

Note: This summary of updates is not meant to be a substitute for reviewing the full guidance documents, which include all TQS requirements.

February 1, 2024

Template updates

1. Added table of contents.
2. Removed four components (Health Equity: Data; Grievance and Appeal System; Social Determinants of Health and Equity; Utilization Review) from dropdown.
3. Removed SDOH-E domain checkboxes, as this component was removed.
4. Removed MEPP checkbox, as the Utilization Review component was removed.
5. Removed component prior year assessment section for all projects.
6. Updated project context to clarify which pieces are relevant to new vs. continued projects.
7. Removed requirement to report on close-out of discontinued projects.
8. Removed optional question to describe additional CCO characteristics.
9. Removed requirement to attach QAPI workplan and impact analysis.
10. Updated submission instructions to use CCO deliverables portal (instead of email).

Guidance document

1. Updated submission instructions to use CCO deliverables portal (instead of email).
2. Updated dates to reflect new timeline (guidance February 1, submissions due July 15).
3. Removed requirement for CCOs to have individual CCO feedback calls, which will be offered but not required.
4. Removed component prior year assessment section for all projects.
5. Removed requirement to report on close-out of discontinued projects.
6. Removed requirement to attach QAPI workplan and impact analysis.
7. Updated list of priority populations to include those defined by Regional Health Equity Coalitions.
8. Added "REALD & SOGI requirements across components" section to provide more guidance on what's expected in TQS.
9. Added the requirement for CCOs to use gender identity data along with REALD data for all projects that use member-level data.
10. Updated timeline for sexual orientation data Oregon Administrative Rules (spring 2024).
11. Removed Health Equity: Data component, as all projects using member-level data will use REALD & GI data.
12. Removed Grievance and Appeal System component. OHA will focus on Exhibit I for G&A compliance and improvement.
13. Removed Social Determinants of Health and Equity Component, as OHA will assess CCOs' SDOH-E work through other reporting in 2024 (SHARE Initiative, social needs screening and referral metric, HIT roadmap, health-related social needs monitoring).
14. Removed Utilization Review component. OHA will use existing CCO deliverables to assess utilization review for 2024. As the Medicaid Efficiency Performance Program is no longer part of performance-based reward, MEPP reporting is no longer required.
15. CLAS – Updated requirements and added definitions of quality improvement and transformation. Clarified that OHA will be reviewing the CCO's response based on the specific CLAS standard the CCO chose from the dropdown, as it's detailed in the CLAS Blueprint.
16. Health Equity: Cultural Responsiveness – Added definitions of quality improvement and transformation.
17. Special Health Care Needs – Added table of examples of short- and long-term health monitoring measures.

Scoring criteria updates

1. Replaced the scoring criteria document with a copy of the scoring tool reviewers use for better transparency.
2. Updated CLAS scoring criteria to match guidance document.
3. Added gender identity to REALD requirement within “Detail” scoring.

Example strategies updates

1. Retired 2023 TQS example strategies document.

FAQ updates

1. Removed references to component prior year assessment.
2. Question #8 and #43: Updated due date for CCOs to submit one sample project for review to June 15 to align with new submission timeline. Clarified that CCOs can submit this project any time between February 1 and June 15.
3. New question #10: Why were the Health Equity: Data, Grievances and Appeals, Social Determinants of Health & Equity, and Utilization Review components removed from the 2024 TQS?
4. New question #15: Why did OHA remove the QAPI workplan and QAPI impact analysis (Section 3) from TQS? How will these pieces be reported and evaluated in 2024 outside of TQS?
5. Question #25: Clarified that CCOs don’t need to formally report discontinuation for retired projects.
6. Question #32: Updated list of priority populations to include those listed in the Regional Health Equity Coalition Oregon Administrative Rule and Oregon Health Plan members in life transitions as identified in Oregon’s 1115 Medicaid waiver.

Project ID # list

1. Updated list to include project ID numbers for new projects from 2023.