3	2	3	**8**
Utilization review	2	2	3	**7**

OHA review (Behavioral health integration): Project meets component requirements. Extensive use of data and analytics. It doesn't appear that activities and monitoring measures are disaggregating data by REALD and SOGI. The narrative format was confusing with many unknown acronyms.

(Serious and persistent mental illness): Discussion of baseline and improvements are well connected and planned in addressing cycles of over utilization of ED. Project mentions REALD and SOGI measures, but doesn't include further identification beyond sample size being small. There is a noted collaboration with the Tribes, yet no stated plans to deepen those efforts. According to census data, there is a 13.9% Hispanic population in Klamath County that should have some racially/culturally oriented interventions beyond language in the analysis and goals. Reasonable measures with moderate but feasible goals.

(Utilization review): CCO notes they do not have processes where utilization management findings can be explored and lead to policy revisions, which is a critical deficiency for a CCO. However, the CCO does note many appropriate utilization management activities and create connections between quality of care and utilization review. A SOGI data collection plan is required when not included in the project analysis. The CCO provided useful detailing of processes and progress. Past performance suggests new targets are reasonable.

OHA recommendations (Behavioral health integration): Including details on the training curriculum for THWs would further strengthen the proposal. Try to pare down or restructure narrative to make it more concise and easier to follow. Include REALD and SOGI in monitoring measures so disparities can be identified.

(Serious and persistent mental illness): Identify REALD and SOGI measures. Consider connecting with the Hispanic Health Committee about data and intervention improvements.

(Utilization review): Work on integrated approach to monitoring utilization for the CCO. Next year incorporate SOGI data for identifying and addressing disparities.

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	3	2	3	**8**

OHA review: Project still has room for improvement in tracking specific health care metrics; tracking only care management is not meeting SHCN criteria. Project identifies limited intermediate specific targets for health improvement. Project has clearly identified role and connection with DSNP plan and how plans will work together to serve population. CCO has not made plans to fully use REALD/SOGI to look at disparities and equity.

OHA recommendations: Look at tracking more specific, measurable health care variables in short-term monitoring targets. Plan to develop and track things via a dashboard is not a measurable target for SHCN project requirements. Why is depression screening target not higher than maintaining current rate when this is a CCO metric, and until 100% of the population receives the screening perhaps job is not accomplished? What specifically happens to improve health post HRA completion (navigation to additional care or services)? Could track medication refills for those with chronic disease, DME for those with regular needs, completion of medical tests/monitor blood sugar via A1C or blood pressure via home monitors, etc.

Add greater breakdown of REALD and SOGI into all measures to determine where unique cultural or language outreach activities might be warranted. (Overall, most data show minorities are less likely to gain access to needed LTSS supports.) What process would allow for tracking assessments for services in populations that aren't currently receiving but could benefit from these Medicaid benefits?