

# Transformation and Quality Strategy (TQS)

## Frequently Asked Questions



This FAQ provides answers to common questions regarding the TQS. Detailed definitions of the TQS components can be found in the guidance document. All TQS guidance and technical assistance documents are available on the OHA Transformation Center website: [www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx)

### Overview and submission process

#### 1. What does TQS mean?

Transformation and Quality Strategy

#### 2. When do I submit the TQS?

The 2021 TQS (covering January–December) is due March 15. There will not be a progress report. Any redaction requests (redacted submission plus redaction request log) are due 20 business days after your CCO submits your TQS. There is no longer the option to resubmit the TQS after the CCO has received its written assessment from OHA.

#### 3. Where do I submit the TQS?

The TQS is a CCO contract deliverable and must be submitted by email to [CCO.MCOCDeliverableReports@state.or.us](mailto:CCO.MCOCDeliverableReports@state.or.us).

#### 4. How do I submit the TQS?

Please combine all sections of your TQS into one PDF file and follow the file naming convention: "CCO Name-2021 TQS".

#### 5. What is the purpose of TQS?

The purpose of TQS is to support CCOs in moving health transformation and quality forward for Oregon Health Plan members.

#### 6. Who is the primary audience for the TQS?

The primary audience for the TQS is OHA. Secondary audiences include CMS and the Legislature through reporting, and other CCOs through sharing of best practices.

#### 7. How does OHA use the TQS information submitted by CCOs?

OHA will use the CCO TQS submissions to pull data for reports to CMS, Legislature, etc. (as OHA did with the prior Transformation Plans and continues to do with the community health improvement plans). OHA will also use CCO TQS information for sharing best practices with CCOs, community at large, local public health, community-based organizations, other state and federal agencies, etc. This may be achieved through connecting CCOs with each other; the Innovation Café; CAC best practices document, etc.

#### 8. What is publicly posted for TQS?

The TQS, scores and written assessments will be posted on OHA's website ([www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy.aspx](http://www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy.aspx)). This transparency allows the TQS to become a source for peer-to-peer learning among CCOs. TQS documents will be posted to the OHA website no earlier than August 1.

#### 9. Can the CCO submit a sample project or program write-up for one of its components to OHA for feedback prior to the final March submission?

Yes, your CCO may choose to submit **one** sample project or program write-up for one of its components for OHA to provide feedback prior to the March TQS submission date. Sending a sample is NOT REQUIRED. The timeline to receive that feedback from OHA will be dependent on how many CCOs submit samples and which TQS components those samples address. Samples should be submitted to the OHA Transformation Center ([Transformation.Center@dhsosha.state.or.us](mailto:Transformation.Center@dhsosha.state.or.us)) by February 15, 2021.

### Comparison to other reporting requirements

#### 10. How is the work in the community health improvement plans (CHPs) tied into TQS?

CHPs are five-year, legislatively required community-level plans. If individual TQS projects or programs are informed by the CCO's CHP health priorities, this could be described in the project narratives (Section 1). By connecting the TQS projects to CHP health priorities, the CCO may be able to align efforts and better leverage limited community resources.

#### 11. Is the inclusion of the component Access: Timely duplicative of other CCO monitoring and reporting?

OHA has conferred with subject matter experts, and reviewed CCO contract, OAR, and CFR. The result reconfirmed that all components and subcomponents, including those for Access, are required to be addressed in the TQS. Health Transformation and Quality require analysis of the TQS components in order to achieve meaningful reporting and action. CCO deliverables outside TQS (for example DSN Capacity report, grievance logs, quarterly PCPCH data reporting) may provide data sources that contribute to and are used by your CCO to perform systematic reviews; a method for systematically combining pertinent qualitative and quantitative study data from several selected sources to develop a single conclusion for action to be taken.

#### 12. How does the Health Equity Plan compare to the TQS?

The Health Equity Plan aims to provide a roadmap that CCOs will use to build the necessary infrastructure to advance health equity. The development of the health equity plan will help CCOs to:

- Embed health equity as a value and business practice into organizational policies, procedures and processes;
- Meet state and federal laws and contractual obligations regarding accessibility and culturally and linguistically responsive health care and services; and
- Inform using an equity framework all policy, operational and budget decisions.

The Health Equity Plan serves as the groundwork and a source of health equity areas that may be further emphasized through TQS projects, which are aimed at transforming the system and ensuring quality.

#### 13. Why are CCOs being asked to submit additional documentation, in lieu of the quality improvement committee minutes, to demonstrate CCO quality improvement committee oversight of quality activities?

CCOs are being asked to provide QI committee documentation (for example, strategic plan, policies and procedures) to ensure the QI committee has oversight of QI projects implemented by the CCO (by internal staff or delegates). The meeting minutes did not reflect the original intent of this requirement and did not provide OHA with enough insight to understand if the QI committee has oversight of quality improvement activities.

### Completing the template

#### 14. What changes were made to the TQS for 2021?

**Note:** This summary of changes is not a comprehensive list of every change made. CCOs are expected to review the guidance documents in entirety.

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- Individual CCO scores and written assessments will be posted publicly.
- OHA will post each CCO's entire submission (Section 1 projects, Section 2 discontinued projects and Section 3 QI committee documentation and attachments) unless OHA receives and approves a redaction request from the CCO.
- OHA will no longer accept resubmissions after the original submission has been scored and assessed.
- Removed what was previously Section 1 (questions about quality program, CHP connection, community partners).
- Moved optional question about other CCO and community context to Section 3.
- In Section 3, removed QI minutes and replaced with quality program documentation.
- In Section 3, removed consumer rights policy.
- Added criteria for discontinuing projects and new Section 2 for closeout report of discontinued projects.
- Made scoring criteria publicly available (posted with other guidance documents).
- Clarified guidance on monitoring activities.
- Specified expectations for CCO-level data, region-specific data, or explanation if neither of those is available.
- Added unique project ID field for continued projects.
- Separated component prior year analysis from project context for each project (previously combined in "background and rationale").
- Reorganized component-specific requirements to clearly differentiate which pieces are required in every project and which pieces are references.
- Split PCPCH into two components: member enrollment and tier advancement.
- Special Health Care Needs – clarified population requirements and clarified guidance for CCOs with DSNP contracts.
- SDOH-E – clarified requirements.
- Added CLAS standards dropdown to the template.

### 15. Where should I describe our CCO's overall quality plan?

Starting in 2021, Section 3A of the TQS template asks for CCO's quality improvement committee documentation (see question 13). Section 3D provides space to highlight the context of regional priorities, CCO strategic approach and connection to quality, CCO geographic regions and limitations, and/or enrollment demographics.

### 16. Must every component be addressed in the TQS?

Yes, every component must be addressed somewhere in the TQS. Each projects or program can address up to three components. The TQS program details in Section 1 must be repeated until all components have been addressed.

### 17. Does a robust monitoring system alone meet the intent of Section 1 in the TQS?

The existence of a monitoring system within your CCO for a given component does not demonstrate the quality of program, or improvement over time, and thus is not considered adequate for TQS reporting. For all components, a comprehensive TQS submission must include a component prior year analysis, project context (quality assessment) and monitoring activities for progress toward improvement outcomes (performance improvement and measurement).

### 18. Does the CCO need to submit a comprehensive catalog of programs or projects in order to address every part of a component's definition in the guidance document?

OHA recognizes that the programs and projects included in the TQS are a showcase of current CCO work addressing TQS components that aim to make significant movement in health system transformation. OHA recognizes that the work highlighted in the TQS is not a comprehensive catalog or full representation of the CCO's body of work addressing each

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component. CCOs are understood to be continuing other work that ensures the CCO is compliant with all applicable OARs, CFRs and CCO contract requirements.

Each CCO, depending on its governance and organizational structure, will have varying levels of detail within the TQS, but the CCO is still ultimately responsible for meeting all rule and contractual requirements. The TQS submission should meet the intent of the overarching definition for each component.

### 19. How does the level of reporting in TQS work plans compare to the level of reporting for performance improvement projects?

TQS reporting is the work being done to address macro-level analysis gaps. While a CCO may approach macro-level work throughout the year, the TQS is the means to report the direction, progress and program changes necessary to transform and improve the system. Performance improvement projects (PIPs) require additional micro-level reporting that isn't part of TQS reporting or components.

### 20. What kind of role do you see CACs having in the TQS?

In the TQS, the CCO's quality improvement committee strategic plan (Section 3) would be one place for incorporating information on the CAC. If the CAC is involved in the CCO's individual transformation and quality programs and projects, this could also be described in the project narrative (Section 1).

### 21. Is it appropriate to have delegates complete applicable portions of the TQS for the CCO to submit to OHA?

The CCO can choose to receive information from its delegates to help the CCO complete its TQS, but ultimately the CCO is responsible for any contract deliverables submitted to OHA.

### 22. In Section 1 of the template, what's the difference between C (component prior year analysis) and D (project context)?

The meta-analysis for the component is provided in Section 1(C). This is a prior year assessment of the component area. A project the CCO will focus on will be reported in in Section 1(D). This project will be a short-term or long-term project to address a gap or innovative area the CCO wants to explore in the coming year(s). For new projects, CCOs will report in Section 1(D) on the project rationale and why it was selected (including project-specific background data). For continued projects, CCOs will report in Section 1(D) the progress-to-date from the inception of the project.

### 23. Where do I find the unique project ID for continued projects to insert in Section 1 of the template?

OHA will provide each CCO a list of their CCO's prior year's projects and a unique ID for each project. This will help OHA document project progress over time.

### 24. Do we need to close out retired/discontinued projects from the previous year?

Yes, starting in 2021, all discontinued projects must be reported and closed out in Section 2 of the TQS template. This includes identifying the criteria and reason(s) for each discontinued project, along with lessons learned.

To discontinue a project, it must meet one of these four criteria:

1. Project has failed to meet its expected outcomes and cannot be adapted to meet the outcomes.
2. CCO's and/or organizations' resources must be reprioritized and shifted to other bodies of work.
3. Fully matured project that has met its intended outcomes.
4. Project fails to meet TQS guidance in requirements, which ensure health transformation and quality for Medicaid members, for the chosen component(s) based on OHA feedback and/or written assessment.

### 25. Why are projects now required to be continued from one TQS to the next?

Over the past few years of TQS submissions, OHA has seen many innovative submissions from CCOs. However, OHA has not been able to see progress over time for the many projects that are not continued year-to-year. Your CCO is now expected to carry over projects from the prior year to demonstrate continued improvement efforts. It is essential for CCOs to show and OHA to have the ability to track progress towards transformation goals set across TQS components and move the health system forward in the coordinated care model. There is also the option to discontinue a project, if it meets discontinuation criteria set forth in the guidance document.

### 26. How should we move forward with TQS activities that have been stalled due to COVID-19? Will there be negative scoring consequences if we have not shown progress, and how should this be addressed in the project context section, activities, etc.?

If projects have been stalled due to COVID-19 but are continuing in 2021, CCOs should describe the effects and any progress made in the component prior year analysis and project context. Describe whether activities, targets and benchmarks were met. If activities were not met, it won't affect scoring as long as it's clear what happened and what the plan is going forward.

If your CCO wants to continue a project but is currently unable to work with clinics or community partners in the same capacity due to COVID-19 response, consider what activities your CCO can do internally to move the work forward.

## Post-submission Process

### 27. What is OHA's process for reviewing CCOs' TQS submissions?

Individual CCO assessments will include a score for each component (the average across projects that CCOs have indicated that address that component), a total score, and a written assessment for each project. A conference call will be held with each CCO (the CCO TQS lead will coordinate CCO staff to attend call), and OHA TQS leads will go over any CCO questions regarding the OHA assessment or overall submission.

CCOs will no longer have the option to resubmit the annual TQS after receiving their written assessment. This change is meant to limit additional demonstrative work for both the CCO and OHA and ensure transparency across the original TQS submission and resulting written assessment.

OHA will post each CCO's entire TQS submission (or redacted version, if requested within 20 business days of submitting your TQS and approved by OHA), written assessment and scores no sooner than August 1.

### 28. How will OHA use the CCOs' TQS scores?

CCO scores will provide OHA with a snapshot of how well CCOs are doing in component areas. The scores could help OHA see what improvement is happening within component areas and be a tool to identify areas of technical assistance needed across CCOs. In addition, the scores will provide more concrete feedback to CCOs about how well their submitted projects address the components. In 2021, scores and written assessments will be posted online.

### 29. Can CCOs redact information from what's posted publicly?

OHA will post the entirety of a CCO's TQS submission unless OHA receives and accepts a redaction request. Redaction requests (redacted version plus redaction log) are due 20 business days after your CCO submits your TQS and should be submitted to [CCO.MCOCDeliverableReports@state.or.us](mailto:CCO.MCOCDeliverableReports@state.or.us). The redaction log form and updated redaction guidance will be available on the CCO Contract Forms page: [www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx](http://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx).

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30. Does Oregon have an obligation to report to the Centers for Medicare & Medicaid Services (CMS)?

Yes, Oregon is required to update CMS on health transformation. This is a requirement for all 1115 demonstration waivers and has been a requirement since 2012.

31. If CCOs submit more information as part of the TQS, will OHA review the information and share with CMS to ensure CCOs receive credit for all their good work?

OHA will review the information submitted by CCOs. The information will be used to provide technical assistance to CCOs, revise potential future iterations of the TQS template, and respond to stakeholder (including CMS and others) inquiries on the health transformation work of Oregon. Supplemental documents submitted by a CCO to enhance or add to their TQS are not a replacement for adequate and comprehensive responses within the TQS report template.

### **Technical assistance**

32. What technical assistance is available from OHA for TQS submission?

To support CCOs in completing their 2021 TQS submissions, OHA will record webinars and hold monthly office hours. Details are available at: [www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx).

33. Where will all the TQS templates and guidance documents be posted?

All information for the TQS is posted to the Transformation Center website, including reporting templates, examples, a guidance document, and information about technical assistance: [www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx](http://www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx).

Posting guidance by October 1, per the CCO contract, provides CCOs more than five months to complete their TQS submissions for the March 15 due date.

34. Who can I contact at OHA for assistance?

Please contact the Transformation Center at [Transformation.Center@dhs.oha.state.or.us](mailto:Transformation.Center@dhs.oha.state.or.us).