



2025 Quality Pool Distribution Plan Template

Due: August 29, 2025

Purpose

Exh. B, Pt. 10, Sec. 4, Para. e in the 2025 Coordinated Care Organization (CCO) contract describes the requirement for each CCO to create a written distribution plan for its Quality Pool and Challenge Pool earnings. The CCO must also make its plan publicly available. The purpose of the plan is to inform the CCO's Participating Providers, including Social Determinants of Health and Equity (SDOH-E) and public health partners, about CCO strategies and processes for distribution of Quality Pool funds.

The Oregon Health Authority (OHA) has developed this reporting template to ensure CCOs meet the contract requirements and to give Participating Providers and other interested parties clear and consistent information about CCO strategies for Quality Pool distribution.

Instructions

The CCO must answer all questions in this template to satisfy the contract requirements. Supporting materials and links may be provided, but they must only supplement the answers provided in the template document. A person reading the CCO's responses provided in this template should have a clear and complete picture of the CCO's Quality Pool distribution, without reliance on any other sources.

Unless otherwise noted in a specific question, this template pertains only to Quality Pool funds received in 2025 (Distribution Year 2025) for achievement of 2024 incentive metrics (Measurement Year 2024).

All references to "Quality Pool" within this template include both Quality Pool and Challenge Pool earnings.

Process

The completed Quality Pool Distribution Plan template is due to OHA via the CCO Contract Deliverables [Portal](#) by August 29, 2025. (The submitter must have an OHA account to access the portal). The CCO must also make the completed template publicly available on its website.

OHA will review the submitted template for completeness. If any response is found to be incomplete, OHA will notify the CCO via the portal. The CCO will then have 30 days to provide the requested additional information. The CCO should not publicly post its completed template until it receives confirmation from OHA that no additional information is needed.

Questions?

Any questions about the template should be directed to metrics.questions@odhsoha.oregon.gov.

2025 Quality Pool Distribution Plan Template

CCO Name: Advanced Health

Contract Number: 161754

CCO Contact Person (name and email): Amanda McCarthy
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1. Provide an overview of the methodology and/or strategy your CCO uses to distribute Quality Pool and Challenge Pool earnings to Participating Providers, including SDOH-E and public health partners.

Advanced Health distributes Quality Pool and Challenge Pool earnings using a methodology clearly defined in provider contracts, including those for Social Determinants of Health and Equity (SDOH-E) and public health partners, and aligned with CMS and OHA guidance for MLR reporting. The process begins with the Clinical Advisory Panel (CAP), which reviews annual quality measures and the CCO's performance to recommend measure values and distributions. These recommendations are then presented to the Advanced Health Board of Directors, along with input from Advanced Health Equity members, who make the final decision on payment allocations..

Funds are allocated as follows:

- A defined portion of the Quality Pool may be withheld for specific projects or purposes, as determined annually by the SWOIPA Board.
- 40% of the remaining funds are set aside for Risk Share.
- 60% of the remaining funds are distributed to providers for numerator compliance, weighted based on three factors:
 1. Measure performance – whether the performance target was met.
 2. Population size – the size of the member population associated with the measure.
 3. Measure complexity – the number of services required to meet full numerator compliance.

Payments are tied to specific providers responsible for the numerator compliance, with advance notice provided. This methodology ensures that payments are linked to clearly defined, objectively measurable, and documented quality or clinical standards, compliant with CMS MLR rules.

2. Describe your CCO's process for evaluating the contributions of Participating Providers and how they may qualify for CCO distribution of Quality Pool earnings.

Advanced Health evaluates contributions on a measure-by-measure basis, focusing on whether providers meet numerator compliance for the applicable quality metrics. Participating providers qualify for distribution if they:

- Are responsible for delivering the services required to meet the measure's numerator.

2025 Quality Pool Distribution Plan Template

- Achieve the performance targets defined in their contract and the Quality Pool methodology.

The CAP recommends measure values and distribution amounts each year, which the Board then approves. Payments are calculated using the weighting methodology for measure performance, population size, and measure complexity. For measures without a defined numerator population or where paying for numerator services could create unintended incentives (e.g., the Cigarette Smoking Prevalence measure) the funds may be allocated to organizations responsible for collecting or monitoring data, or engaged in broader quality improvement initiatives. Additionally, funds may be allocated to organizations engaged in quality improvement efforts across the healthcare ecosystem.

3. Does your CCO's distribution strategy consider payments made previously to Participating Providers (such as up-front funding to a clinic or non-clinical partner that is intended to help the CCO achieve metrics related to the Quality Pool)? If yes, please describe.

Advanced Health's distribution methodology does not adjust Quality Pool payments based on prior funding provided to Participating Providers. The allocation for each measure is determined independently based on numerator compliance, population size, and measure complexity, as described in provider contracts. This ensures that all payments are linked to objective, documented performance measures and are compliant with CMS MLR rules. Prior-year attribution methodology may inform discussions, but it does not directly influence payment amounts.

4. Describe any changes your CCO plans to make to its process for distributing Quality Pool funds in future years (beyond MY2024).

Advanced Health has updated its distribution methodology to align with CMS and OHA MLR guidance, and this methodology will continue in future years. Recent changes include:

- Incorporating contractually defined numerator compliance payments rather than "floor payments" not tied to quality measures.
- Applying the weighted distribution methodology (measure performance, population size, measure complexity) to all payments.
- Clearly documenting performance standards, performance periods, and dollar amounts in contracts to ensure MLR compliance.
- Sending a yearly notice to contracted providers outlining which metrics will be incentivized for the year, ensuring transparency and alignment with CMS requirements. These updates ensure transparency, compliance with CMS MLR rules, and alignment of financial incentives with quality care.

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2025 Quality Pool Distribution Plan Template

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5. **Please provide a link to where the 2025 Quality Pool Distribution Plan (this document) will be publicly available on your CCO's website.**

<https://advancedhealth.com/providers/quality-improvement/>