

Transformation and Quality Strategy (TQS)

Frequently Asked Questions



This FAQ provides answers to common questions regarding the TQS. All TQS guidance and technical assistance are available here: www.oregon.gov/oha/HPA/DSI-TC/Pages/Transformation-Quality-Strategy-Tech-Assist.aspx

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Overview and submission process

1. What does TQS mean?

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2. When do I submit the TQS?

The 2023 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 OHA approves your TQS via administrative notice. There is no longer the option to resubmit the TQS after the CCO has received its written assessment from OHA.

3. 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-2023 TQS”. Please include an index with page numbers. This helps reviewers navigate your submission. The TQS is a CCO contract deliverable and must be submitted by email to CCO.MCOCODeliverableReports@odhsoha.oregon.gov.

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4. 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.

5. 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.

6. How does OHA use the TQS 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. 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.

7. What is publicly posted for TQS?

The entire TQS (Sections 1, 2 and 3), scores and written assessments will be posted on OHA's website (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. For details about redaction, see the question [Can CCOs redact information from what's posted publicly?](#)

8. Can the CCO submit a sample project write-up to OHA for feedback prior to the final March submission?

Yes, your CCO may choose to submit **one** sample project write-up for one of its components to 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@odhsoha.oregon.gov) by February 15.

Comparison to other reporting requirements

9. 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 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.

10. Why were the Access components removed from the TQS? How will access work be reported instead?

After careful consideration, OHA has decided to remove the three Access components from TQS beginning with the 2023 submission. Due to concerns about CCOs' compliance with network adequacy and access monitoring requirements, OHA will replace TQS Access submissions with work/activities that will help CCOs develop and improve their Access Monitoring Plan. OHA will continue to review and monitor access through its current DSN deliverables, which will be expanded in scope to allow for more robust engagement with CCOs around access monitoring and network adequacy. OHA will also solicit from each CCO its current Access Monitoring Plan early in 2023. OHA will release more specific guidance ahead of that request.

11. 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.

12. Could TQS projects be the same as health equity plan strategies?

The Health Equity Plan (HEP) is intended to demonstrate a CCO's organizational strategy for health equity through **internal operational capacity building** (organizational policies and procedures, strategic goals, and overall institutional/organizational practices). TQS projects ensure **quality and transformation at the community and delivery system level**. The focus areas outlined in the HEP guidance document have some overlap with the TQS components, but they are intended to support each other, not replace or duplicate. TQS projects can align with the HEP strategic goals to demonstrate how the HEP policies, procedures and processes are implemented to improve quality and transformation at the community and delivery system level.

13. When we report on our Medicaid Efficiency and Performance Program (MEPP) through TQS, do we submit the three MEPP episodes of care in one or separate TQS projects?

Starting in 2023, all CCOs are required to report MEPP projects under the TQS utilization review component. To reduce administrative burden for CCOs, TQS reporting will satisfy MEPP reporting requirements so long as the additional content requested for MEPP is included in the TQS reporting. CCOs may find it easier to submit each MEPP episode type (diabetes, SUD and asthma) as a separate TQS project, but CCOs may report them together as one TQS project if all required TQS and MEPP elements are included. If reporting MEPP episodes as separate TQS projects, CCOs might be able to duplicate section C (component prior year assessment) across projects. If reporting MEPP episodes together within one TQS project, CCOs need to include sufficient narrative and monitoring measures for each episode.

14. How should 2022 discontinued MEPP interventions be reported?

- **For a MEPP project that WAS reported in TQS in 2022:** Use Section 2 of the TQS report to identify and discuss the reasons for discontinuing any TQS/MEPP project. If needed, CCOs may exceed the 250-word limit for discontinued MEPP projects.
- **For a MEPP project that was NOT reported in TQS in 2022:** Report the discontinuation of MEPP project activities in Section 1.C (component prior year assessment) of the current year's TQS utilization review project. Generally speaking, Section 1.C is used for reporting on the utilization component overall, and MEPP work in the prior year that is continuing or not continuing can be included. The details of the specific projects (episodes) moving forward in 2023 will be reported within Section 1.D–F (project context, project description, monitoring activities).

15. How does the level of reporting in TQS compare to performance improvement projects?

TQS annual 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

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that isn't part of TQS reporting or components, and is submitted quarterly. A CCO could use the same body of work as both a TQS project and a PIP, but the level and frequency of reporting would be different between the two deliverables.

16. What's the difference between SDOH-E reporting in TQS compared to the SHARE Initiative spending plan?

The TQS focuses on quality improvement and transformation work, whereas SHARE Initiative reporting focuses on accountability for spending. The TQS showcases one or more community-level SDOH-E projects, and TQS reporting focuses on identifying a need and implementing monitoring activities to make measurable improvements. The SHARE Initiative spending plan describes how the CCO is directing its SDOH-E spending based on net income or reserves from the prior year. SHARE Initiative reporting includes specific dollar amounts, budget proposals, community health improvement plan alignment and other requirements.

There may be overlap between TQS projects and work supported by SHARE spending. Specifically, both are based on community priorities, involve community partners, and fit within one or more of the same four SDOH-E domains. CCOs may fund SDOH-E TQS projects through SHARE (if that spending would qualify under SHARE), but it's not required. OHA expects CCOs to use SHARE spending and TQS projects to support their overall CCO strategy for addressing SDOH-E and improving quality for their members. More details about SHARE Initiative requirements are available here:

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/SHARE.aspx>

17. Why are CCOs asked to submit additional quality improvement committee documentation?

CCOs are 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.

18. Will any TQS findings be coming to CCOs from HSAG? How will OHA address any findings?

OHA conducts the annual CCO TQS review and provides recommendations back to the CCO in a written assessment. OHA publicly posts the CCO TQS submission and assessment and makes them available to Health Services Advisory Group (HSAG), OHA's external quality review organization.

The Quality Assurance and Performance Improvement (QAPI) standard was part of the 2022 compliance monitoring review (CMR) conducted by HSAG. During the 2023 CMR process, the QAPI standard will be revisited by HSAG for CCOs with any findings in this area applied during the 2022 process. CCOs may wish to submit TQS-related information from 2023 as evidence of resolving any findings related to the QAPI standard reviewed in 2022. HSAG will not evaluate the individual CCO TQS submissions in the same manner as OHA.

Any findings for individual CCOs related to the specific standards in the 2022 CMR will be shared with OHA along with improvement plans for the CCOs to address. OHA will provide clarification and additional information as needed to ensure clarity around state requirements and processes. TQS is an important part of your organization's larger QAPI program, but it does not represent the entirety of your QAPI work.

19. How in-depth should the QAPI impact analysis in Section 3 be?

OHA's expectation regarding Section 3 is that the documentation submitted by CCOs will be higher level and will generally mirror the documentation submitted to satisfy the requirements in Standard XII - Quality Assessment and Performance Improvement of the Compliance Monitoring Review. OHA will not be scoring the documentation submitted, but it will help us better understand your overall quality program and how your TQS projects fit into the larger picture.

Completing the template

20. What changes were made to the TQS for 2023?

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

- Removed all three access components from the TQS.
- Added requirement to use REALD (race, ethnicity, language and disability) and SOGI (sexual orientation and gender identity) data for identifying and addressing disparities in all projects. The REALD requirement applies to all member-level data used in the TQS.
- Added clarification for when to check “yes” for the health information technology check box.
- Added requirement to define the population for interventions, with encouragement to focus on prioritized populations (members eligible for intensive care coordination, populations identified in the state health improvement plan, and communities with disparities as identified by the CCO).
- Added guidance for using SMARTIE goals — SMART goals that are inclusive and equitable (encouraged, not required).
- Clarified guidance on what to include in Section 1C: component prior year assessment.
- Clarified must-pass submission criteria (use current year template, address all components, update targets and benchmarks for current year).
- Changed post-written assessment feedback call from optional to required for all CCOs.
- Added a required check-in with OHA CCO Operations Quality Assurance and Contract Oversight Team if CCO earns score of 70% or less of points possible. The purpose of the call is to discuss potential barriers from a compliance perspective and the CCO’s plan to address those barriers.
- Moved all Medicaid Efficiency and Performance Program (MEPP) reporting into the TQS within the utilization review component. All CCOs are now required to report on MEPP through TQS. Added MEPP-specific guidance.
- PCPCH-Member Enrollment: Added threshold — projects for this component are not required for CCOs with at least 85% of members already enrolled in PCPCHs.
- Special Health Care Needs: Clarified guidance; added criterion for Full Benefit Dual Eligible (FBDE) component to collaborate with affiliated Medicare Advantage plan.
- CLAS: Expanded criteria for describing how project is transformative, measures quality improvement, and advances quality care.
- Health Equity: Cultural Responsiveness: Updated criteria and guidance to move projects from basic infrastructure to quality improvement and transformation.
- Social Determinants of Health and Equity: Clarified guidance for SDOH-E projects that are community-led efforts.
- Updated Section 3 requirements for quality program attachments to better align with Quality Assurance and Performance Improvement (QAPI) program.
- Added SCHN-Full Benefit Dual criterion to collaborate with affiliated Medicare Advantage plan.
- Added CLAS criteria for describing how the project is transformative, measures quality improvement, and advances quality care.
- Added Health Equity: Data criterion to identify goals that are inclusive and equitable.
- Added requirements for “Detail” scoring: use REALD and define the population.

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

Section 3A of the TQS template asks for CCO's quality program documentation. Section 3B 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.

22. Must every component be addressed in the TQS?

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

23. How many projects should we submit for each component?

A CCO should submit a TQS that represents the needs and efforts of the CCO that ensure quality and access, and move health transformation forward. One project per component is required, but CCOs may submit additional projects. OHA recommends CCOs submit no more than two or three projects per component. This helps the CCO focus their work and avoids unnecessary reporting. A project must meet component guidance for every component the CCO assigns to it, and OHA will assess and score the project separately for each component assigned.

24. 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 assessment, project context (quality assessment) and monitoring activities for progress toward improvement outcomes (performance improvement and measurement).

25. Does the CCO need to submit a comprehensive catalog of projects that address each component?

OHA recognizes that the 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 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.

26. 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 individual project narratives (Section 1). OHA encourages CCOs to involve their CACs in the TQS process, but OHA doesn't prescribe a role or level of involvement.

27. 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.

28. In Section 1, what's the difference between C (component prior year assessment) 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. Section 1(C) analysis is solely about the component. It is not project specific. The analysis includes a summary description of the CCO's current state for the broad component area. It may include but not be limited to component data analysis, component strategic plan, and work undertaken across the component area in the reporting year. From the component assessment Section 1(C), one area of improvement and/or transformation is determined for TQS reporting. The project the CCO will focus on will be reported 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 also report in Section 1(D) the progress to date from the inception of the project.

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

OHA posts a [list of the prior year's projects and a unique ID](#) for each project on the [Transformation Center's TQS TA page](#). Assigning each project a unique ID helps OHA document project progress over time.

30. Can we rename a project if it's continued from the prior year?

Yes, CCOs can rename continued projects. Please use the same project ID so OHA can track activities year to year. In the project context, please note the prior year's project name to avoid confusion.

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

Yes, 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 requirements, which ensure health transformation and quality for Medicaid members, for the chosen component(s) based on OHA feedback and/or written assessment.

32. If we remove a component from a continued project, do we report that in the discontinued project section?

No. The project should be reported as a continued project for any remaining components the project addresses. However, in the project context portion (Section 1, Part D), the CCO should include narrative explaining why the project no longer addresses the removed component.

33. Why are projects 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.

34. May I submit duplicate projects for multiple CCOs?

If you are submitting a duplicate project for more than one CCO, indicate whether the projects are differentiated (and if so, how). This high-level information could go in Section D (project context), with notes about where to look for differences by region (for example, “see differences noted in monitoring activities”). This helps reviewers assess the projects appropriately and efficiently. At a minimum, OHA expects the data to be specific to the region served.

35. How should we move forward with TQS activities that have been stalled due to COVID-19?

If projects have been stalled due to COVID-19 but are continuing in 2023, 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. Include new target and benchmark dates to reflect the new plan.

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.

36. Could a 2023 project for the Health Equity: Data component focus on sexual orientation and gender identity (SOGI) data, even though that isn't a requirement yet?

Yes, CCOs are encouraged to work ahead and focus their 2023 Health Equity: Data projects on plans to develop and adopt processes that allow stratification of SOGI data, as long as the project meets all other component-specific scoring criteria.

37. For special health care needs (SHCN) projects, is emergency department utilization considered a health outcome measure, especially for populations with mental illness?

Yes, “ED visits among members with mental illness” is typically considered a long-term health outcome metric. It would only be an appropriate metric if it aligns with the overall project, population and intervention for health improvement. Projects should include both short- and long-term health outcome metrics when possible. Reviewers would be looking to see if your project includes methods to monitor and document health improvement goals, and activities meant to improve health and keep the identified population from avoidable ED use. Examples of short-term metrics for this scenario might include the following: member has consistent medication refills, care plans are developed and tracked, peer support, keeping regular provider appointments, etc.

38. For SHCN projects, could we use risk factor score reduction as a measure for health outcomes?

A financial metric may not be the best measure of health improvement. In fact, many behavioral health folks end up in more expensive care because they aren't getting the right treatment earlier (for example, medication fills that could be monitored earlier in care and aren't). Think about teasing apart short-term outcomes that showcase health improvement, and maybe the risk score is one that's tracked, but shouldn't be the be-all-end-all of tracking.

39. When should we check the HIT checkbox (“Does this include aspects of health information technology?”) on the TQS template? What types of HIT does this apply to?

Check the HIT box if the project includes HIT as a core component, such as supporting provider EHRs, new functionality/tools for the CCO to be sharing data with their providers or other partners, new use cases for data sharing/HIE tools, new or expanded use of the CCO's population management/analytics tools, etc. OHA would use the information to supplement HIT Roadmaps and potentially identify promising approaches or similarities between CCOs, or identify areas where OHA could provide support. Checking (or not checking) this box will not affect TQS scoring.

40. Who are considered priority populations?

Priority populations include:

- Members eligible for intensive care coordination (OAR 410-141-3870):
 - Older adults, individuals who are hard of hearing, deaf, blind, or have other disabilities;
 - People with complex or high health care needs, multiple or chronic conditions, severe and persistent mental illness, or are receiving Medicaid-funded long-term care services and supports;
 - Children ages 0–5:
 - Showing early signs of social/emotional or behavioral problems; or
 - Have a serious emotional disorder diagnosis.
 - People in medication assisted treatment for substance use disorder;
 - People who have been diagnosed with a high-risk pregnancy;
 - Children with neonatal abstinence syndrome;
 - Children in child welfare;
 - IV drug users;
 - People with substance use disorder in need of withdrawal management;
 - People with HIV/AIDS or have tuberculosis;
 - Veterans and their families;
 - People at risk of first episode psychosis;
 - Individuals within the intellectual and developmental disability populations.
- Populations prioritized in [Healthier Together Oregon: 2020-2024 State Health Improvement Plan](#): Black, Indigenous, people of color, and American Indian/Alaska Native people, people with low incomes, people who identify as LGBTQ+, people with disabilities, and people living in rural areas;
- Communities experiencing health disparities (as identified in the CCO’s community health assessment).

41. When will the REALD/SOGI flat files be available to CCOs?

Sometime between January and June 2023.

42. Are CCOs required to include data analysis of all elements (race, ethnicity, language and disability) of REALD on every project?

Yes, CCOs are required to analyze all elements of REALD for every TQS project to identify gaps. In the TQS narrative, OHA expects to see at least a statement that all elements were analyzed, and then more detail (aggregate data or findings) on the disparities identified and prioritized for intervention. OHA doesn’t need to see the full analysis but will be looking to understand what the CCO looked at, what the CCO found, where the CCO decided to focus for intervention, and why.

43. Do CCOs need to use the disaggregated race and ethnicity stratifications? May CCOs roll up into the “parent” or intermediate categories?

OHA expects CCOs to **collect and analyze** REALD and SOGI data at the most granular level possible (for example, using the granular categories of Chinese, Korean, Japanese, etc. instead of the parent category “Asian”). For **TQS reporting and interventions**, especially those projects focusing on smaller populations, CCOs may need to roll up the data into intermediate or “parent” categories. If this is the case, describe why in the context of the project and how doing so addresses the gaps identified.

44. Can we repeat Section 1C (component prior year assessment) if multiple projects address the same component?

Yes, the component prior year assessment can be repeated if the CCO is submitting multiple projects for the component. If the project covers multiple components, be sure to address each of the components that are attached.

45. Will CCOs be notified about whether they need to submit a project for PCPCH member enrollment?

Yes. When the 2021 dashboard of non-incentivized metrics is published (anticipated November 2022), the OHA TQS team will notify CCOs by email whether they need to submit a project for 2023. The dashboard will be posted to the [CCO metrics webpage](#).

46. For the PCPCH: member enrollment component, can CCOs use self-reported data to determine whether the CCO met the threshold?

Not for 2023 submissions. CCOs' self-reported data for 2022 won't be validated by OHA prior to when 2023 TQS submissions are due, so for this year, we need to stick with the 2021 OHA-validated member enrollment data.

47. For the PCPCH: member enrollment component, what happens if a CCO falls below the threshold? Will they have to start up a project again, and when is that calculated/validated?

PCPCH member enrollment is validated annually, usually in July for the prior calendar year. If the most current validated data show enrollment is below the threshold, CCOs will need to submit a project in the next TQS annual submission.

Post-submission process

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

Individual CCO assessments will include relevance, detail and feasibility scores 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. Each CCO will be required to attend a feedback call (the CCO TQS lead will coordinate CCO staff to attend call), with OHA TQS leads to go over any CCO questions regarding the OHA assessment or overall submission.

CCOs will not have the option to resubmit their TQS after receiving their written assessment. This is meant to limit additional 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 your CCO submits a redaction request within 20 business days of OHA's approval of your TQS, and OHA approves your redaction request), written assessment and scores no sooner than August 1.

49. Will OHA review and score Sections 2 and 3?

There is no formal scoring for Sections 2 (discontinued projects) and 3 (quality program attachments). The discontinued projects (Section 2) data will act as a closeout report to support sharing of lessons learned and best practices across CCOs. The quality program attachments (Section 3) will support OHA's understanding of CCOs' current quality improvement approach and committee involvement and oversight. Additionally, it will inform potential quality training and supports for CCOs and be used for OHA program planning.

50. 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. Scores and written assessments are posted online.

Transformation and Quality Strategy (TQS) Frequently Asked Questions



51. 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 OHA approves your TQS (via administrative notice) and should be submitted to CCO.MCOTDeliverableReports@odhsoha.oregon.gov. 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.

52. Does Oregon have an obligation to report on TQS 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.

Technical assistance

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

To support CCOs in completing their 2023 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.

Each CCO also may choose to submit **one** sample project write-up for one of its components to OHA for 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@odhsoha.oregon.gov) by February 15.

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

All TQS information is posted to the Transformation Center website: 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 by March 15.

55. Who can I contact at OHA for assistance?

Please contact the Transformation Center at Transformation.Center@odhsoha.oregon.gov.