# 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

## Contents

## Overview and submission process

### 1. What does TQS mean?

Transformation and Quality Strategy

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

The 2024 TQS (covering January–December) is due July 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. CCOs may not resubmit the TQS after the CCO has received its written assessment from OHA, unless the CCO has received a corrections letter.

### 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-2024 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 in the CCO Contract Deliverables Portal. (The submitter must have an OHA account to access the portal.)

### 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 CCO quality deliverables, and respond to partner (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. 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; peer learning events; CAC best practices document, etc.

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

The entire TQS (Sections 1 and 2), scores and written assessments will be posted on OHA's TQS webpage. 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 after the CCO redaction period ends (early October). 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 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 TQS submission date. Sending a sample is NOT REQUIRED. Your CCO may submit your sample project any time after February 1 when guidance is posted. The timeline to receive feedback from OHA will depend on how many CCOs submit samples and which TQS components those samples address. Samples must be submitted to the OHA Transformation Center (Transformation.Center@odhsoha.oregon.gov) **by June** 15. CCOs may also ask specific questions about projects and components during monthly office hours or by email any time (Transformation.Center@odhsoha.oregon.gov).

## 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 Health Equity: Data, Grievances and Appeals, Social Determinants of Health & Equity, and Utilization Review components removed from the 2024 TQS?

To reduce duplication with other CCO deliverables , OHA is not requiring TQS projects for the following components in 2024:

- **Health Equity: Data** – Now that CCOs are required to use REALD data in all 2024 TQS projects, we no longer need a separate project to move work forward in this area.
- **Grievances and Appeals** – In 2023, all CCOs earned a full score for this component. OHA will focus G&A assessment on the information collected through Exhibit I.

- **Social Determinants of Health and Equity** – To increase CCO capacity for other currently required SDOH-E work (health-related social needs covered services, the social needs screening and referral incentive metric, etc.), OHA will not require a TQS project focused on SDOH-E. OHA encourages CCOs to continue to work in this area.
- **Utilization Review** – To reduce duplication, OHA will use existing CCO deliverables to collect the information needed to assess CCOs' utilization review programs. In addition, because the Medicaid Efficiency Performance Program (MEPP) is no longer part of CCOs' performance-based reward calculation, reporting on use of the MEPP tool is no longer required (though the tool is still available for CCOs' quality improvement work).

## 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. 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 that isn't part of TQS reporting or components, and it 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. PIP deliverable reporting for 2024 has changed. Please reach out to OHA.QualityQuestions@odhsoha.oregon.gov with questions

## 14. 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 the public. TQS is an important part of your organization's larger Quality Assurance and Performance Improvement (QAPI) program, but it does not represent the entirety of your QAPI work.

The QAPI standard was part of the 2022 compliance monitoring review (CMR) conducted by HSAG. During the 2023 CMR process, the QAPI standard was revisited by HSAG through the improvement plan process. Any remaining findings for

the QAPI standard reviewed in 2022 are outlined in the 2023 Compliance Monitoring Review reports shared with each individual CCO.

### 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?

Compliance with QAPI requirements will be evaluated through the Compliance Monitoring Reviews. The CCO Quality Assurance and Contract Oversight team will provide ongoing technical assistance and support to CCOs around the QAPI requirements in 42 CFR 438.330.

## Completing the template

### 16. What changes were made to the TQS for 2024?

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

- Updated timeline (guidance posted by February 1, submissions due July 15).
- Removed four components: Health Equity: Data, Grievance and Appeal System, Social Determinants of Health and Equity, and Utilization Review.
- Removed component prior year assessment section for all projects.
- Updated project context to clarify which pieces are relevant to new vs. continued projects.
- Removed requirement to report on close-out of discontinued projects.
- Removed requirement to attach QAPI workplan and impact analysis (previously Section 3).
- Updated submission instructions to use CCO deliverables portal (instead of email).
- Removed requirement for CCOs to have individual CCO feedback calls (will be optional in 2024).
- Added "REALD & SOGI requirements across components" section in guidance document.
- Added the requirement for CCOs to use gender identity data along with REALD data for all projects that use member-level data
- CLAS – Updated requirements and added definitions of quality improvement and transformation.
- Special Health Care Needs – Added examples of short- and long-term health monitoring measures.

### 17. 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.

### 18. 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.

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

### 20. 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.

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

If the CAC is involved in the CCO's individual transformation and quality programs and projects, this could be described in individual project narratives. OHA encourages CCOs to involve their CACs in the TQS process, but OHA doesn't prescribe a role or level of involvement.

### 22. 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.

### 23. 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.

### 24. 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.

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

In 2024, CCOs are not required to report on or close out discontinued projects.

### 26. 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 generally expected to carry over projects from the prior year, unless they have met their expected goals or other discontinuation criteria. CCOs must update continued projects each year with progress to date and new activities. It is essential for CCOs to show and OHA to have the ability to track progress toward 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.

### 27. 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 C (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 and members served (including race, ethnicity, language, disability and gender identity data).

### 28. How should we move forward with TQS activities that have been stalled due to emergent situations within a region or community?

If projects have been stalled due emergent situations within a region or community, but are continuing in 2024, CCOs should describe the effects and any progress made in the 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 the emergent situation, consider what activities your CCO can do internally to move the work forward.

### 29. 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.

### 30. 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 it shouldn't be the be-all-end-all of tracking.

### 31. 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.

### 32. Who are considered priority populations?

Priority populations include:

- Members in priority populations as defined by Regional Health Equity Coalitions (OAR 950-020-0010):

    - Communities of color;
    - Tribal communities including the nine federally recognized tribes of Oregon and other American Indians and Alaska Natives people;
    - Immigrants;
    - Refugees;
    - Migrant and seasonal farmworkers;
    - Low-income individuals and families;
    - Persons with disabilities; and
    - Individuals who identify as lesbian, gay, bisexual, transgender or queer, or who question their sexual or gender identity.
- Oregon Health Plan members in life transitions as identified in Oregon's 1115 Medicaid waiver
- Communities experiencing health disparities (as identified in the CCO's community health assessment and REALD & GI data).

### 33. Are CCOs required to include data analysis of all elements (race, ethnicity, language, disability and gender identity) of REALD & GI on every project?

Yes, CCOs are required to analyze all elements of REALD & GI 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. As sexual orientation data isn't yet available from the repository, CCOs aren't required to include this analysis in 2024 TQS projects.

### 34. Regarding use of REALD & SOGI data, what should CCOs do about small populations? May CCOs roll up into the "parent" or intermediate categories?

OHA expects CCOs to **collect and analyze** REALD & 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"). CCOs may develop **interventions** to address disparities for small populations but should follow Health Insurance Portability and Accountability Act (HIPAA) and internal CCO policies for confidentiality reporting requirements. For **TQS reporting** on projects focusing on smaller populations, CCOs may need to roll up the data into intermediate or "parent" categories or describe the work in a way that doesn't breach confidentiality. In this scenario, describe why information is being reporting with less detail in the context of the project and how the work addresses the gaps identified.

If your CCO has smaller populations in your data or community, OHA challenges you to:

- Evaluate equity impacts and suppression on erasing smaller communities.
- Consider what is known/unknown about the population.
- Address underlying needs, even when data suppression is required.

### 35. What level of data should CCOs include in TQS submissions?

CCOs must describe the rationale for the project, gap(s) identified, and supporting data in the project context. CCOs may summarize the data analysis process and findings if the summary sufficiently describes what disparities were found for which populations. CCOs must reference how their analysis addressed all aspects of race, ethnicity, language, disability and gender identity, even if that full analysis (all the data, charts, etc.) is not included in the TQS submission.

### 36. What is OHA looking for in the REALD requirement to "Include policy or programmatic recommendations to address any inequities identified"?

- CCOs may submit a policy or describe future policy changes to support efforts to address identified inequities.
- CCOs can report their programmatic changes in the project description and/or through the project activities.
    - In the brief narrative description, describe clear linkages of the activity to the inequities if it's not easily identifiable by the activity itself.
    - Include subsequent monitoring measure(s) with REALD & GI data tracking.

### 37. What should CCOs include in the "plan for using sexual orientation data when it's available"?

Because member-level sexual orientation data isn't available yet, CCOs are asked to include a plan for using this data (instead of the analysis and activities required for REALD & GI data) in each TQS project that uses member-level data. The plan for using sexual orientation data may include but isn't limited to:

- How the CCO plans to identify the population
- How the CCO plans to use the data
- What health disparities the CCO wants to address
- A plan for community engagement, research and analysis into sexual orientation disparities
- How the CCO will protect this data from misuse

### 38. What is the difference between health disparities and health inequities?

**Health disparities** are differences in health outcomes.

**Health inequities** are systematic, avoidable, unjust and unfair differences in health status and mortality rates across population groups. These differences are rooted in social and economic injustice attributed to the social, economic and environmental conditions in which people live, work and play.

### 39. With the focus on REALD, how is OHA looking at inequities based on geography?

OHA recognizes the complex relationship between REALD & SOGI demographics, geography, and health inequities. Geography plays a critical role in shaping health and development and our understanding of inequities. Currently, OHA is prioritizing work as it relates to greater gaps in health, and for the most part, those communities fall across demographics of REALD & SOGI data. When we regard rural or broader geography, OHA's focus is on applying an intersectionality framework (people represented in REALD & SOGI data intersecting with rural locations). It's critical that we prioritize our resources based on community engagement and feedback to inform where the greatest health gaps in rural areas align with REALD & SOGI data.

### 40. Which CCOs need to submit a project for PCPCH member enrollment?

The dashboard of non-incentivized metrics is posted to the CCO metrics webpage. Based on 2022 data, CCOs that didn't reach the threshold of 85% or above on PCPCH member enrollment will need to submit a project in 2024.

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

No. CCOs' self-reported data for 2023 won't be validated by OHA prior to when 2024 TQS submissions are due, so for this year, we need to use the 2022 OHA-validated member enrollment data.

### 42. 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

### 43. 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 offered an optional 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 after the redaction period ends (early October).

### 44. Will OHA review and score Section 2?

There is no formal scoring for Section 2 (supporting information). Any supporting information attached will be evaluated as part of the projects they support in Section 1.

### 45. 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.

### 46. 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 in the CCO Contract Deliverables Portal. (The submitter must have an OHA account to access the portal.)

The redaction log form and updated redaction guidance will be available on the CCO Contract Forms page.

### 47. 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

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

To support CCOs in completing their 2024 TQS submissions, OHA will record webinars and hold monthly office hours. Details are available on the Transformation Center's TQS TA page.

Each CCO also may choose to submit **one** sample project write-up for one of its components to OHA for feedback prior to final submission. 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. Submit your sample project to the OHA Transformation Center (Transformation.Center@odhsoha.oregon.gov) any time between February 1 and June 15. The sooner CCOs submit a sample, the sooner OHA can provide feedback.

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

All TQS information is posted to the Transformation Center's TQS TA page.

### 50. Who can I contact at OHA for assistance?

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