



Arkansas
External Quality Review Organization (EQRO)

RFP#: 710-20-0015

Submitted by: Qsource

Technical Proposal-Electronic Copy

Authorized Negotiators

Dawn M. FitzGerald
Chief Executive Officer
Phone: 615.574.7250
dfitzgerald@qsource.org

Craig Hofer
Chief Financial Officer
Phone: 901.273.2647
chofer@qsource.org

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E.1 Minimum Vendor Qualifications

Experience and Competence



Qsource

Qsource has been a leader in healthcare quality improvement (QI), independent quality review, and health information analysis for more than 46 years, and is a federally designated Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Qsource is an External Quality Review Organization (EQRO) contracted in Florida, Ohio and Tennessee to provide independent evaluation of managed care organizations (MCOs) operating under both Medicaid and State Children's Health Insurance Program (SCHIP) waivers. Qsource has provided independent, external review of the quality of services for a combined 22 years.

Founded in 1973, Qsource is a private, nonprofit 501(c)(3) healthcare QI and information technology consultancy. As an EQRO, Qsource helps to ensure that Medicaid managed care members receive the right care, at the right place, at the right time. Qsource's mission is to create and enhance programs, services and collaborative relationships that improve healthcare quality. Qsource has experience working with Arkansas Medicaid on previous utilization review and prior authorization contracts. We currently are the Arkansas Trauma Quality Improvement Organization under the Arkansas Department of Health.

Qsource knows Arkansas, Arkansas healthcare providers, consumers, and stakeholders, because we live here, work here, and seek care here, just like those we serve. The Qsource team will assist Arkansas Medicaid recipients receive the right care at the right time, care that is safe, effective, and efficient. The Qsource team's shared goal is to improve health outcomes for Arkansas' Medicaid population.

The National Committee for Quality Assurance (NCQA) is an independent, not-for-profit organization dedicated to improving healthcare quality through measurement, transparency and accountability. NCQA is a leader in quality oversight and improvement initiatives at all levels of the health care system, from evaluating entire systems of care to recognizing individual providers that demonstrate excellence. With more than 20 years' experience supporting state and federal agencies with consulting and technical assistance on a variety of health care quality initiatives and projects, NCQA offers the Qsource team one-of-a-kind subject matter expertise on a consultant basis.



NCQA maintains familiarity with the Arkansas Department of Human Services (DHS) Provider-Led Arkansas Shared-Savings Entities (PASSE) program and is eager to lend support with integrating and monitoring Medicaid quality of care, in compliance with federal rules and guidelines.

Our team's expertise and capabilities described in this proposal provide the foundation for a quality-driven, collaborative endeavor with the Arkansas Department of Human Services, Division of Medicaid Services (DHS) to achieve healthcare QI for the State of Arkansas. We are equipped with the experience, staff and capacity to fulfill the duties associated with the External Quality Review (EQR) activities outlined in the request for proposal (RFP) # 710-20-0015.

The following concepts, as outlined in this proposal, are what we know are the keys to a successful EQR contractor:

- ◆ Experience
- ◆ Local Presence
- ◆ Efficiency in Operations
- ◆ Demonstrated Performance
- ◆ Customer Satisfaction
- ◆ Commitment to Quality

Competent, Knowledgeable, and Experienced

Qsource has a staff of 90 team members offering a compendium of expertise in medical and dental quality review; program management; contract management; program evaluation; data collection and validation; data and statistical analysis; QI and performance improvement; contract audits; clinical care; HEDIS, NCQA Accreditation and CAHPS; provider education and training; detail and summary report production; and the entire lifecycle of performance measurement, including design, implementation, testing and reporting. Our team’s expertise is matched by its longevity, as demonstrated by our high retention rates (over 97% over the past 3 years) and our staff members’ years of service.

Qsource is exceptionally qualified to serve as the EQRO for the Arkansas DHS. Our team has a combined twenty year service history with TennCare Medicaid and the state’s Children’s Health Insurance Program (CHIP), CoverKids, in the State of Tennessee, two years with Florida Healthy Kids Corporation (FHKC), recent State of Ohio initiation, our 12-year service history with the State of Arkansas, and our 46 years as a CMS-designated QI organization (QIO). Through 12 CMS Scopes of Work (SoWs), Qsource has become a recognized leader in QI and the methodologies necessary to effect sustainable improvements in health status for Medicare and Medicaid beneficiaries.



Qsource has provided an independent, external review of the quality of services provided by the FHKC program (part of the state’s CHIP), and the States of Ohio and Tennessee’s CHIP and Medicaid Plans for a combined 22 years. Prior to each EQR task, Qsource collaborates with the contractor to develop work plans, tools and report templates. Qsource annually revises these task-specific materials to ensure quality and timeliness of care for enrollees and ongoing contractual and regulatory compliance for the Plans.

The federally mandated EQR-related activities that Qsource conducts annually include the annual compliance assessment, performance measure validation, and validation of performance improvement projects. We also prepare the CMS-required Annual EQRO Technical Report for all contracts.

In addition to the federally mandated activities, the Qsource team has experience in several Medicaid projects. Qsource project reports for Tennessee include quarterly Provider Data Validation, Healthcare Policy review, Medical Record Review, Abortion Sterilization and Hysterectomy review, Focus Studies, HEDIS-CAHPS, D-SNPs; and Encounter Data Validation for Florida.

Through consultancy, NCQA supports clients with the following:

- ◆ New measure development, including testing, and manual specifications
- ◆ Measure selection and alignment (for pay-for-reporting, pay-for-performance, oversight, public reporting)
- ◆ Quality measure data analytics leveraging both qualitative and quantitative methods
- ◆ Research and focused studies
- ◆ Literature reviews and environmental scans
- ◆ Performance measure benchmarking
- ◆ Data collection and validation
- ◆ Program development and operations
- ◆ Quality rating system methodology design and implementation
- ◆ Report cards and consumer guides
- ◆ Consensus building and learning collaboratives

Qsource’s EQRO staff members have specific experience in the epidemiological and statistical measurement of health and service indicators in defined populations, including dental, behavioral health and long-term care, to support the requirements in this contract. This expertise includes in-depth understanding of the scope and methodologies of data collection, data analysis, and social and economic factors that affect the interpretation of data. **Table 1** includes team members’ years of experience relevant to contract requirements.

Table 1. Team Members’ Experience in Years					
Team Members	Medicaid/ dual-eligible beneficiaries, policies, data systems & processes	Managed care & M/M plan delivery systems, organizations & financing	Quality assessment/ improvement methods & QM/QI	Research design &/or methodology & statistical analysis	Meaningful and EQR appropriate Technical Report writing
John Couzins, MPH, CHCA	18	18	18	20	15
Swapna Mehendale	12	12	10	12	10
Suzie Clymer, RN, MSN	10	1	10	1	1
Rebel McKnight	8	5	16	5	4
Kelly Agee, MS, BA	5	5	6	11	11
Prashanth Musuku, MS, CHCA	1	1	0.5	4	1
NCQA Team Consultants					
Sepheen Byron, MHS	14	14	20	20	
Laura Howard, BS	20	5	5	5	
Tyler Oberlander, BA	8	8	8	8	

The Qsource team will deploy additional corporate resources as an effective way to regulate costs and successfully run the contract, including the additional allocation of EQR staffing during peak audit and report production, effective utilization of corporate staff as needed and the use of expert consultants, resources, tools and technologies to assist with its contract management, program evaluation and review activities.

These additional resources include but are not limited to:

- ⦿ Nurses
- ⦿ Physicians
- ⦿ Marketing Professionals
- ⦿ QI Experts
- ⦿ Pharmacist
- ⦿ Auditors

- ⊙ Project Managers
- ⊙ Accounting
- ⊙ IT Professionals
- ⊙ Admin Staff

A summary of Qsource’s key EQR attributes are presented in **Figure 1**.

Figure 1. The Qsource Advantage



Qsource highlights the following elements as evidence of Arkansas EQR-relatable competencies. Through our EQR contracts and prior experience of our staff we have gained expert knowledge of Medicaid Managed Care.

Knowledge of service evaluation of populations with Acute and Chronic Illnesses, including Behavioral Health and Intellectual and Developmental Disabilities (IDD)

Qsource has conducted many evaluations of populations with acute and chronic illness. Some of these include behavioral health evaluations and data mining regarding antipsychotic use in the

elderly, opioid use, chronic management of cardiac disease, diabetes and antibiotic use. TennCare accesses our skills for waiver evaluation, inclusive of IDD populations. Qsource implements disease management projects across multiple states, including diabetes and end-stage renal disease where we monitor progress of previously implemented interventions.

In 2007, the Department of Finance and Administration Bureau of TennCare (TennCare) Long Term Care Division (LTC) contracted with Qsource as the External Quality Review Organization (EQRO) for the State of Tennessee Medicaid program to conduct an assessment to determine the extent to which Home and Community Based Services (HCBS) providers are in compliance with those elements set forth under the authority of §1915 (c) of the Social Security Act, Home and Community-Based Services Waiver Application Version 3.3, and HCBS provider contracts.

Qsource worked collaboratively with TennCare to develop the evaluation tools used to assess Statewide HCBS providers. The results of these efforts led to 11 reports including this one, one for each of the nine Area Agencies on Aging and Disability (AAAD), and one for the AAAD oversight agency the Tennessee Commission on Aging and Disability (TCAD).

Experience with, and knowledge of, the Medicaid and CHIP programs and Federal rules and regulations as they relate to medically and categorically needy program

Qsource currently provides external review of the quality of services provided by the Florida Healthy Kids program (part of the state’s CHIP), the State of Tennessee’s CHIP and Medicaid Plans, and the State of Ohio Medicaid and MyCare Ohio programs. Our knowledge of the medically and categorically needy program has expanded as we’ve performed these reviews, shared feedback and gone on to teach others about the regulations.

Understanding of the Arkansas Medicaid environment

As a precursor to our proposal to perform EQR work in Arkansas, Qsource performance in-depth research, reviewed program materials online, and interviewed local team members to gain firsthand knowledge of the local Medicaid environment. Our proposal offers Arkansas DHS an experienced, multi-state EQR organization that has Arkansas-based project and program-level staff entwined with Medicaid provider and stakeholder populations throughout Arkansas on a routine basis.

Knowledge of quality assurance methodology and standards for managed care

Qsource has been a learner, teacher, enforcer and monitor of quality assurance (QA) methods for as long as we’ve been in business. While we go a step further into QI, we always ensure QA is a loyal part of our Quality Management System. Some examples of the QA methodology we integrate into each and every strategy, task and/or activity include: benchmarking, process re-engineering, ISO accreditation, comparison diagrams, work instructions, specifications, statistical sampling, and of course Six Sigma—every Qsource team member is trained toward a “belt.”

At the Plan level, QA is monitored through auditing and examination procedures and evaluating their quality program, complaint/appeal program, availability and accessibility. Utilization review is also included.

Knowledge and understanding of protocols for EQR of Medicaid managed care organizations

Federal regulations at 42 CFR Part 438, subpart E (External Quality Review (EQR)) set forth the parameters that states must follow when conducting an EQR of its contracted managed care organizations (MCOs) and prepaid inpatient health plans (PIHPs). Qsource has performed every mandatory and optional protocol CMS has released. The 2012 regulations, including three mandatory and five optional protocols, and are what we are accustomed to utilizing in our EQR contracts in FL, OH and TN, but revised regulation training is on the horizon.

There are few people who know the EQR Protocols better than the Qsource EQRO Director John Couzins and Protocol SME, Swapna Mehendale. Both share their knowledge through training and education to local EQR teams, States, and partners. Qsource also uses independent learning methods passed on via EQR Division team meetings.

Knowledge and experience with value-based contracting and purchasing strategies, and quality performance measurements with risk mitigation.

Qsource has a history of working with established ACOs and state/national programs, like Comprehensive Primary Care (CPC) initiatives, in our region. Through both of these models and the federal Quality Payment Program (QPP) initiative, Qsource gained knowledge and experience with multiple insurers as part of value-based care arrangements.

Qsource EQRO and Practice Solutions divisions are at the elbow in clinician offices assessing, evaluating, and monitoring performance under Ohio's CPC and CMS' national CPC+ models, while we are a technical assistance hub for QPP and regional ACOs. In Ohio, we ramped up our customized CPC monitoring tools, technology and well-trained staff within four months and have conducted 250 desk reviews in conjunction with 84 onsite visits, so far.

Qsource has served in Tennessee as the facilitator and technical assistance contractor for more than 3 years with the CPC+ initiative. Providing practice transformation in a national advanced primary care medical home model, CPC+, aims to strengthen primary care through regionally-based multi-payer payment reform and care delivery transformation. CPC+ seeks to improve quality, access, and efficiency of primary care. Practices make changes in the way they deliver care, centered on key Comprehensive Primary Care Functions: (1) Access and Continuity; (2) Care Management; (3) Comprehensiveness and Coordination; (4) Patient and Caregiver Engagement; and (5) Planned Care and Population Health. As of 2019, 23 Tennessee practices were eligible and retained at least part of performance based incentive payment (PBIP) funding.

Some our most fruitful and rewarding work includes wading through the cadre of measures and strategies pushed out to clinicians to find the intersection where varying program measures and strategies cross insurers to help reduce or mitigate the risk to value-based consumers. The Qsource team has the unique ability to tailor our knowledge to state-specific programs and cross-pollinate our experience to the benefit of any program we serve, like the Delaware Medicaid Managed Care program.

Qsource was one of the first organizations to partner with Aledade. Founded by the former CMS National Coordinator, Farzod Mostashari. Aledade provides a value-based ACO network for independent physician practices. Qsource recruited and provided technical assistance to participating practices resulting in improved patient outcomes and reductions in spending.

Qsource, as a technical assistance contractor for CMS QPP, works with small, underserved, and rural practices. These small practices have limited resources and thus require a good amount of assistance. We work with them on internal initiatives specific to their practice to enhance their quality of care and maintain/earn Medicare reimbursement.

EQRO Assessment Performance for Other State Agencies

As the EQRO for TennCare and CoverKids, Qsource has provided technical assistance and quality assurance review of managed care health and dental plans through audits, surveys and analyses using the required EQR Protocols as well as optional and state-directed mandated activities:

- ◆ Assessing Compliance with Medicaid and CHIP Managed Care Regulations
- ◆ Performance Measure Validation (PMV)
- ◆ Performance Improvement Project (PIP) Validation
- ◆ Provider Network Adequacy and Benefit Delivery Reviews (ANA)
- ◆ Abortion, Sterilization and Hysterectomy Compliance with Federal Guidelines Audits
- ◆ Long-Term Services and Support Compliance and Satisfaction Survey Analysis
- ◆ Annual Focused Studies
- ◆ Ongoing technical assistance and face to face all-Plan meetings annually

As the EQRO for FHKC's CHIP program, Qsource has performed EQR services for FHKC's three dental and three (previously five) medical Plans:

- ◆ Assessing compliance with CHIP Managed Care Regulations
- ◆ Annual PMV
- ◆ Quarterly and annual PIP validation
- ◆ Quarterly EDV
- ◆ Ongoing technical assistance through routine all-Plan meetings, teleconferences and face-to-face meetings

Further, Qsource has collaborated with FHKC to offer additional services, at times at no or low cost, to include readiness reviews for future procurement activities. This has included network adequacy analyses and member impact reports due to health plan transition. Qsource has been instrumental in efforts to align CHIP and Medicaid data reporting systems to ensure a cohesive and reliable Medicaid/CHIP data collection system.

Qsource began providing EQR services for the State of Ohio in mid-2019. Under this contract, our services include several protocols, as well as state-specific program monitoring, evaluation and assistance:

- ◆ Assessing Compliance with Medicaid and CHIP Managed Care Regulations
- ◆ Targeted Reviews
- ◆ Comprehensive Primary Care program monitoring
- ◆ Development and maintenance of a Deeming Crosswalk
- ◆ Information System Capabilities Assessment
- ◆ Technical Assistance

The Qsource team is experienced in providing seamless program implementation and can provide valuable assistance to DHS and its Arkansas Dental Managed Care Organizations (DMO) and Provider-Led Arkansas Shared Savings Entities (PASSE) Plans. We are keenly aware of the many challenges associated with maintaining high-quality, cost-effective insurance programs, identifying best practices and how best to integrate them into DHS’s EQRO services.

Verification of Experience and Competency

Qsource’s client base includes the Centers for Medicare & Medicaid Services (CMS); the States of Arkansas, Florida, Ohio, and Tennessee; and multiple private and nonprofit entities. Qsource maintains six offices in five states: Memphis and Nashville, Tennessee; Indianapolis, Indiana; Louisville, Kentucky; Kansas City, Missouri; and our subsidiary in Little Rock, Arkansas.

Table 2 includes Qsource’s projects undertaken and clients served in the past 5 years that are similar to those in this contract.

Table 2. EQRO – Contract Evidence	
EQRO: State of Tennessee	
Contracting Organization	Bureau of TennCare, State of Tennessee Department of Finance and Administration
Business Address	310 Great Circle Road Nashville, TN 37243
Contracting Officer Name, Title	Karly Campbell
Telephone Number	615-507-6902
Email Address	karly.campbell@tn.gov
Contract Total Value	\$9,884,976
Period of Performance	10/1/2005–9/30/2020 (subcontractor 2000-2005)
Description of Activities	
<p>As the EQRO for TennCare and CoverKids, Qsource has provided technical assistance and quality assurance review of managed care health and dental plans through audits, surveys and analyses using the required EQR Protocols as well as optional and state-directed mandated activities:</p> <ul style="list-style-type: none"> ◆ Assessing Compliance with Medicaid and CHIP Managed Care Regulations ◆ Performance Measure Validation (PMV) ◆ Performance Improvement Project (PIP) Validation ◆ Provider Network Adequacy and Benefit Delivery Reviews (ANA) ◆ Abortion, Sterilization and Hysterectomy Compliance with Federal Guidelines Audits ◆ Long-Term Services and Support Compliance and Satisfaction Survey Analysis ◆ Annual Focused Studies ◆ Ongoing technical assistance and face to face all-Plan meetings annually ◆ Analyzing Data from Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Results ◆ Conducting Provider Satisfaction Survey ◆ Analyzing Relative Resource Use (RBU) ◆ Annual Technical report, Impact Analysis, Health Policy Report <p>Number of Staff & Qualifications: ~7.8 FTEs with combined EQRO experience of over 50 years. Qualifications include epidemiologist, Certified HEDIS auditors, NCQA Accreditation and CAHPS expertise, CMS EQRO protocol expertise, research, research design and qualitative and quantitative data analysis, MCO system, quality review protocols and procedures, clinical expertise, measures and benchmarking, technical writing and presentations</p>	

Table 2. EQRO – Contract Evidence

Technical Environment: Qsource, TennCare and Plans function both virtually and in-person through a variety of modes. Technologically, web-based tools are used in assessments, reporting, and data sharing. Tools include Microsoft SharePoint and internally created workspaces with a similar platform.

Volume of Members: As of December 2019, 1,413,940 were enrolled in TennCare

Relevance to This Contract

Qsource currently serves as the prime EQRO for the State of Tennessee, Division of Health Care Finance and Administration, Bureau of TennCare. Qsource provides independent, external review of the quality of services available to members of both Medicaid Plans (TennCare) and CHIP Plans (CoverKids). Qsource also served as the local subcontractor for the State’s EQRO contractor, 2000 to 2005.

EQRO – Florida Healthy Kids Corporation

Contracting Organization	Florida Healthy Kids Corporation
Business Address	6610 East Jefferson Tallahassee, FL 32301
Contracting Officer Name, Title	Lindsay Lichti
Telephone Number	850-701-6131
Email Address	lichtil@healthykids.org
Contract Total Value	\$1,610,646
Period of Performance	1/1/2018–12/31/2020 Plus 3-year optional extension

Description of Activities

As the EQRO for FHKC’s CHIP program, Qsource has performed EQR services for FHKC’s three dental and three (previously five) medical Plans:

- ◆ Assessing compliance with CHIP Managed Care Regulations
- ◆ Annual PMV
- ◆ Quarterly and annual PIP validation
- ◆ Quarterly EDV
- ◆ Ongoing technical assistance through routine all-Plan meetings, teleconferences and face-to-face meetings.
- ◆ Ad hoc report
- ◆ Special projects

Qsource has collaborated with FHKC to offer additional services, at times at no or low cost, to include readiness reviews for future procurement activities. This has included network adequacy analyses and member impact reports due to health plan transition. Qsource has been instrumental in efforts to align CHIP and Medicaid data reporting systems to ensure a cohesive and reliable Medicaid/CHIP data collection system.

Number of Staff & Qualifications: ~4FTE with combined EQRO experience of over 35 years. Qualifications include epidemiologist, Certified HEDIS auditors, NCQA Accreditation and CAHPS expertise, CMS EQRO protocol expertise, research, research design and qualitative and quantitative data analysis, MCO system, quality review protocols and procedures, clinical expertise, measures and benchmarking, technical writing and presentations

Technical Environment: Qsource, FHKC and Plans function both virtually and in-person through a variety of modes. Technologically, web-based tools are used in assessments, reporting, and data sharing. Tools include Microsoft SharePoint and internally created workspaces with a similar platform.

Volume of Members: As of January 2020, ~208.000 enrollees

Relevance to This Contract

Qsource currently serves as the prime EQRO for the Florida Healthy Kids (FHKC) program, part of the state’s CHIP. Qsource provides independent, external review of the quality of services available to enrollees of FHKC three (previously five) health and three dental Plans.

Table 2. EQRO – Contract Evidence	
Qsource performs mandatory EQR services, and optional services including data analyses to provide FHKC with objective data during Plan procurement periods.	
EQRO – Ohio Medicaid	
Contracting Organization	Ohio Department of Medicaid
Business Address	50 West Town Street Columbus, Ohio 43215
Contracting Officer Name, Title	Cynthia Anderson
Telephone Number	614-752-1434
Email Address	cynthia.anderson@medicaid.ohio.gov
Contract Total Value	\$4,592,532
Period of Performance	7/29/2019–6/30/2020 Plus 5-year optional extensions
Description of Activities	
<p>Under this contract, our services include several protocols, as well as state-specific program monitoring, evaluation and assistance:</p> <ul style="list-style-type: none"> ◆ Assessing Compliance with Medicaid and CHIP Managed Care Regulations ◆ Targeted Reviews ◆ Comprehensive Primary Care program monitoring ◆ Development and maintenance of a Deeming Crosswalk ◆ Information System Capabilities Assessment ◆ Technical Assistance <p><u>Number of Staff & Qualifications:</u> 15 staff with combined EQRO experience of over 40 years. Qualifications include epidemiologist, Certified HEDIS auditors, NCQA Accreditation and CAHPS expertise, CMS EQRO protocol expertise, research, research design and qualitative and quantitative data analysis, MCO system, quality review protocols and procedures, clinical expertise, measures and benchmarking, technical writing and presentations</p> <p><u>Technical Environment:</u> Qsource, the State of Ohio and Plans function both virtually and in-person through a variety of modes. Technologically, web-based tools are used in assessments, reporting, and data sharing. Tools include Microsoft SharePoint and internally created workspaces with a similar platform.</p> <p><u>Volume of Members:</u> As of March 2018, there were 2,488,643 individuals enrolled in Medicaid and SCHIP</p>	
Relevance to This Contract	
Qsource currently serves as a prime EQRO for the State of Ohio MyCare Ohio program. Qsource provides independent, external review of the quality of services as well as additional services described above to enrollees.	

In addition, **Table 3** includes Qsource’s projects undertaken and clients served in the past 5 years that are similar to those in this contract

Table 3. Other Relevant Experience and Clients		
Client/Contract	Term	Relevance
CMS: QIN-QIO 12SoW	11/08/2019– present	QIN-QIO 12 SOW: Qsource IN working with healthcare nursing homes and communities to promote CMS’ Quality Strategy in improving healthcare quality and achieving better outcomes in health /healthcare at lower cost. Includes QI, technical assistance, data collection, analysis, surveys and performance improvement.
CMS: QIN-QIO 11SoW	8/1/2014– 7/31/2019	Qsource served as the QIN-QIO administrator for five states. Under this contract, Qsource has excelled at addressing quality of care for 4 million Medicare enrollees in Tennessee, Kentucky, Indiana, Mississippi and

Table 3. Other Relevant Experience and Clients

Client/Contract	Term	Relevance
		<p>Alabama. Qsource staff share their skills and expertise through coordinated strategies to facilitate CMS's National Quality Strategy and support CMS in efforts to change the course of healthcare in our nation. Additional Task Orders awarded include:</p> <ul style="list-style-type: none"> ◆ Adult Immunization Task: QI services to improve immunization rates— influenza and pneumonia. ◆ Behavioral Health Task: QI services to improve 1) Identification of Depression and Alcohol Use Disorder in Primary Care, and 2) Care Transitions for Behavioral Health Conditions. <p>Transforming Clinical Practice Initiative (TCPI) Task: Assisting clinicians achieve large-scale health transformation.</p>
Healthcare Data Company: HEDIS Audits	11/1/2010– present	Qsource provides an NCQA-certified lead auditor to conduct HEDIS Compliance Audits. The lead auditor collaborates with Healthcare Data Company in developing and utilizing current HEDIS Technical Specification, tools, and working documents for conducting the audits as well as maintains a working relationship with NCQA. Under this contract, audits are conducted for Medicaid, Medicare and commercial health Plans throughout the country.
State of Arkansas: Trauma QIO	7/1/2013– present	Qsource supports the State of Arkansas's plan to strengthen the continuum of trauma care for children and adults. The focus of the Trauma QIO is to decrease preventable consequences of injury, such as death and disability, by working to promote standards in care and assuring that expectations, standards and quality measures are met. The program accomplishes this by integrating quality assurance via onsite audit, analysis of patterns of care and outcomes, and collaborative continuous QI through education and evaluation.
State of Arkansas DHS: Medicaid Therapy Retrospective Review and Personal Care Prior Authorization	7/1/2008– 6/30/2015	<p>Qsource provided review and prior authorization services including:</p> <ul style="list-style-type: none"> ◆ Retrospective review of medical records to determine if occupational, physical and speech therapy services delivered to Medicaid beneficiaries under age 21 and reimbursed by Medicaid meet medical necessity requirements ◆ Prior authorization (PA) review for personal care services for Medicaid beneficiaries under age 21: initial and extension of benefits for the Personal Care U/21 program

Vendor References

Qsource provides our references for similar contract work in **Table 4**, with letters of reference located in [Appendix A](#).

Table 4. Qsource References

Contract Name	EQR TennCare Contract	EQR FHKC CHIP Contract	Healthcare Data
State	Tennessee	Florida	Wisconsin, Washington, Idaho, Utah, Oregon, Kentucky, South Carolina, Missouri
Medicaid, CHIP, and/or Commercial	Medicaid (TennCare) & CHIP (CoverKids)	CHIP	Medicaid, Medicare, & Commercial
Contract Begin Date	10/1/2005	1/1/2018	11/1/2010

Contract End Date	9/30/2020	12/31/2020	11/30/2020
Area of Contract	Statewide	Statewide	National
Compensation Under Contract	Fixed fee	Fixed fee	Fixed fee
Services Provided	EQR services	EQR services	HEDIS audits
Contract Manager	Karly Campbell	Lindsay Lichti	Paul Ackroyd
Contact Phone	615-507-6902	850-701-6131	717-458-0554
Contact Email	karly.campbell@tn.gov	lichtil@healthykids.org	pjackroyd@HDCdata.com

Sanctions or Corrective Actions

Qsource certifies by signing Section 2: Vendor Agreement and Compliance page that we have had no notices of concern, corrective action, sanction, or termination by a state or federal government, or a private entity with which we contract, within the last 10 years. The signed page is in [Appendix B](#).

Adverse Medicaid Managed Care Program Occurrence

Qsource certifies by signing Section 2: Vendor Agreement and Compliance page that we have had no adverse Medicaid managed care program occurrences. The signed page is in [Appendix B](#).

Bondability

Qsource’s Letter of Bondability is located in [Appendix C](#).

Subcontractors

Qsource confirms that we meet the requirements defined in the Vendor Minimum Qualifications, including requirements for independence. There will be no subcontractors on the Qsource team.

E.2 Professional Knowledge and Vendor Independence

Professional Knowledge and Access: NCQA, HEDIS, QC, CAHPS

In Qsource’s EQRO role, we have provided quality assurance review of managed care plans’ NCQA standards during its annual audits and surveys. This has included constructing crosswalks between managed care organizations contractual obligations and NCQA Accreditation standards to maximize efficiencies and reduce administrative burden to satisfy EQRO Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations and EQRO 4: Validation of Network Adequacy. Annually, Qsource reviews NCQA’s Accreditation Standards, MCOs accreditation status and contractual obligations. Qsource has created deeming crosswalks that have successfully spanned over multiple years and incorporated contract obligations that may vary

between different MCOs. This results in a most efficient process to reduce duplication of activities and exceed the expected EQRO Protocols.

Since 2005, Qsource has prepared an annual comparative analyses of HEDIS and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures for MCOs. Qsource maintains an annual license to NCQA's Quality Compass annually and incorporates results within accordance to licensing restrictions. Qsource prepares a report comparing audited HEDIS results extracted from NCQA's Interactive Data Submission System (IDSS). These measures are integrated into a report where data are benchmarked relative to national and regional Quality Compass results as well as state-based performance expectations. Qsource carefully utilizes Quality Compass to determine trending capacity and accurately details the ability to trend results over measurement years.

Qsource employs two Certified HEDIS Compliance Auditors (CHCAs) that have, collectively, conducted HEDIS audits for sixteen years for commercial, Medicare and Medicaid plans nationally. John Couzins, CHCA is currently a member of NCQA's HEDIS expert panel for the development of the Electronic and Clinical Data System measures.

Our CHCAs have also successfully utilized their HEDIS audit expertise to conduct Protocol 3: Validation of Performance Measures. They are fully competent to extend the HEDIS audit process to validate performance measures from any measure developmental organization including the CMS and Agency for Healthcare Research and Quality.

Qsource consultant NCQA serves as the measure steward for the Healthcare Effectiveness Data Information Set (HEDIS^{®1}), which is one of the most widely used performance improvement tools including over 90 measures across six domains of care. HEDIS measures are specified by population (Medicare, Medicaid, Marketplace and Commercial). NCQA's flagship program, Health Plan Accreditation, is the only performance-based accreditation program in the nation and requires submission of audited clinical quality performance (HEDIS) and patient satisfaction results (CAHPS). All health plans submitting HEDIS data to NCQA (for Accreditation or otherwise) must undergo a HEDIS Compliance Audit to verify the integrity of the collection and calculation processes, and further ensure apples-to-apples comparisons.

A member of the Qsource team, NCQA annually publishes Quality Compass, an interactive online database that includes health plan-specific information on performance along with national and regional performance benchmarks. States and payers often rely on Quality Compass to support agency quality oversight efforts, as well as public reporting efforts for state report cards, pay-for-performance (P4P) and value-based purchasing (VBP) arrangements. In addition to helping agencies use and understand NCQA's standardized benchmarks, NCQA is also an expert in helping clients establish benchmarks, which is critical for performance improvement projects and VBP initiatives. NCQA applies robust methodology considerations when developing and defining performance benchmarks.

¹ HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Vendor Independence

Qsource is independent from State Medicaid and from all Managed Care organizations that we review. As an independent, Qsource certifies that we:

- ◆ do not have Medicaid purchasing or managed care licensing authority;
- ◆ are governed by a Board whose members are not government employees;
- ◆ will not review a particular MCO, PIHP, PAHP, or PCCM entity if either Qsource or the MCO exerts control over the other through stock ownership, stock options and convertible debentures, voting trusts, common management including interlocking management, and contractual relationship;
- ◆ will not deliver any healthcare services to Medicaid beneficiaries;
- ◆ will not conduct on the State of Arkansas' behalf, ongoing Medicaid managed care program operations related to oversight of the quality of MCO, PIHP, PAHP, or PCCM entity services, except for the related activities specified in 42 CFR 438.358;
- ◆ will not review any MCO, PIHP, PAHP, or PCCM entity for which we have conducted an accreditation review within the previous three years; and
- ◆ do not have a present or known future, direct, or indirect financial relationship with an MCO, PIHP, PAHP, or PCCM entity that we will review.

Qsource certifies that our proposed staff assigned to a resultant Arkansas External Quality Review Organization contract have not been employed by any of the DMOs or PASSEs listed in the Request for Proposal for at least three years prior to the date of this bid. Those DMOs and PASSEs include:

- ◆ Delta Dental;
- ◆ MCNA (Managed Care of North America, Inc.);
- ◆ Arkansas Total Care (AR Health and Wellness Health Plan/Centene);
- ◆ Empower (Beacon Health Options, Inc.); and
- ◆ Summit (Arkansas Provider Coalition/ Amerigroup Partnership Plan LLC/Anthem).

Qsource certifies, without limitation or qualification, to such independence by signing the Section 2: Vendor Agreement and Compliance page ([Appendix B](#)) in the Technical Proposal Packet. Qsource makes the required disclosures to ensure we are independent, as defined in 42 CFR §438.354(c).

Qsource has a comprehensive compliance program which includes stringent code of business conduct and conflict of interest requirements for its employees, board members, consultants, sub-contractors and the organization. All employees, board members, consultants, are required to complete a Conflict of Interest Disclosure at the time of on boarding and annually thereafter. Disclosure must be updated as changes occur. Each disclosure form is reviewed by Qsource's Compliance Officer for potential Conflict of Interest. In the event a potential conflict of interest occurs and cannot be mitigated, the individual must divest them self of the conflict or be terminated.

Qsource is leveraging expertise from NCQA in a consultant capacity to maximize expertise and offerings to Arkansas DHS. All subject matter experts with which we are leveraging meet the CMS

conditions for qualification, as described in 42 CFR § 438.354 and further detailed in 42 CFR § 438.356.

By way of disclosure, NCQA is an independent, non-profit, national accrediting organization for health plans and provider organizations. NCQA supports state and federal agencies under contract on quality activities outside the scope of accreditation review, such as technical assistance on performance measures, data collection, sampling and validation methodologies, data analytics, quality ratings and focused studies.

Currently, no Provider-Led Arkansas Shared Savings Entity (PASSE) maintains or is pursuing NCQA Accreditation. Further, NCQA does not provide consultative services to organizations it assesses to avoid any perceived or real conflict of interest with its role as an independent evaluator of health care performance.

E.3 Overview: Scope of Work

Qsource provides its responses to all Information for Evaluation components provided in the Technical Proposal Packet in this section. Year 1 deliverables encompass the federally mandated EQR activities as well as our ongoing participation in DHS's efforts to prevent, detect, and remediate critical incidents based on the requirements for home and community-based waiver programs, grievance and appeals process review, analysis of the PASSE's efficacy, and any additional activities agreed upon by Qsource and DHS. Year 2 and subsequent contract year deliverables include the required CMS activities but at a more granular level, underscoring program improvement for DHS's DMOs and PASSEs and reviewing outcome data. Analysis will be at the DMO/PASSE level as well as at the statewide level, offering effectiveness evaluation and comparison among the DMOs' and PASSEs' performance. Also part of year 2 activities are utilization and credentialing reviews, independent PIPs based on DHS or Qsource identified quality or utilization concerns, a focused study assessing children and youth experiences in foster care (quality of health services), one-time studies necessary for clinical or nonclinical services, and additional activities suggested by CMS, DHS, or Qsource.

Approaches for Formulating Study and Sampling Methodologies & Audit and Data Collection Tools

Mandatory Activities

Activity 1

Validation of performance improvement projects required in accordance with 438.330(b)(1) that were underway during the preceding twelve (12) months

Qsource performs performance improvement project (PIP) validations with guidelines set forth in Title 42 of the Code of Federal Regulations (CFR), Part 438.240(b)(1). A PIP Summary Form and Validation Tool will be developed to standardize the process by which each MCC provides PIP information and how that information is assessed. The PIP Summary Form will collect information related to PIP activities like study topic, population group, sampling methods, data collection and analysis, interventions and sustained improvements. Once the forms are received, the PIPs are validated using a Qsource developed validation tool. This tool will contain elements for each PIP activity and are evaluated as met, not met, or not assessed. To ensure a valid and reliable review,

some elements are designated as critical which are necessary to be met, when applicable, for the MCC to produce an accurate and reliable PIP. With the importance of the critical elements, any critical element that receives a not met status results in an overall validation status of not met and would require future revisions of the PIP. Overall validation status is determined by the percentage score of all elements met as well as whether all applicable critical elements were met. As part of the validation process, Qsource also notes strengths, suggestions, and areas of noncompliance (AONs) for each MCC. When a PIP activity receives an AON, Qsource would provide technical assistance to help the MCC follow CMS protocol and revise the PIP as needed to improve performance and, thereby, the efficacy of the study.

Activity 2

Validation of MCO, PIHP, or PAHP performance measures required in accordance with 438.330(b)(2) or MCO, PIHP, or PAHP measures calculated by the State during the preceding twelve (12) months

Qsource will conduct the performance measures validation by reviewing the MCC submitted HEDIS roadmap prior to the onsite visit. The performance measures are usually chosen by the State agency or Qsource could select the measures that are trending in the health care industry or have an impact on majority of MCO members. Onsite, Qsource will perform information systems capabilities and HEDIS measure determination assessments. For information systems assessment, claims, enrollment, practitioner, and other supplemental data sources and processes will be reviewed. Qsource conducts medical record review if applicable based on the measures. A demonstration is requested onsite about data integration and reporting. As a part of HEDIS determination assessment, Qsource reviews the algorithm and rate calculations, identification of denominators and numerators, sampling methodology, and vendor oversight process. In addition, Qsource auditors analyze computer systems, data files, data samples, and conducts staff interviews. The measures are assigned a designation as either R (reportable), NR (not reportable), NA (small denominator), NB (no benefit), NQ (not required), BR (biased rate), UN (un-audited) and a report is produced.

Activity 3

Perform a review, conducted within the previous 3-year period, to determine the MCO's, PIHP's, or PAHP's compliance with the standards set forth in subpart D of this part and the quality assessment and performance improvement requirements described in 438.330

Qsource will conduct a quality assessment and performance improvement review (QAPIR) which is defined by state-specific quality process (QP) standards and performance activities (PAs). QP standard elements evaluate the MCO's handbooks, manuals, and policies and procedures (P&Ps) for compliance. PA file reviews assess the MCO's compliance with mandates for Utilization Management (UM) Denials; Appeals; Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Information System (IS) Tracking; LTSS Annual Level of Care Assessment; and Transition of LTSS Members Between MCOs. The QAPIR will include pre-onsite reviews, an onsite survey, and post-onsite analyses. Qsource will work closely with the State and the MCO throughout the process, develop the QAPIR tools to be used while onsite, and ensure all tools were approved by State prior to conducting the survey.

The tools and a list of required survey documents will be forwarded to the MCO during the pre-onsite phase, which gives Qsource and the MCO an opportunity to ask questions, begin documentation reviews, and prepare for the onsite visit. For PA files, the MCO will submit the files to Qsource, with the Qsource team using SAS software to randomly select 15 records for onsite review including an additional five records for an oversample. During the onsite phase, MCO staff answer questions and provide specific information to help surveyors determine the MCO's degree of compliance with contractual requirements, explore any issues not fully addressed in the documents reviewed, and increase overall understanding of the MCO's operations.

Each QP standard element and PA has an assigned point value. Qsource determines scores by dividing the total points earned for each QP standard or PA by the total possible points for each element. In addition to determining compliance scores, Qsource identifies strengths, suggestions, and/or areas of noncompliance (AONs) in MCO performance, as well as improvements the MCO has made in areas of noncompliance (AONs) identified during the previous year's survey. MCOs are required to develop a corrective action plan (CAP) for any QP standard or file review for which they did not achieve 100% compliance. Qsource will assist MCOs in completing CAPs as needed, and then submits CAP evaluations to the State for follow-up.

Activity 4

Validation of MCO, PIHP, or PAHP network adequacy during the preceding twelve (12) months to comply with requirements set forth in 438.68 and, if the State enrolls Indians in the MCO, PIHP, or PAHP, 438.14(b)(1)

Qsource will conduct an annual network adequacy (ANA) of each MCO's provider network. The review also examines the completeness of each MCO's communication with its members and providers regarding covered services. Furthermore, the availability and accessibility of primary care and specialty care services are reviewed. The ANA review methods include desk audit of MCO documents, onsite review/audit, and administrative data analysis. The information and data for the ANA review will be obtained from sources like member demographic files, enrollment files, eligibility files, complaint files from the State; provider files, ANA questionnaire, provider contracts, provider manual, member handbook, policies and procedures from the MCO.

Qsource will develop a Provider Network Adequacy and Benefit Delivery Review Questionnaire and will get completed by the MCO. This questionnaire with the policy and procedures will be used to evaluate MCO compliance with essential hospital services, contract analysis for facilities, covered benefits, and appointment availability. Qsource conducts an onsite review of provider contract for quantity (percentage of the sampled files available for review and the accuracy of the providers being included in the sample) and quality (accuracy and completeness of the contracts), evaluation of quantity and quality of LTSS credentialing and recredentialing files, interviews with MCO staff to complete the assessment of each audited area.

Qsource will request the MCO for active LTSS providers and these files will be used to generate specific provider samples to assist with onsite review process. Qsource will randomly select 10 PCPs and 10 SCPs in various regions to evaluate the quantity and quality of provider contracts using SAS software. The sample will be stratified by provider specialty type and included behavioral health (BH) providers. The sample list will be sent to the MCO seven business days prior to the onsite review. Qsource will use a worksheet during the onsite visit to determine if each

of the contracts contained specific statements required by the applicable MCO contract related to the availability of appointments and the qualifications of the provider.

The administrative data analysis is conducted to evaluate the MCO performance in meeting access and availability standards. The data files are reviewed using SAS software and the member and provider address are geocoded using Quest Analytics Suite. Qsource conducted member-to-provider ratio analysis, distance analysis, complaints analysis and county analyses. Each of these evaluation areas are determined in terms of performance score system developed by Qsource ranging from 0 to 100%. These scores are summarized into an overall score for the network adequacy and benefit delivery.

Optional Activities

Activity 1

Validation of encounter data reported by an MCO/PIHP/PAHP/PCCM entity

Qsource data analysts regularly validate elements of claims and encounter data to ensure that measure specifications exclude appropriate patient demographics, clinical conditions, or discharge status codes. For example, efforts to identify appropriate readmission rates within a specific population requires the analyst to exclude certain co-morbid conditions, planned readmissions, and discharge status indicative of death. Each step in this process is validated through an independent analytic review and check of appropriate coding specification.

Working with DHS, we will determine data fields most effective in providing encounter data completeness and validity and volume and consistency information. Once data fields have been selected for DMOs and PASSEs to report, Qsource will develop *Data Submission Guidelines* to include definitions, data layouts, and formats. All DMOs and PASSEs will then be asked to provide their encounter data according to sequence, field name, field length, and data type specifications in the guidelines.

We will apply DHS requirements for collecting and submitting encounter data. Review of each DMO/PASSE's capacity to produce accurate and complete encounter data is part of our process. Upon receipt of encounter data from the DMOs and PASSEs, Qsource will perform quality assessments of each file to ensure validity. This will include file receipts with record counts provided to each DMO/PASSE to ensure accurate and complete file transmission. Encounter files will be tracked and trended over time to ensure data completeness. Qsource will identify certain data fields to assess reasonableness of data and generate data quality reports to provide to each DMO/PASSE. When necessary, encounter files will be reconciled prior to submission.

If the DMO or PASSE has completed an Information Systems Capability Assessment (ISCA) review within the past two years, this activity will be based on review of the ISCA Tool submitted and interviews with DMO staff for any needed clarification of ISCA findings. If the DMO or PASSE has not completed an ISCA within the previous two years, Qsource will conduct one consistent with the processes provided in "Appendix A: Information Systems Capabilities Assessment" of 2019 CMS EQR Protocol 5. We will review each DMO/PASSE's ISCA to identify weaknesses in the DMO/PASSE's information systems. If our review of ISCA findings identifies issues that may contribute to inaccurate or incomplete encounter data, we will use Column 4 of "Worksheet 5.1. Specification of Acceptable Error Rates and Identified Areas of Concern" to list

any concerns about the encounter data for each encounter type listed, as advised in 2019 CMS EQR Protocol 5. Qsource will contact any of the DMO/PASSE for which follow-up interviews with DMO/PASSE personnel are needed to supplement ISCA information and ensure our understanding the DMO/PASSE's information systems and processes. More information about Qsource's EDV approach is in the [Proposal to Validate Encounter Claims Data for MCO Contracts](#) section of this technical proposal.

Activity 2

Administration or validation of consumer or provider surveys of quality of care

All plans will be requested to provide Qsource with up-to-date contact information for all providers/consumers. Qsource staff members' conducts quality checks to ensure data fields were accurately extracted in the expected format prior to selecting samples. All valid records received will be included in the sampling universe, and one statistically valid sample will be selected for each MCC/health plan using SAS software. Sample size was determined based on the universe of providers/consumers in each network with statistical limits set at $\alpha = 0.10$ and $1 - \beta = 0.80$. Prior to selecting each sample, duplicate records were eliminated from the sampling universe. Duplicate records were defined as records with the same MCC/health plan ID, Social Security number, last name, and address of provider/consumer. The survey could consist of multiple questions with options if applicable and a 5- or 10-minute survey would be reasonable for providers/consumers to complete.

Qsource proposes the use of online service SurveyMonkey to develop the tool, and test it internally and with State agency to improve its usability and alacrity to further diminish the burden on respondents. Respondents will be emailed a survey link and Qsource staff maintains a record of the emails sent, bounced, and completed responses. In the event there is no email contact for a provider/consumer, the survey will be mailed and results will be manually entered into the survey system by Qsource medical records personnel. The email or mailing will include data and findings from the prior year's survey, any quality improvement initiatives that are occurring or have already been completed to demonstrate how the health plan uses the feedback provided, along with information on how the providers/consumers can access the current survey's results once data collection has ended. Qsource will make three attempts to encourage response from non-responders:

Day 1-4: Initial Email/Mailing

Day 14-19: Follow up email/ mailing

Day 28-31: Follow up email/ mailing and telephone call

Once the responses are received, Qsource performs data cleaning to eliminate duplicate and invalid responses, conducts analysis using SAS software, and produces plan specific results and provides recommendations.

Activity 3

Calculation of performance measures in addition to those reported by an MCO/PIHP/PAHP/PCCM entity and validated by an EQRO in accordance with paragraph (b)(1)(ii) of this section

Qsource will coordinate with the MCO and request claims, enrollments, eligibility, pharmacy, and other related files based on the performance measures being reported. Each performance measure rate calculation is performed according to the HEDIS technical specifications. In case of a non-HEDIS measure, the numerator and denominator are defined along with the specifications. Qsource will perform data cleaning and maintain a log of data files statistics for reference. The MCO will be contacted for any clarification on data files if necessary. The denominator and numerator is calculated for administrative measures using the data files. In case of hybrid measures, medical records are collected and are used as a part of numerator calculation. The preliminary rate is calculated and trend analysis is conducted for any significant variations in the rate overtime. Qsource uses SAS software to perform data cleaning, analysis and rate calculations.

Activity 4

Conduct performance improvement projects in addition to those conducted by an MCO/PIHP/PAHP/PCCM entity and validate by an EQRO in accordance with paragraph (b)(1)(i) of this section

The performance improvement projects are a crucial element for improving the MCO processes in delivering healthcare to the members. The study topic is chosen based on the places where opportunities for improvement are necessary. Following the study topic, the study question is defined along with study indicators. A study indicator is a quantitative or qualitative characteristic or variable that reflects a discrete event, or a status that is to be measured. The selected indicators track performance or improvement over time. The indicators are objective, clearly and unambiguously defined, and based on current clinical knowledge or health services research. The eligible population is identified and a decision is made if entire population or a sample will be used along with every possible data collection methods. Once the data is collected, Qsource team will conduct statistical data analysis and provide strategies for improvements based on the results. The studies are conducted yearly and the success of the project is tracked over the years until the objective is achieved and the process is stabilized.

Activity 5

Conduct studies on quality that focus on a particular aspect of clinical or nonclinical services at a point in time

Qsource has conducted studies that focused on clinical and nonclinical services. One of the studies was Medical Record Review (MRR) for children enrolled in Medicaid. Tennessee's Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program, was established to provide healthcare services to Medicaid-enrolled members under age 21 years in accordance with federal EPSDT requirements, even if such services are not covered by TennCare. TennCare contracted with Qsource to complete the MRR review and provide a report of its results. Qsource collaborated with TennCare to develop forms and tools to facilitate data collection and evaluate criteria specific to EPSDT requirements and regulations. TennCare provided Qsource a sample and oversample of

EPSDT medical records from TennCare claims paid, which were coded using the most current HEDIS[®] Technical Specifications for Health Plans, and the most current Encoder Pro.Com professional online subscription (Current Procedural Terminology [CPT], Healthcare Common Procedure Coding System [HCPCS], and the International Classification of Diseases [ICD]). Qsource staff was trained to ensure consistency in MRRs, which were conducted onsite at providers' facilities and/or at Qsource offices via securely faxed medical records. Data were validated by faxing results to the providers and inter-rater reliability (IRR) testing, and were then prepared for analysis by Qsource. The report included presented findings for highest and lowest compliance rates by MCO and by member age group for each EPSDT component.

In 2018, Qsource conducted a non-clinical project for TennCare which was to survey participating Patient-Centered Medical Homes (PCMHs) to help TennCare determine the role of transportation in members' access to care and barriers to transportation services. The survey was conducted following rigorous quality control standards. TennCare and Qsource collaborated on the call script and survey that incorporated six questions—three Yes/No, two Likert scale satisfaction, and a final open-ended. Two of the Yes/No questions and both Likert questions also allowed comments if needed. Qsource's experienced and trained Call Center staff conducted the transportation survey, making up to three attempts to PCMH contacts. All responses were entered with participant details into an online Survey Monkey tool that Qsource created to facilitate analysis. Qsource validated the data, forwarded detailed results to TennCare in an Excel file, and summarized analyses with discussion in the report. Qsource adapted data into a more graphical and standardized format for reporting purposes in this report.

Qsource stands ready to conduct similar activities for DHS, if approved.

Activity 6

Assist with the quality rating of MCO/PIHP/PAHPs consistent with 438.334

Qsource would work with the DHS to create a quality rating for the health plans. Qsource proposes to create ratings on each report produced for the mandatory EQR protocols. The quality rating would be derived from a health plan's performance in areas that is most relevant to DHS. A five-star quality rating system, with strong performers i.e. five stars, would determine that the health plan has a good overall rating for broad-based quality of care and would support consumer choice. Qsource would develop the ratings system that would correspond to meaningful differences in performance of a health plan. A quality rating would be assigned to each health plan based on their overall compliance score.

Reporting Methods Following Analysis of Federally Required Methods of Data Collection

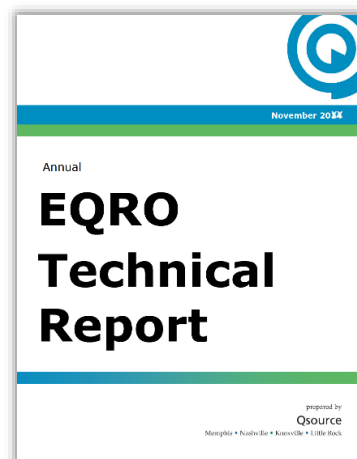
Qsource's extensive experience with EQR Protocol standards over the past 20 years is the basis for our historical successes cited throughout this proposal. Qsource's reporting methods for CMS EQR activities and other topics are well honed. In our years of experience as an EQRO, our clients have been extremely satisfied, as evidenced in consumer satisfaction surveys, with our reporting process that begins before the EQR activity with which it is associated. Following data collection and analysis, to ensure DHS receives the most valuable aggregated and DMO/PASSE-level information in addition to federally required activities, Qsource will conduct the following

reporting methods. Upon contract award, Qsource will discuss with DHS all reporting preferences to make certain we provide all reports in a format and construct as specified or approved by DHS. Qsource will base activity reporting and the Annual EQRO Technical Report on the 2019 CMS EQR Protocols.

Annual EQRO Technical Report

Qsource will submit an Annual EQRO Technical Report that describes the manner in which the data from all oversight activities conducted within a given calendar year, in accordance with 42 CFR § 438.364, were aggregated and analyzed, and how conclusions were drawn as to the quality, timeliness, and access to care furnished by the DMOs and PASSEs. Specifically, the report will include the components in the following report draft outline, based on 2019 CMS EQR Protocols' inclusion of "Tips for Drafting EQR Technical Reports," requirements of 42 CFR § 438.364, CMS's supplemental guidance for technical reports, and Qsource's procedures for technical report development. However, we welcome the opportunity to receive DHS's input on report content and organization. Specifically, the report will include the following:

- ◆ Description of the EQR process, tools, and methodology: objectives, technical methods of data collection and analysis, and descriptions of data obtained
- ◆ Summary of findings and conclusions drawn from data
- ◆ Assessment of each DMO's and PASSE's strengths and weaknesses with respect to the quality, timeliness, and access to healthcare services
- ◆ Recommendations for improving the quality of healthcare services;
- ◆ Methodologically appropriate, comparative information for all DMOs and PASSEs, and align with the State's standards of quality strategy
- ◆ Assessment of the degree to which each DMO/PASSE has effectively addressed recommendations made by the EQRO during the previous years' review processes.



Data collection and analysis is a primary reporting component of each EQR activity in the Annual EQRO Technical Report. Qsource proposes to collect data according to EQR activity-specific requirements throughout the review year and analyze the data in a manner that enables DHS to observe trends in individual DMO and PASSE assessments and across DMOs and PASSEs. Once data have been collected for each EQR activity, Qsource will analyze data by activity for inclusion in the technical report. Where possible, Qsource will present comparative findings, across DMOs and PASSEs, in tabular format to demonstrate how the DMOs/PASSEs are performing compared to each other (year by year) and to themselves (year over year). Accompanying narrative will discuss findings in terms of DMO/PASSE performance compared across reporting categories as determined by contractual, state, and federal requirements specific to each activity. In addition, we will include analysis of the DMOs' and PASSEs' combined performance in a reporting category compared to their combined performance in the other categories, offering a more statewide perspective of areas in greatest need of improvement and best practices identified to be shared across other DHS DMOs and PASSEs. This aggregated approach also enables clearer conclusions to be drawn regarding important trends and implications, results, limitations, and improvement opportunities as well as supports overall findings to be linked to State goals and priorities.

Qsource will identify areas across EQR and other contractual activities in need of improvements in order to suggest actions toward achieving overall enhancement of DMO/PASSE performance in meeting requirements of EQR activity-specific standards. This identification is facilitated by Qsource's approach of comparing DMO/PASSE compliance scores/ratings at the higher echelon of category reporting in tabular format and providing a narrative analysis comparing findings that group DMOs/PASSEs and activities/steps/categories according to performance. For example, if all the DMOs or all the PASSEs score very high on one of the activity's measures, they become a group for discussion since they share a similar score. Qsource also recommends including analysis of a DMO/PASSE's performance for an activity measure being evaluated across a three-year period to establish trending data. As information dissemination methods evolve, we stay current with best practices in reporting data analysis. We highly recommend the incorporation of more infographics, charts, and tables to provide information as suggested by the 2019 CMS EQR Protocols.

In conducting EQR activities, Qsource will have had the opportunity to identify activity- and DMO/PASSE-specific strengths and weaknesses. Qsource will summarize strengths and identify best and emerging practices that have proven to be effective in demonstrating improvements in care or service or that have positively impacted outcomes specific to each EQR activity. We also will provide recommendations on how to effectively incorporate findings into performance and/or QI projects specific to DHS's delivery system.

DMO and PASSE comparative information, drawn from all EQR activities, will be provided to the State in clear and concise messages, inclusive of graphical representations. Real-time review and discussion of report findings will be proactively scheduled with the State and Qsource, with consideration for any directed revisions addressed prior to submission to CMS. Draft reports will be submitted to DHS for approval prior to production of the final report, which will be prepared and finalized including DHS feedback. In the second and subsequent years of the contract, Qsource will deliver the finalized Annual EQRO Technical Report to DHS no later than February 28 following the end of each calendar year being reported to ensure compliance with the April 30 deadline for submission to CMS and for posting on the appropriate websites pursuant to the CMS Final Rule.

CMS EQR Activity Reports

All EQR activity related reports will be provided in a format and method as specified or approved by DHS and submitted in electronic format to the DHS point of contact (to be specified after contract award) in an iterative process, giving DHS an opportunity to review drafts before final reports are created. These reports will describe all actions, processes, and methodologies of each activity. At a minimum, the reports will contain an executive summary of all program findings and documentation of components of the review and final compliance determinations for each regulatory provision. The remaining content depends upon the activity being reported, but most reports will adhere to the following general outline:

1. Acknowledgements, Acronyms, and Initialisms
2. Executive Summary
3. Overview
4. Methodology
5. Results

6. Conclusions and Recommendations
7. Appendices (including completed compliance tools, if applicable)

Second- and third-year reports will also include a year-to-year comparison of program-specific findings, recommendations, and corrective action steps, if applicable, directed by Qsource, as well as details of the initiatives taken by each program to address findings, recommendations, and corrective action steps from previous compliance reviews to determine if such actions reflect positively or continued corrective action is required. More specific information relevant to the four required EQR activity reports and one optional EQR activity (Validation of Encounter Data) follows. Qsource will provide reports for other optional activities DHS and Qsource determine would be useful in conducting.

Annual Compliance Assessment

Qsource will work closely with DHS to ensure compliance review activities and subsequent reporting are adequate to satisfy applicable federal CMS requirements in accordance with direction provided by CMS in its *EQR Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations* (October 2019). The annual compliance assessment includes a review of selected quality standards (to be determined by DHS and Qsource upon contract award) and onsite review of credentialing and recredentialing, grievance and appeal, and utilization management denial files.



Once Qsource has reviewed current and ongoing DHS review activities in detail and the time periods covered by each activity, Qsource will identify strengths and potential opportunities to address requirements in a more efficient, effective, or innovative manner. This may include development of new templates or revisions of current templates for review activities, new approaches to surveying DMOs and PASSEs on how policies and procedures are evident in operational practice, and how to most effectively track progress on and completion of remediation plans for identified areas of deficiency.

Qsource will also ensure that deliverables necessary for completion of all review activities are defined clearly and subject to a reasonable timeline. A template for evaluating the adequacy of each review activity will be developed. Last, Qsource will produce a draft report for each DMO and PASSE describing review activities and results for DHS’s review. Qsource will finalize the report based on DHS’s feedback.

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Annex C UM Denial File Review Tool Instructions	C-1
Annex D Response to Compliance Assessment Draft	D-1

Qsource will collaborate annually with DHS to determine data and analyses that would provide useful information for DHS and its DMOs and PASSEs. Qsource will leverage its experience in assessing Medicaid health and dental plans to determine compliance thresholds, review documentation and supporting resources, evaluate DMOs and PASSEs during an onsite visit, compile and analyze findings, and report results to DHS, and DHS’s two DMOs and three PASSEs if desired.

Final reports will include an assessment of the DMOs’ and PASSEs’ performance in each area of relevant assessment; comparative information about DMOs and PASSEs when appropriate; recommendations for improving the quality of healthcare furnished to the State of Arkansas Medicaid and PASSE program members, and an assessment of the degree to which each DMO/PASSE has effectively addressed the prior years’ EQR recommendations. The completed tools used for the compliance review and file reviews, including reviewer comments and notes, are published in the report appendices to serve as a comprehensive record of assessment activity.

Any deficiencies, or areas of noncompliance (AONs) identified by Qsource during the compliance assessment will be included as part of the DMO/PASSE-specific final report. Qsource will work with DHS to determine deficiencies requiring a corrective action plan (CAP) and with the DMOs and PASSEs to develop and implement any needed CAPs.

A proposed outline for annual compliance assessment review reporting is presented in **Figure 2**.

Figure 2. Proposed Annual Compliance Assessment Report Content

Sample Outline of Final Report of Annual Compliance Review Activities and Results

- I. Executive Summary
 - A. Overview
 - 1. Summary of federal requirements for reviews within the previous three-year period to determine DMO/PASSE compliance with federal and contractual standards
 - 2. Compliance Review Standards (defined by 42 CFR § 438)
 - 3. Time period covered by review activity(ies)
 - B. Methodology
 - 1. Description of each review activity and supporting forms, templates, reports
 - a. Desk documentation review
 - b. Onsite review
 - c. File reviews
 - 2. Scoring methodology (Qsource will work with DHS to determine the most appropriate scoring methodology as outlined in EQR Protocol 3)
 - 3. Report of findings and timeline
 - 4. Identification of areas of noncompliance (AONs) requiring remediation/corrective action plans (CAPs)
 - C. Results of Review Activities
 - 1. Compliance scores by standard
 - 2. Strengths, suggestions, and areas of noncompliance
- II. Overview
 - A. Background
 - 1. Detailed information on federal requirements
 - 2. Objectives of compliance review
 - B. Standards and Elements Reviewed
 - 1. Table of each standard (as defined by applicable provisions of 42 CFR § 438) and list of evaluation elements associated with each standard
 - 2. Description of file review for applicable standards
- III. Methodology (depends on DHS's preferred schedule of review activities)
 - A. Pre-Onsite Activities
 - 1. Evaluation tools
 - 2. Plan documentation submission and review
 - 3. Onsite agenda preparation and submission
 - B. Onsite Review
 - 1. Onsite activities
 - a. Review documentation and record findings
 - b. Interact with DOM/PASSE staff to augment evaluation and assess the degree to which policies and procedures are reflected in operational practice
 - c. Closing session preliminary findings
 - 2. Onsite participants
 - C. Post-Onsite Activities
 - 1. Analyze performance
 - 2. Prepare report of findings
 - 3. Identify areas of noncompliance requiring remediation/CAP
 - 4. Provide technical assistance as needed to improve performance
 - D. Compliance Review Scoring
 - E. Producing and Delivering Evaluation Reports
 - F. CAP Processes
- IV. Results
 - A. Summary Compliance Scores by Standard
 - B. File Review Scores
 - C. Discussion of Results
 - D. Strengths, Suggestions, and Areas of Noncompliance by Standard
 - E. CAP Submission
 - F. Improvements Since the Prior Compliance Review
- V. Appendix A-1: Completed Compliance Standards Tool (modeled after EQR Protocol 3, Worksheet 3.1)
- VI. Appendix A-2: Completed File Review Tools
- VII. Appendix B: DMO/PASSE Response to Compliance Assessment Draft

In addition to DMO/PASSE-specific compliance assessment reports, if DHS so desires, Qsource can prepare a methodological comparison across DMOs and PASSEs after all annual compliance assessments have been conducted. This summary report would include scoring and recommendations for all DMOs and PASSEs, including any suggestions, strengths, and deficiencies identified during the assessment. Bar charts and tables would be included for easier comparison across DMOs/PASSEs, and the Executive Summary is designed to function as a standalone document to facilitate sharing compiled results across DMOs and PASSEs for the review year. This report can serve as an efficient and cost-effective way to demonstrate efforts in ensuring DMO/PASSE compliance with state and federal guidelines.



Validation of Network Adequacy

Qsource will use its expertise in annual network adequacy reviews and collaborate as needed with DHS to conduct the reviews and report findings, conclusions, and recommendations in DMO/PASSE-specific reports. Reporting methods will be based on CMS's revised version of its *EQR Protocol 4: Validation of Network Adequacy*, as soon as the protocol is made available, in addition to CFR regulations and § 226.000 and § 226.100 of the PASSE Medicaid Provider Manual. Currently, Qsource completes time/distance ratio analyses to validate managed care plans' adherence to contractual standards for availability and accessibility and compliance with state and federal network access requirements. The results are combined with an annual policy/procedure review related to network availability and accessibility outlined in terms of managed care plan contracts, and file reviews. Results are presented in an Annual Network Adequacy (ANA) Report for each of the managed care plans, providing findings that highlight strengths and areas for improvement from the annual reviews.

Qsource's current methodology for validating network adequacy includes calculating two overall ratings for each managed care plan, one for network adequacy and one for policy and procedure review. The overall network adequacy rating is the sum of all points received by the managed care plan in the appropriate areas, divided by the total possible points for these areas. Qsource then

Table 1. 2019 Network Adequacy: Travel Time and Distance Analysis Results by Provider/Specialty Type

Provider/Specialty Type	Time Standard		Distance Standard	
	Urban	Rural	Urban	Rural
Allergy & Immunology	87.52%	43.37%	99.23%	23.42%
Dermatology	99.09%	84.27%	99.99%	72.52%
OB/GYN	100%	99.79%	100%	100%
Optometry	100%	92.83%	100%	92.83%
Otolaryngology (ENT)	99.97%	92.83%	99.99%	92.83%
PCP - Podiatrist	99.96%	94.99%	100%	94.99%
PCP - Family Physician	99.75%	99.64%	99.94%	99.64%
Behavioral Health - Pediatric	99.97%	92.83%	99.97%	92.83%
Behavioral Health - Other	100%	100%	100%	100%
Specialist - Pediatric	99.51%	86.14%	99.91%	72.79%
Specialist - Other	100%	99.28%	100%	99.52%
Hospital	99.98%	94.03%	99.98%	94.42%
Pharmacy	99.87%	98.81%	99.81%	96.54%

For both time and distance standards, over 99.0% of enrollees in urban and rural areas had access to family physician PCP, OB/GYN, behavioral health (other) providers, and specialists (other). Over 90.0% of all enrollees had access to pediatric PCP, pediatric behavioral health providers, optometrists, otolaryngologists, hospitals, and pharmacists. Access to allergists and immunologists (43.37%, time; 23.42%, distance), dermatologists (72.52%, distance), and pediatric specialists (86.14%, time; 72.79%, distance) was more limited in rural areas. The largest access disparity between urban and rural enrollees was for allergist and immunologists, with a difference of 54.15 percentage points for the time standard and 75.81 percentage points for the distance standard.

Table 2. 2019 Network Adequacy: Travel Time and Distance Analysis Results by Specialty Type

Specialty Type	Time Standard		Distance Standard	
	Urban	Rural	Urban	Rural
Behavioral Health - Other	100%	100%	100%	100%
Psychiatry	99.96%	100%	99.97%	100%
Psychology	99.43%	81.60%	99.78%	49.10%
Social Work	99.72%	99.76%	100%	99.94%
Substance Abuse Specialist	22.39%	0.48%	49.70%	0.84%
Specialist - Pediatric	99.51%	86.14%	99.91%	72.79%
Pediatric Cardiology	89.24%	88.14%	99.49%	72.87%
Pediatric Endocrinology	93.81%	5.36%	97.96%	2.27%
Pediatric Gastroenterology	53.09%	4.90%	96.56%	0%
Pediatric Oncology	76.37%	0.24%	92.10%	0%
Pediatric Orthopedic Surgery	86.30%	5.62%	94.45%	0.72%
Pediatric Pulmonology	91.53%	5.36%	94.60%	0.72%
Pediatric Surgery	90.42%	3.94%	99.78%	99.32%
Specialist - Other	100%	99.28%	100%	99.52%
Cardiology	98.49%	69.53%	99.77%	78.97%
Chiropractor	99.87%	68.93%	99.82%	75.99%
Endocrinology	85.79%	0%	95.94%	0%

Although the MCOs were not subject to access standards for freestanding psychiatric facilities or laboratory providers, access results for these provider categories are provided for informational purposes only. Simply HealthCare's scores varied between urban and rural enrollee access. With regard to time, 99.64% of urban enrollees and 87.57% of rural enrollees had access to freestanding psychiatric facilities. With regard to distance, 96.93% of urban enrollees and 87.57% of rural enrollees had access. For laboratories, 91.30% (time) and 88.83% (distance) of urban enrollees had access, while 0% of rural enrollees had access meeting either time or distance standards.

Table 2 displays the percentage of enrollees with access to the individual specialties included in the Behavioral Health Provider - Other, Specialist - Pediatric, and Specialist - Other categories in Table 1. These access results by specialty type are presented for informational purposes only and were not subject to specific contract access requirements.

rounds the resulting percentage to the nearest whole number, calculates scores for the data analysis activities, and presents them in each managed care plan's ANA Report.

The ANA reports contain the written narrative that describes the data analysis and covered benefits review activities, the methodology for performing the activities, the results of the network adequacy and availability data analysis, results of the benefits delivery review, opportunities for improvement, recommendations, and best practices for each of the ANA activities, where applicable. The credentialing and recredentialing report section describes the methodology for the credentialing and recredentialing policy and procedure review and file review and contains the results, opportunities for improvement, recommendations, and best practices for the managed care plans. CAPs for the credentialing and recredentialing of managed care plans are also included with the annual compliance assessment report. Where necessary, Qsource also assists managed care plan staff in developing a CAP to improve performance for any areas in which the managed care plan demonstrated noncompliance. **Figure 3** is a proposed outline for annual network adequacy review reporting.

Figure 3. Proposed Annual Network Adequacy Report Content

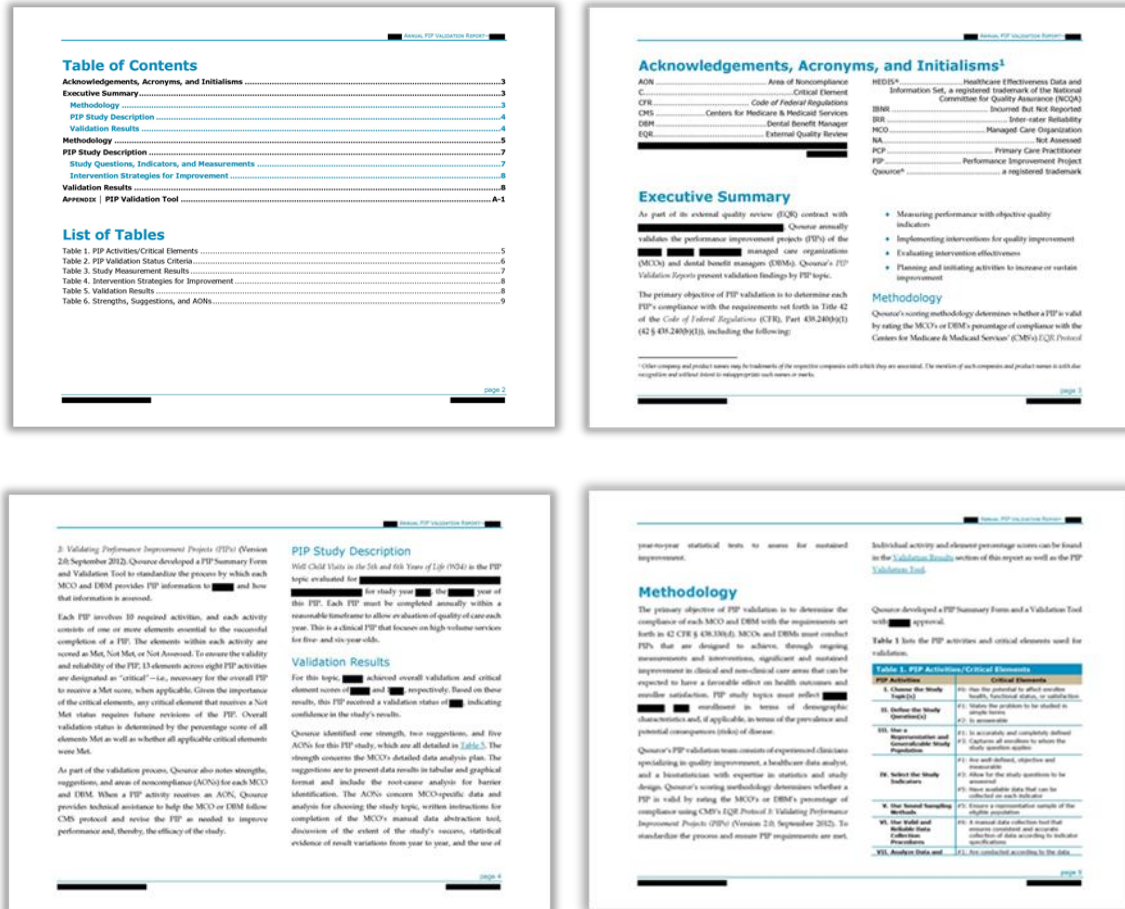
Sample Outline of Final Report of Annual Network Adequacy Review Activities and Results

- I. List of Tables
- II. Acknowledgements, Acronyms, and Initialisms
- III. Executive Summary
 - A. Introduction
 - B. Methodology
 - C. Results
 - D. Recommendations and Best Practices
- IV. Methodology
 - A. Desk Audit of Documents
 - B. Onsite Review/Audit
 - C. Administrative Data Analyses
 - 1. Ratio Analyses
 - 2. Travel Distance and Time Analyses
 - 3. Complaints Analyses
 - 4. County Analyses—CHOICES Home and Community-Based Services (HCBS) Provider Services
 - 5. County Analyses—Employment and Community First (ECF) CHOICES Provider Services
 - D. Measure Scoring
 - E. Essential Hospital Services
 - F. Centers of Excellence (COE)
 - G. Weight Management Program
 - H. Tobacco Cessation Program
 - I. Contract Analyses for CHOICES HCBS Nursing Facility Services
 - J. Covered Benefits
 - K. Appointment Availability Policies and Procedures (P&Ps)
 - L. Provider Contract Review
 - M. Ratio Analyses
 - N. Travel Distance and Time Analyses
 - O. Complaint Analyses—Appointment Availability
 - P. County Analyses—CHOICES HCBS and ECF CHOICES Provider Services
 - Q. Overall Performance Scores
- V. Availability and Accessibility of Primary Care Services
 - A. Introduction
 - B. Summary of Results
- VI. Availability and Accessibility of Specialty Services
 - A. Introduction
 - B. Summary of Results
 - 1. Specialty Care Providers
 - 2. Opioid Use Disorder Treatment Providers
 - 3. General Optometry Services and Hospitals
 - 4. Contracts with Essential Hospital Services, Centers for Excellence, and Programs for Weight Management and Tobacco Cessation
 - 5. CHOICES Providers
- VII. Benefits Delivery
 - A. Covered Benefits
 - B. Appointment Availability
 - C. Plan Documents
 - D. Provider Contracts
 - E. Complaints
- VIII. Appendix A | Criteria to Define Providers
- IX. Appendix B | Quest Analytics Distance Reports
- X. Appendix C | ANA Review Tool
- XI. Appendix D | Provider Contract File Review Results
- XII. Appendix E | Response to ANA Draft

Validation of Performance Improvement Projects

Qsource is experienced with both traditional PIP and rapid-cycle PIP methodology. Qsource’s PIP validation processes and deliverables will be based on CMS’s *EQR Protocol 1: Validation of Performance Improvement Projects* (October 2019) and our own existing PIP and Plan-Do-Study-Act (PDSA) protocols as a basis to develop PIP and PDSA materials to suit DHS’s preferences. **Figure 4** includes sample pages from a previously produced Performance Improvement Project Report.

Figure 4. Sample DMO/PASSE-Specific Performance Improvement Project Report



Qsource proposes to submit PIP reports by DMO/PASSE and PIP topic for PIPs that will have been underway for the preceding 12 months at contract start—but no later than September 1, 2020, and annually thereafter, to facilitate assessing technical assistance needs and to allow for evaluation of progress on quality improvement initiatives toward the following year. We can adapt to shorter timeframes should DHS determine it to be more applicable to needs. By Remeasurement Year 3, DHS and the DMOs and PASSEs will be able to determine whether the PIP study interventions can be self-sustaining, should be adjusted and reinitiated as new PIP studies, or should be abandoned as ineffective. Qsource’s completed PIP validation tools, including reviewer comments, will be published in each PIP report. In addition to the completed tools, each PIP will include a comprehensive section for Methodology, PIP Study Description, and Results and Recommendations. The Results and Recommendations section will include a summary of the DMO/PASSE’s strengths, suggestions, and AONs identified during a particular study cycle. For studies that receive an AON for any activity, the DMO/PASSE must submit a CAP to address the deficiency. Qsource evaluates CAPs and provides technical assistance as needed to help the DMOs and PASSEs understand CMS protocol and revise PIPs. All reports will be provided in draft and final formats.

If DHS approves, Qsource can provide formative and/or summative reports concerning the PIPs’ PDSA cycles. We suggest the PDSA interval reports be submitted quarterly, with Plan-Do and Study-Act separated in the first year to facilitate an easier transition for the DMOs and PASSEs, and Plan-Do-Study-Act all reported each quarter in subsequent years.

Validation of Performance Measures

Qsource will use CMS’s *EQR Protocol 2: Validation of Performance Measures* (October 2019) and collaborations with DHS as guidance for performance measure validation (PMV) activities and subsequent reporting. Following our analyses of the results of the PMV audits and quantification of the extent to which the findings have impacted each performance measure’s result, preliminary findings identifying any areas of concern for each measure as well as

suggestions for improvement will be presented in a draft Performance Measure Validation (PMV) Report for each DMO and PASSE. Qsource will work with DHS to determine if the DMOs and PASSEs will be permitted to submit additional documentation to support the correction of factual errors and omissions, or if they will be allowed to recalculate performance measures based on Qsource’s findings, in which case, Qsource will revalidate the revised measures. During the course of required CAPs or following final

Sample Outline for DMO/PASSE-Specific Performance Measure Validation Reports

- A. Acknowledgements, Acronyms, and Initialisms
- Figure 5. Proposed PMV Report Content**
- 2. Plan Information
- 3. Performance Measures for Validation
- C. Validation Activities
 - 1. Pre-Audit Strategy
 - 2. Methods of Data Collection and Analysis
 - 3. Onsite Activities
- D. Data Integration, Data Control, and Performance Measure Documentation
 - 1. Data Integration
 - 2. Data Control
 - 3. Performance Measure Documentation
- E. Validation Results
 - 1. Plan Strengths
 - 2. DBM Areas for Improvement
 - 3. Claims/Encounter Data System Findings
 - 4. Eligibility Data System Findings
 - 5. Data Integration Findings
 - 6. Performance Measure Specific Findings
- F. Appendix | Measure Rates

results, Qsource provides technical assistance and follow-up regarding any identified areas of deficiency.

Qsource’s PMV reports will include findings specific for each validation activity, including areas of strength and deficiency. In accordance with CMS protocol, Qsource uses the following designations to summarize the validation findings for each measure: R (Reportable—measure was compliant with specifications); NR (Not Reported—the Plan rate was materially biased or the Plan was not required to report); and NB (No Benefit—the measure was not reported because the Plan did not offer the benefit required in the measure). A proposed outline for DMO/PASSE-specific PMV final reports is presented in **Figure 5**. A proposed outline for the PMV preliminary reports is provided in **Figure 6**. The sample template/draft outline is based on 2019 CMS EQR Protocol 2.

Figure 6. Proposed Content for Preliminary Report of PMV Findings

Sample Draft Outline for Preliminary Report of PMV Findings

Section 1. Overview of Performance Measure

Managed Care Plan (MCP) name: _____

Performance measure name: _____

Measure steward:

Agency for Healthcare Research and Quality (AHRQ)
 Centers for Disease Control and Prevention (CDC)
 Centers for Medicare & Medicaid Services (CMS)
 National Committee for Quality Assurance (NCQA)
 The Joint Commission (TJC)
 No measure steward, developed by state/EQRO
 Other measure steward (specify): _____

Is the performance measure part of an existing measure set? (check all that apply)

HEDIS®
 CMS Child or Adult Core Set
 Other (specify) _____

What data source(s) was used to calculate the measure? (check all that apply)

Administrative data	(describe)
Medical records (describe)	
Other (specify) _____	

If the hybrid method was used, describe the sampling approach used to select the medical records:

Not applicable (hybrid method not used) _____

Definition of denominator (describe): _____

Definition of numerator (describe): _____

Program(s) included in the measure: Medicaid (Title XIX) only CHIP (Title XXI) only Medicaid and CHIP

Measurement period (start/end date) _____

Section 2. Performance Measure Results

Performance Measure	Rate 1	Rate 2	Rate 3	Rate 4
Numerator				
Denominator				
Rate				

Section 3. Performance Measure Validation Status

Describe any deviations from the technical specifications and explain reasons for deviations (such as deviations in denominator, numerator, data source, measurement period, or other aspect of the measure calculation).

Describe any findings from the ISCA or other information systems audit that affected the reliability or validity of the performance measure results.
 Not applicable (ISCA not reviewed) _____

Describe any findings from medical record review that affected the reliability or validity of the performance measure results.
 Not applicable (medical record review not conducted) _____

Describe any other validation findings that affected the accuracy of the performance measure calculation.

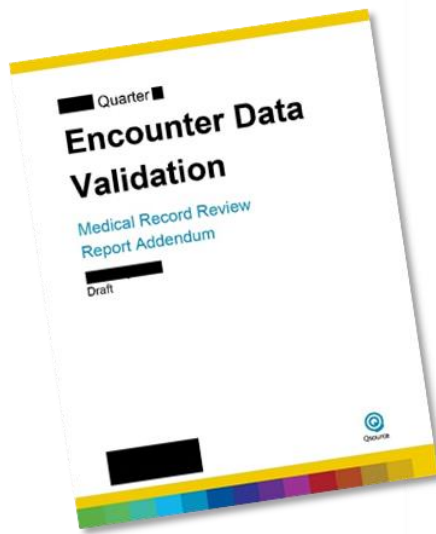
Validation rating:
 High confidence Moderate confidence Low confidence No confidence
 "Validation rating" refers to the EQRO's overall confidence that the calculation of the performance measure adhered to acceptable methodology.

EQRO recommendations for improvement of performance measure calculation: _____

Validation of Encounter Data (Optional)

Qsource proposes the following content for the annual EDV report, in line with CMS’s *EQR Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan* and 42 CFR § 438, subpart E:

- ◆ Review of DHS requirements for collecting and submitting encounter data
- ◆ Review of DMO/PASSE capacity for producing encounter data that are accurate and complete
- ◆ Analyses of the accuracy and completeness of DMO/PASSE-submitted encounter data
- ◆ Medical record review (MRR) of selected encounter records to confirm EDV findings
- ◆ Submission of EQRO findings



EDV MEDICAL RECORD REVIEW

Performing Provider NPI was valid for all but two of the encounters. One NPI on the electronic record was not valid per the Free National NPI Number Registry site. The other NPI was missing on the electronic record. For 93, or 20.8%, of the records, the performing provider per the medical record was an Advanced Practice Registered Nurse (APRN) or Physician Assistant (PA). In these cases, the reviewing physician's NPI was recorded on the electronic record.

Lastname/first name was consistent for the medical and electronic records in the majority of cases. Five first names were not spelled consistently. For the last name, 16 records were inconsistent. These were related to missing "St." on a second last name component on the medical record. Date of service was consistent for the entire sample.

Table 2 displays the results of the validation of all CPT procedure codes and the first three primary ICD-10 diagnosis codes on each encounter record. For this validation, Qsource addressed the following:

- Were all the procedure/diagnosis codes in the electronic record documented in the medical record and all procedure/diagnoses documented in the medical record coded in the electronic record (Correctly Coded)?
- Were there procedure/diagnosis codes in the electronic record that were not documented in the medical record (Undocumented Codes)?
- Were there procedure/diagnoses documented in the medical record that were not coded in the electronic record (Missing Codes)?

Validation Status	CPT Procedures		ICD-10 Diagnoses	
	# Encounter Records	% Encounter Records	# Encounter Records	% Encounter Records
Correctly Coded	336	74.7%	433	96.2%
Undocumented Codes	35	7.8%	15	3.3%
Missing Codes	85	18.9%	10	2.2%

Procedures on the electronic records were completely consistent with the medical records reviewed for 74.7% of encounters. The majority of the inconsistencies observed were the result of CPT II codes missing from the electronic record that were documented in the medical record (18.9% of encounters). CPT II codes, supplemental codes used for performance measurement, are optional and not required for correct coding. The vast majority of these missing codes were for recording of blood pressure, weight, and body mass index (BMI). While most electronic records included the codes for these procedures, some providers may not code them because they are not required. Undocumented codes appeared in electronic records for 7.8% of encounters. The majority of these undocumented codes were for conducting standardized assessments that were not present in the medical record.

Qsource’s experience with EDV analysis and reporting will enable us to easily customize the EDV reporting process to meet DHS preferences. Findings will be submitted to DHS including a summary of findings, comparisons with prior year or DMO/PASSE results (where appropriate), recommendations for improvement, and the degree to which prior audit results have been addressed. Report findings may include

analyses across data fields, and analytic reports can be used to detect broader data quality issues (micro-analysis). According to CMS EQR Protocol 5, such analytic reports can include reasonability tests, analyses by dates of service versus adjudication dates, checks by provider types, relational analyses by service type or episodes of care, analyses broken out by demographic group or subpopulation, and analytic questions. In addition, Qsource will present a comparison of analysis results to external benchmark information, such as aggregate encounter data from all Medicaid PASSE programs in the state, historical data, other comparable states, CMS’s Encounter Data Toolkit, and HEDIS and Child and Adult Core Set measures. Qsource also will provide DHS with an *Encounter Data Validation Medical Record Review Report Addendum* as part of the EDV reporting process.

Milestone and Activity Reports

Based on EQRO experience, Qsource will prepare and deliver activity reports to DHS. The content of these reports will be developed in conjunction with DHS upon contract award, but at a minimum, the reports will include overall project status, schedule, reporting scope and resources, organizational change management, due dates, milestones, risks or areas of concern, and brief narrative sections to provide updates for each area. These activity reports, generated in Smartsheet

by a certified Project Management Professional®, will be symbol and/or color coded to indicate the current status of each project area. While reports will be provided weekly to DHS upon contract initiation, Qsource will work with DHS to determine the reporting frequency most useful for DHS.

Other Reports

All other reports prepared for and submitted to DHS will follow the same best practices from Qsource EQRO experience, CMS protocols, and existing reporting aspects that DHS wishes to maintain. We propose an initial meeting with appropriate DHS personnel to discuss goals, preferences, and requirements DHS may have for additional reporting. These reports could be on topics requested by DHS, such as non-emergency medical transportation (NET), patient-centered medical homes (PCMHs), and PCCM programs. Qsource has conducted several focused studies for the State of Tennessee and Florida Healthy Kids Corporation, such as Early and Periodic Screening, Diagnosis, and Testing (EPSDT) medical record reviews (MRRs), a child-health-focused study on body mass index (BMI), and the *State Healthcare Report Cards*.

As previously mentioned, Qsource also will work with DHS to determine additional EQR optional activity reporting needs.

Protocols and Tools for Activities without CMS Protocols and Tools & Their Validation Methods

Qsource has extensive experience conducting validation of network adequacy for both medical and dental Medicaid managed care plans. The methodology (protocol) for conducting the validation will be customized to meet the specific needs of DHS. The proposed methodology will include a desk audit of the PASSE or DBO documents, an onsite review, and an administrative data analysis.

The desk audit reviews documentation to evaluate compliance with essential required services/benefits and processes (credentialing/recredentialing of providers) The onsite audit will include a review of a sample of provider contracts, evaluation of a sample of credentialing/recredentialing files, and interviews with key staff. The administrative data analysis (conducted by Quest Analytics, a subcontractor of Qsource) will include the matching of provider site addresses to member addresses through geocoding. Results of the data analysis include a ratio analysis (member-to-provider ratios), time and distance (rural and urban) analyses, and an analysis of access-related grievance data. An overall compliance score, based on the elements described above, will assigned to each entity.

Customized tools for these analyses will be developed based on specific PASSE and DBO standards and requirements.

Processes for Recognizing and Reporting Fraud, Waste, and Abuse

Qsource takes the detection, investigation, and prosecution of fraud and abuse very seriously. Recognizing and reporting is an important step in minimizing it within the Arkansas Medicaid System. Qsource EQR processes that could assist in recognizing and reporting include data mining, audits, investigations, and technical assistance. These methods could help DHS and OMIG become

aware of potential fraud and abuse, and collaborate on plan, provider and enrollee outreach and education. Program integrity in DHS programs should ensure:

- ◆ Eligibility decisions are made correctly
- ◆ Prospective and enrolled providers meet federal and state participation requirements;
- ◆ Delivered services are medically necessary and appropriate; and
- ◆ Provider payments are made in the right amount and for appropriate services.

Noted failures and opportunities for improvement may include EQR recommendations such as:

- ◆ Remedial education and/or training around eliminating the egregious action
- ◆ More stringent utilization review
- ◆ Recoupment of previously paid monies
- ◆ Termination of provider agreement or other contractual arrangement
- ◆ Civil and/or criminal prosecution
- ◆ Any other remedies available to rectify

In an effort to monitor for fraud, abuse and waste in the midst of EQR activities, Qsource's process will include:

- ◆ *Step 1: Staff training.* Internal orientation methods and accessing online educational modules. Training starts simple: What is Fraud, What is Abuse and Waste? There are differences between fraud, waste, and abuse. One of the primary differences is intent and knowledge. Fraud requires the person to have an intent to obtain payment and the knowledge that their actions are wrong. Waste and abuse may involve obtaining an improper payment, but does not require the same intent and knowledge. Training moves on to share examples, which leads into contract related scenarios to practice. Evidence collection and reporting is the final element of team training. We track each team members' training and comprehension through simple attendance records and post-tests.
- ◆ *Step 2: Detection, Tracking and Trending.* Through individual review, as well as analysis of trends, untoward findings can be captured and investigated.
- ◆ *Step 3: Reporting.* With factual findings, the potential fraud, abuse and/or waste can be reported to DHS as well as the Office of the Medicaid Inspector General (OMIG). As a previous retrospective review contractor for Arkansas Medicaid, Qsource is experienced in collaborating with OMIG, presenting evidence and offering deposition statements, when needed.

Data Flow Process and Coordination & IT Key Milestones

Qsource will execute proper Business Associate Agreements immediately upon award of the Arkansas EQR Contract. We are well versed in the BAA process through BAA execution of many federal and state contracts. Qsource has existing agreement templates and the faculties to fully execute the agreements with DHS and the Plans to allow appropriate dissemination of data files, medical records, and other data sets. The Qsource Contract Manager, HR/Compliance Coordinator as well as the Qsource Board of Directors are fully invested in maintaining the highest security

possible in order to protect our customers, providers and healthcare recipients. Maintaining proper BAAs is integral to compliance with this mandate. These BAAs will be available to DHS.

Qsource, as an EQR provider in the States of Tennessee, Florida and Ohio, has created, maintained and adapted several strategies for sending, receiving, storing and analyzing PHI and PII, to include claims data, encounter data and relevant medical records. Data file layouts can vary from project to project but Arkansas EQR data will be stored separately from any other project data to ensure security and that only personnel with a business need is granted access to the data. The Data Dictionary will be managed by our Healthcare Analyst in accordance with the AR EQRO Contract Manager. This Data Dictionary will be available in the master directory of the data set for authorized analytical team members to access. Qsource will have the file location and structure ready to store Arkansas EQR data on day one of the contract. Our file structures typically consist of a Master Project folder, Read-Only Data Folder (to maintain data integrity,) Work File Folder Set with subfolders for specific file sets, Deliverables Folders and Ad-hoc Reports folders. Qsource will ensure this data is encrypted both in motion and at rest and that it can be accessed by only those with a business need to do so.

Qsource, in its many EQR programs, has utilized multiple file transfer processes. Qsource is experienced in interacting with the Arkansas Medicaid Decision Support System (DSS) for data extracts, via Optum processing. For an alternative method of data sharing, Qsource proposes the use our SSL secure, two-factor authenticated access to our SharePoint Xchange. This process allows state personnel to place file sets in protected locations at their convenience. Qsource has also created Secure File Transport systems with EQR agencies for the automated secure transfer of data sets. These automated processes notify authorized personnel when new data is present. Qsource, and the Qsource IS Team, have the capability of designing and supporting a secure file exchange that will meet and exceed the needs of this RFP.

Upon award, Qsource will immediately begin to finalize the interface or transfer process best suited for the Arkansas EQR program. Qsource will conduct a full scale program rollout with the AR EQR team. This will include the following milestones:

- ◆ Executing a BAA
- ◆ Verifying the desired process for file exchange with the AR EQR team
- ◆ Establish file format, structure, and specifications
- ◆ Develop/maintain the data dictionary
- ◆ Finalize and document the process
- ◆ Conducting user acceptance testing
- ◆ Train the users
- ◆ Put the system into production
- ◆ Develop a Plan of Action with (and) Milestones (POA&M) for any issues encountered
- ◆ The final step will be user acceptance and sign-off on the system by the AR EQR contracting officer, his/her representative and the Qsource CEO or Project Manager.

Qsource understands the various Arkansas program data sources and systems. We have experience with the MMIS system, DSS and file sharing in general, enabling us to quickly scale up and be ready to receive data extracts from the MMIS, PASSEs, DMOs, or any other approved vendor deemed necessary. Qsource is ready to securely transfer the data in encrypted formats, store in a

segmented and secure location, protect and preserve the transferred data and perform analysis necessary to render all deliverables in a timely manner.

Communication Plan Key Elements

Aligning action with vision is critical to Qsource's success. We employ purpose-driven communication practices both throughout our organization and the lifespan of each contract. Within each contract, we establish ambitious aims and then customize communication methods to inspire action toward achieving outcomes. Where appropriate, Qsource adopts plain language guidelines to ensure that our communication strategies are understandable to our intended audiences, by helping them:

- ◆ find what they need,
- ◆ understand what they read, and
- ◆ use what they find.

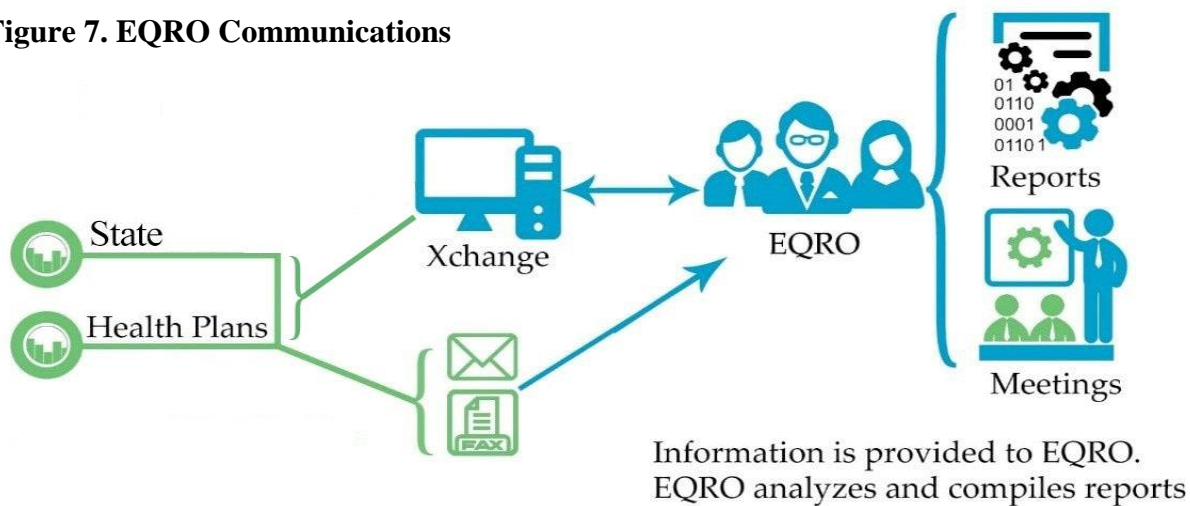
Management and contractor communication is another foundational component of Qsource operations. The Qsource team has taken the necessary steps to address the appropriate framework for management oversight, contractor monitoring, and the means to redirect or modify our approach when necessary to achieve DHS's current and future goals. Our proposed lines of authority and communication are clear, direct, and include focus on all stakeholders and their contributions to this contract.

The Project Manager and Contract Manager will effectively communicate updates on a formal and informal basis to senior leadership and activity teams. Their leadership support will carry throughout the contract with more intensive involvement during kickoff, development, design, implementation and monitoring phases. Each activity lead, in concert with the Project Manager, will be responsible for predicting potential impediments, assisting in navigating those obstacles, measuring progress, adjusting timelines, planning tasks as necessary, and managing the process to collect the information critical to making decisions.

Qsource has the capacity to receive communications via multiple channels. Vendor information can be received by secure file transfer using multiple processes. Qsource will develop a unique process for AR DHS personnel. This process will be developed on our secure SharePoint platform (Xchange) and include two-factor authentication for all users. Upon access, users may use the communication tools therein to securely transfer files, send secure messages, request specific reviews and check on the status of requests. In addition to this highly customized platform, Qsource will maintain alternative communication resources as part of the Business Continuity and

Disaster Recovery Plan. Alternatives include clear points of contact listing with telephone, mobile, email, and fax access. Simple communication flow is depicted in **Figure 7**.

Figure 7. EQRO Communications



Description of Contingency Plans

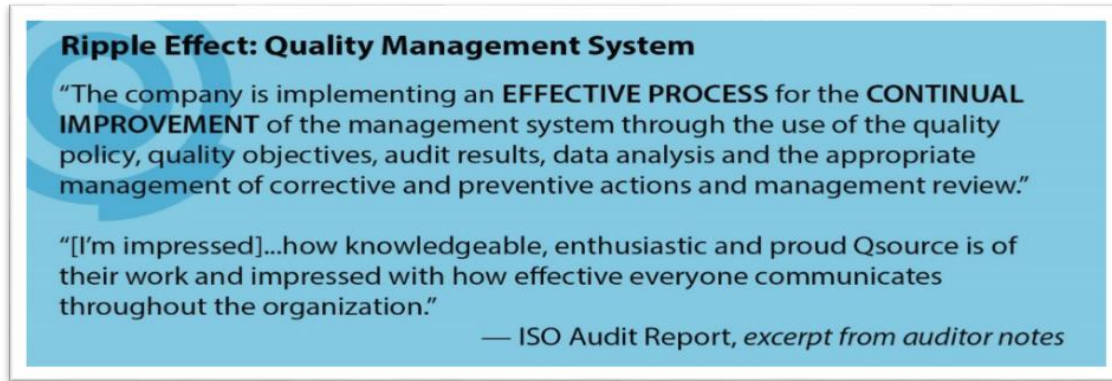
The Qsource team embraces a systematic approach to quality assurance. Our Quality Management System (QMS) guides our organizational practices and the tools we use to ensure consistency across transitions in work. We are committed to meeting and exceeding customer expectations through our responsible management, skilled and experienced staff, and collaborative approach to EQR. Qsource's QMS includes risk identification and mitigation processes to assist in design of proactive contingency plans.

Continual review and improvement of corporate, team, and individual processes are an integral part of our corporate strategy and organizational culture, and ensure our ability to fulfill the following:



Qsource is one of only a handful of healthcare consultancies to have a QMS certified to International Organization for Standardization (ISO) 9001:2015 for the design, development and delivery of services. ISO 9001 represents a critical element in our overall strategic plan by guaranteeing that our project management activities and QI efforts are documented, tracked and reported. We measure the success of our quality objectives through our internal quality control (IQC) system dashboards, which use metrics related to project, resource and cost management to monitor project status and make certain that our processes are conducted efficiently and effectively. By using these systems to thoroughly document and measure each aspect of our contract task, we obtain valuable knowledge for producing the best product possible for our customers.

As part of our QMS, Qsource's EQRO staff have multiple procedures and sets of work instructions delineating workflows for standard EQR activities. Deliverables are monitored using automated work plans, and survey protocol is consistently administered through the use of an *EQRO Surveyor Handbook* and an *EQRO Style Manual* for consistency in approach. Our QMS has helped us garner 100% satisfaction from TennCare, CoverKids, FHKC, and Arkansas Department of Health (ADH) for timely deliverables, contractor feedback and contract compliance.



Risk

Risk is an inherent component of every contract. Qsource uses Smartsheet, a virtual project management tool, to identify, catalog, analyze, communicate, plan, and track our risk response strategies. Smartsheet allows us to set automated reminders to assess risk status and directs action when risks escalate and require advanced action that could endanger the contract. Risk status updates are part of the contract dashboard and reviewed during weekly task meetings. Reallocation of cross-trained staff, additional technology resources, and backup systems are all examples of contingency actions that could be generated within risk discussions. The contract dashboard is made available through SharePoint for all contracts to every Qsource team member and contractor. If risks require DHS guidance or assistance, or are significant enough to endanger contract performance, the Contract Manager will immediately schedule a discussion with the appropriate team members and DHS.

Proposal to Validate Encounter Claims Data for MCO Contracts

Prior to starting *CMS EQR Protocol 5 Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan* (October 2019), Qsource proposes to provide training and technical assistance to DMO and PASSE staff via webinars, conference calls, one-on-one calls, and onsite meetings (if warranted). Providing an introductory training webinar, or presentation at a meeting for all DMO/PASSE personnel, will familiarize DMO/PASSE personnel with specific actions required of the DMOs and PASSEs during the EDV process. It will also offer an opportunity to ask questions and schedule further individualized technical assistance sessions as needed to complete activity requirements. We will continue to be available for technical assistance throughout the EDV process and be open to suggestions from DHS and its DMOs and PASSEs to design training and technical assistance materials. While we present the following approach to EDV, Qsource's experience with EDV analysis and reporting will enable us to easily customize the EDV process to meet DHS preferences.

Beginning the Protocol

CMS EQR Protocol 5 (2019) defines encounter data as “the information related to the receipt of any item or service by an enrollee in a managed care plan (MCP). It is often thought of as the managed care equivalent of fee-for-service (FFS) claims.” These are typically the detailed service data for providers whose services are covered under a capitation financial arrangement (i.e., per member per month payments). For the DMOs, validation of claims data will be included in Qsource’s analysis, as these entities are paid on an FFS basis. Validation determines the accuracy and completeness of encounter data to inform policy and operational decision-making, assess quality, monitor program integrity, and determine capitation payment rates.

CMS protocol defines potential areas of concern with encounter data validity and acceptable error rates. Encounter data determined to be Missing involve encounters that occurred but were not represented by an electronic encounter record. Missing encounters can be evaluated through analysis of data volume and medical record review. Encounters that did occur but have records with incorrect data elements are classified as Erroneous. The Acceptable Error Rate is the maximum percentage of these record types (i.e., Missing, Erroneous) that DHS will accept.

CMS EDV Protocol Activity 1 – Review State Requirements

Using the worksheet resources provided in 2019 CMS EQR Protocol 5 and our experience performing EDV, Qsource will review DHS’s requirements. Prior to the initiation of the annual EDV analysis, Qsource will collaborate with DHS to prepare separate Data Submission Guidelines for the DHS DMOs and PASSEs in fulfilling EDV Activity 1 requirements. The Data Submission Guidelines will include definitions, data layouts, and formats. To ensure we completely understand DHS’s requirements for each PASSE’s encounter and DMO claims data, the Qsource team will review the following information from DHS, per 2019 CMS EQR Protocol 5:

- ◆ Specific requirements regarding the MCPs’ collection and submission of encounters
- ◆ Requirements regarding the types of encounters that must be validated
- ◆ Standards for the submitted data
- ◆ State standards for encounter data completeness and accuracy
- ◆ Data dictionary and companion guides
- ◆ Description of the information flow from the MCP to DHS
- ◆ A list and description of automated edits or checks performed on the data
- ◆ The timeliness requirements for data submissions
- ◆ Any EQR validation reports from previous years
- ◆ Any other information relevant to encounter data validation

CMS EDV Protocol Activity 2 – Review the MCO’s Capability

EDV Activity 2 assesses the capacity of the DMOs and PASSEs to produce accurate and complete encounter data. If the DMO or PASSE has completed an ISCA review within the past two years, this activity will be based on review of the ISCA Tool submitted and interviews with DMO staff for any needed clarification of ISCA findings. If the DMO or PASSE has not completed an ISCA within the previous two years, Qsource will conduct one consistent with the processes provided in “Appendix A: Information Systems Capabilities Assessment” of 2019 CMS EQR Protocol 5. We will review each MCP’s ISCA to identify weaknesses in the MCP’s information systems. If our review of ISCA findings identifies issues that may contribute to inaccurate or incomplete

encounter data, we will use Column 4 of “Worksheet 5.1. Specification of Acceptable Error Rates and Identified Areas of Concern” to list any concerns about the encounter data for each encounter type listed, as advised in 2019 CMS EQR Protocol 5. Qsource will contact any of the MCPs for which follow-up interviews with MCP personnel are needed to supplement ISCA information and ensure our understanding the MCP’s information systems and processes.

CMS EDV Protocol Activity 3 – Analyze Electronic Encounter Data

Encounter and FFS claims data are analyzed at the institutional and professional levels. Institutional data include any records submitted by a healthcare facility via a CMS-1450 form (UB-04 [Uniform Bill]), a standard billing claim form for institutional medical claims. Professional data include any records submitted by a provider via a CMS-1500 form (Health Insurance Claim Form), a standard claim form for non-institutional medical provider claims.

For EDV Activity 3, Qsource will follow a four-step process:

1. Develop a data quality test plan that is based on data element validity requirements and addresses the general magnitude of missing encounter data, types of encounters that may be missing, overall data quality issues, and MCP data submission issues. This plan will address:
 - ◆ the general magnitude of missing encounter data,
 - ◆ types of encounters that may be missing,
 - ◆ overall data quality issues, and
 - ◆ MCP data submission issues.
2. Analyze and interpret data in specific fields, and check the data for volume and consistency (macro-analysis).
3. Conduct analyses across data fields, provide a broader view of whether the data can be used for meaningful analyses, and consider development and use of analytic reports to detect broader data quality issues (micro-analysis). Such analytic reports can include reasonability tests, analyses by dates of service versus adjudication dates, checks by provider types, relational analyses by service type or episodes of care, analyses broken out by demographic group or subpopulation, and analytic questions.
4. Compare analysis results to external benchmark information, which can be obtained from various sources including, but not limited to, aggregate encounter data from historical DMO or PASSE data, other comparable states, and CMS’s Encounter Data Toolkit.

Data Quality Test Plan

Qsource uses SQL Server Management Studio (SSMS) for both data maintenance and querying and to statistically determine frequencies and rates in health services data on specific fields or variables created explicitly for data validation to indicate potential concerns. Analyzing claims and encounter data obtained from DMO- and PASSE-submitted data, Qsource will conduct basic integrity checks to determine if the data exist, if they meet expectations, and if they are of sufficient basic quality to proceed with more complex analyses.

Having no data present in one of these fields counts as an incomplete record. Within completed fields, Qsource examines data for accuracy as determined by specified accuracy checks. Accuracy checks reveal overall data quality issues, such as an inability to process or retain certain fields or

coding limitations, as well as data submission issues. Qsource applies accuracy checks to claims and encounter data, verifying critical data fields contained non-missing values in the correct format and specificity, within required ranges. The validation techniques employed for analyses addressed field-specific questions:

1. Is there information in the field, and is that information of the type requested? Check each data field to determine if information is the correct type and size in relation to the data dictionary; e.g., Current Procedural Terminology, 4th Edition (CPT-4) procedure codes should have five digits; CHIP enrollee IDs should have the correct number of letters and digits.
2. Compared to an external standard, are the values in the field valid? Values in the diagnosis field, for example, should use current and valid diagnosis codes.

Validation Techniques

Qsource determines a validity rate for both encounter and claims data for each DMO and PASSE by identifying the number of records with accurate data out of the number examined with data present (completeness) for fields DHS has agreed upon.

CMS EDV Protocol Activity 4 – Review Medical Records

In fulfillment of requirements for Activity 4, medical record review of encounter data, Qsource will frame its approach in the form of research questions—questions of description, relationship, and comparison—with clear hypotheses, well-defined sampling methodology, and predetermined error tolerances.

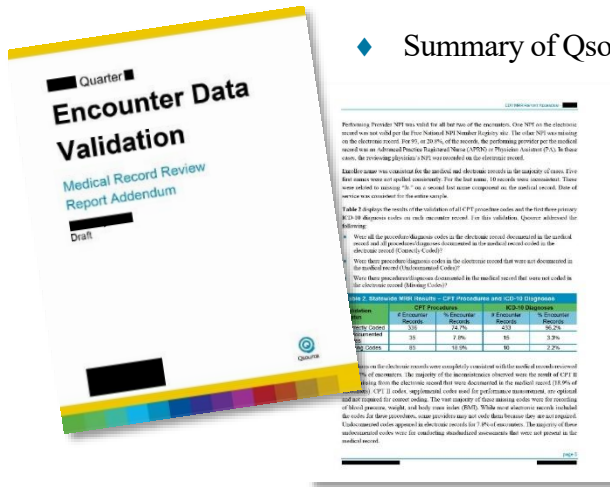
This same methodology, in addition to any written guidance provided by DHS, would be used in our review of DHS’s DMOs and PASSEs. Qsource will use standard sampling methodology to determine the sample size for medical record review for DHS and request that the DMOs and PASSEs secure medical records associated with these encounters. The records will be reviewed to confirm that key electronic encounter data are supported by the appropriate medical record. Qsource has conducted medical record reviews of 452 encounter records (sample of 411 with a 10 percent oversample) for each of its past EDV reviews to confirm that key electronic encounter data were supported by the appropriate medical record. We will select a statistically valid stratified random sample of statewide encounters appropriate for DHS’s DMO and PASSE populations.

Qsource will provide an *Encounter Data Validation Medical Record Review Report Addendum* for each review, to include the research questions most critical for DHS’s understanding of data completeness and validity. Example research questions include the following:

- ◆ Were all the procedure/diagnosis codes in the electronic record documented in the medical record and all procedures/diagnoses documented in the medical record coded in the electronic record (Correctly Coded)?
- ◆ Were there procedure/diagnosis codes in the electronic record that were not documented in the medical record (Undocumented Codes)?
- ◆ Were there procedures/diagnoses documented in the medical record that were not coded in the electronic record (Missing Codes)?

CMS EDV Protocol Activity 5 – Submit Findings

Qsource proposes the following content for the quarterly EDV report, in line with CMS EQR Protocol 5 and 42 CFR § 438, subpart E:



- ◆ Summary of Qsource’s review of DHS requirements for collecting and submitting encounter data
- ◆ Description of Qsource’s review of MCP capacity for producing encounter data that are accurate and complete
- ◆ Summary tables and narrative analysis of the accuracy and completeness of MCP-submitted encounter data
- ◆ Medical record review (MRR) of selected encounter records to confirm EDV findings
- ◆ Submission of EQRO findings and recommendations

Organizational Chart & Staffing Information

Qsource CEO Dawn FitzGerald, MS, MBA guides our organizational mission and reports to the Board of Directors. Clinical leadership is provided by EQRO Medical Director Ben Heavrin, MD, who interacts directly with the EQRO team. EQRO Director/Contract Manager John Couzins, MPH, CHCA, also reports to the CEO and will oversee the Arkansas EQRO, working directly with the DHS during implementation and throughout the contract, as needed.

Qsource’s Arkansas EQRO Project Manager reports to the EQRO Director and will manage all EQRO deliverables, services and frontline staff. Proposed Healthcare Data Analyst Prashanth Musuku, MS, CHCA will conduct healthcare data analyses and validation. Programmer/Analyst Joseph Greer, BBA, helps in creating HIPAA-compliant, web-based EQRO review tools and outputs to aid in data aggregation, collection, validation and seamless reporting. Qsource Marketing and Communications team will develop and maintain Arkansas EQR communication materials, templates and report styles in compliance with state-approved activities.

The Project Manager and QI Specialists Rebel McKnight and Suzie Clymer, RN, MSN will be primarily responsible for communications with the Plans, as well as for all review activities. Customer Service Representative Susan Carter will provide support for outreach activities for surveys or the like. Technical Writer Kelly Agee, MS, BA, will prepare deliverable content and templates, specific to each activity, including the following:

- ◆ Executive Summary
- ◆ Background
- ◆ Methodology
- ◆ Findings
- ◆ Summary and Recommendations

Personnel Roster and Team Organization

Table 5 lists the team members Qsource will assign to meet DHS contract requirements. EQRO team members include master’s-level senior managers, epidemiologist, analysts and technical writers; National Committee for Quality Assurance (NCQA)-Certified HEDIS Compliance Auditors (CHCA); and clinical QI specialists with a Bachelor or Master of Science degree in Nursing (BSN/MSN) and current licensure as a registered nurse (RN). Each member is located within the United States for the duration of the contract. In aggregate, Qsource proposes 5.51 FTE in Year 1, and 5.93 FTE in Year 2.

Table 5. EQRO Team Roster, Experience, and Role		
Staff	Education and Experience	EQR Role
<p><u>EQRO Director/Contract Manager</u> <u>John Couzins,</u> <u>MPH, CHCA</u></p> <p>Yr 1: 0.2 FTE Yr 2: 0.23</p>	<ul style="list-style-type: none"> ◆ Master’s degree in Public Health in Epidemiology ◆ 20 years’ experience in healthcare assessment ◆ 16 years’ management experience ◆ Certified HEDIS Compliance Auditor ◆ Member of NCQA’s expert workgroup for measure development ◆ NCQA accreditation expertise ◆ Expertise in CMS EQRO protocols ◆ Experience in conducting epidemiologic analyses ◆ Extensive knowledge of state and federal healthcare legislation 	<p>Reports to CEO</p> <ul style="list-style-type: none"> ◆ Monitors overall contract performance and deliverables ◆ Directs, monitors and facilitates all EQR activities ◆ Facilitates all Plan meetings ◆ Manages and oversees EQRO staff/administrative structure ◆ Coordinates all epidemiologic activities ◆ Develops and maintains internal data controls and quality control (QC) plans
<p><u>Project Manager</u> Contingent</p> <p>*Arkansas-based</p> <p>Yr 1: 1 FTE Yr 2: 1</p>	<ul style="list-style-type: none"> ◆ 5 years’ minimum management experience ◆ 10 years’ healthcare and managed care experience ◆ 3-5 year’s EQR experience ◆ Data collection and auditing experience ◆ Superior program management skills ◆ Relevant HEDIS and performance measure experience 	<p>Reports to EQRO Director/Contract Manager</p> <ul style="list-style-type: none"> ◆ Coordinates all contract deliverables and completes monthly activity report ◆ Participates in regular meetings as often as requested by DHS, by phone video conference or onsite at DHS. ◆ Participates in EQR activities and surveys (onsite as needed) ◆ Develops and conducts all training activities ◆ Develops and maintains internal data controls, QC plans and EQRO dashboard for IQC ◆ Designates appropriate staff to meet with DHS and program staff to provide clarification or direction in relation to EQR projects; ◆ Facilitates meetings to include: providing an agenda, minute taking, and creation and distribution of informational materials; ◆ Facilitate and prepare oral presentation of EQR findings, recommendations, corrective action plans, and technical assistance to DHS and/or program staff; ◆ Ensure all final technical reports and other deliverables are timely, well written, accurate, and complete; ◆ Assist DHS in responding to any questions from CMS or other

Table 5. EQRO Team Roster, Experience, and Role

Staff	Education and Experience	EQR Role
		stakeholders about any final technical reports or deliverables; and ♦ Prepare and deliver Contractor activity reports to DHS, including any due dates, milestones, and project status.
<p><u>Protocol Subject Matter Expert (SME)</u> <u>Swapna Mehendale, BPharm, MHA</u></p> <p>Yr 1: 0.7 FTE Yr 2: 0.7</p> <p>*Intend to replace with Arkansas-based person by Year 2</p>	<ul style="list-style-type: none"> ♦ 12 years' EQR experience, both as contract leader and analyst ♦ 7 years' experience healthcare quality assessment and health data analysis ♦ Expertise in MCO system, quality review protocols and procedures and conducting research and presenting outcomes ♦ Skilled in importing, editing, and exporting SAS datasets and in creating summary tables, graphs and reports 	<p>Reports to Project Manager</p> <ul style="list-style-type: none"> ♦ Provides SME to EQR team and MCOs regarding protocol tasks ♦ Assists in development and maintenance of AR EQR work plan ♦ Provide management support to EQRO team in coordination with Project Manager and EQRO Director/Contract Manager ♦ Offers support with contract start-up and training of MCOs ♦ Facilitates technical assistance to EQR team members ♦ Assists in data collection methodologies and processing
<p><u>QI Specialist/Evaluation Lead</u> <u>Rebel McKnight</u></p> <p>*Current Arkansas staff</p> <p>Yr 1: 1 FTE Yr 2: 0.97</p>	<ul style="list-style-type: none"> ♦ 15 years of experience in the QI environment ♦ Experience with provision of EQR services and protocol-based technical assistance ♦ Extensive knowledge in quality improvement in both the outpatient ambulatory settings as well as the inpatient hospital settings. ♦ Knowledgeable about EQR data collection, tool development. ♦ Understanding of data analytics, using data to drive QI interventions. Experience measuring customer satisfaction and improving relationships and by adhering to requirements of Qsource's Quality Management System (QMS) and HEDIS as well as NCQA standards. 	<p>Reports to Project Manager</p> <ul style="list-style-type: none"> ♦ Leads/manages/performs with other QI Specialists: ♦ Participates in EQR activities and surveys (onsite as needed) ♦ Provides technical assistance to Plans and DHS as necessary ♦ Conducts PIP validations ♦ Performs required medical records reviews ♦ Conducts annual QI/utilization review program and work plan evaluations
<p><u>Clinical QI Specialist</u> <u>Suzie Clymer, RN, MSN</u></p> <p>Yr 1: 0.75 FTE Yr 2: 0.45</p> <p>*Intend to replace with Arkansas-based person by Year 2</p>	<ul style="list-style-type: none"> ♦ 22 years' as Registered Nurse ♦ Expertise with provision of EQR services and protocol-based technical assistance ♦ Experienced leader in performance improvement project review, giving valued input and support for MCOs ♦ Knowledgeable about EQR data collection, tool development and reporting functions. 	<p>Reports to Project Manager</p> <ul style="list-style-type: none"> ♦ Leads/manages/performs with other Clinical QI Specialists: ♦ Participates in EQR activities and surveys (onsite as needed) ♦ Provides technical assistance to Plans and DHS as necessary ♦ Conducts PIP validations ♦ Performs required medical records reviews ♦ Conducts annual QI/utilization review program and work plan evaluations
<p><u>Healthcare Data Analyst</u> <u>Prashanth Musuku, MS, CHCA</u></p>	<ul style="list-style-type: none"> ♦ 4 years' experience in statistical analysis and analysis of use/functional requirement specifications of business processes 	<p>Reports to Project Manager</p> <ul style="list-style-type: none"> ♦ Conducts HEDIS/PMV audits ♦ Validates statistical analyses related to EQR activities

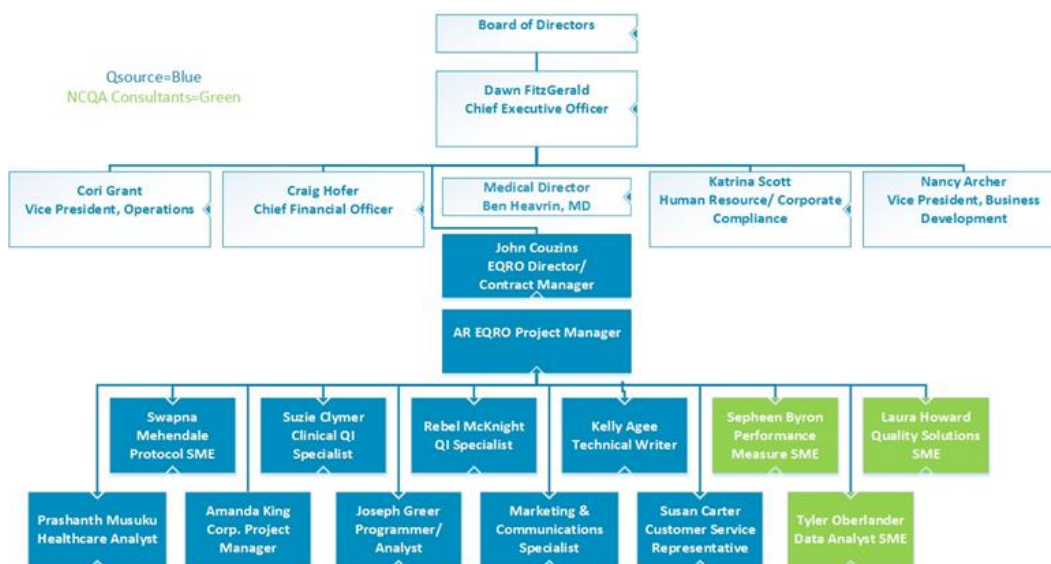
Table 5. EQRO Team Roster, Experience, and Role		
Staff	Education and Experience	EQR Role
Yr 1: 0.5 FTE Yr 2: 0.67	<ul style="list-style-type: none"> ◆ Knowledge of Medicaid databases and file structure ◆ Expert data mining, data reporting, and machine learning with a strong background in statistical analysis and predictive modeling 	<ul style="list-style-type: none"> ◆ Collaborates with epidemiologist to conduct ad-hoc analyses ◆ Provides technical assistance with sampling methods ◆ Performs data validation checks, statistical sampling and statistical analyses.
<u>Technical Writer</u> <u>Kelly Agee, MS, BA</u> Yr 1: 0.75 FTE Yr 2: 0.75	<ul style="list-style-type: none"> ◆ 23 years' experience in writing, editing, and proofreading ◆ Skilled in conducting research, research design and qualitative and quantitative data analysis ◆ Experience in healthcare QI and assurance activities, and national healthcare measures and benchmarking ◆ Proficient in Microsoft Office and Adobe InDesign 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Writes, edits and formats all required reports ◆ Performs research and analyses of state and federal healthcare regulations ◆ Coordinates with support services to ensure all deliverable and Plan material submissions ◆ Updates EQRO dashboard, procedures, and work instructions as needed
<u>Corporate Project Manager</u> <u>Amanda King, MHIIM, RHIA, PMP</u> Yr 1: 0.28 FTE Yr 2: 0.28	<ul style="list-style-type: none"> ◆ 8 years' project management experience ◆ PMP certified ◆ 10 years' experience in healthcare information management ◆ Expert skills integrating technology to enhance organizational management ◆ Lean Six Sigma Green Belt 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Engineer contract/tasks by organizing project elements, including launch, milestones and performance tracking ◆ Design and maintain contract specific timeline, project schedules and overall plan ◆ Establish automated project dashboard and workspace ◆ Continuous feedback and tracking of all contract activities
<u>Programmer/Analyst</u> <u>Joseph Greer, BBA</u> Yr 1: 0.03 FTE Yr 2: 0.03	<ul style="list-style-type: none"> ◆ Experienced in full lifecycle software development, SharePoint development, database design and programming, and analysis of use/functional requirement specifications of business processes ◆ Skilled in developing stored procedures, functions and triggers for implementing automated workflow; data extraction, transformation and loading; object-oriented programming languages, relational database management systems and reporting; and creating process and data models 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Provides database support and development required for contract task area tools and deliverables output ◆ Maintains secure, active user portal for web-based EQR tools and Qsource to EOHHS and/or Plans bi-directional file management ◆ Ensures necessary security and disaster recovery procedures for EQRO program tools
<u>Marketing/Communications Specialist</u> <u>Aggregate Support team</u> Yr 1: 0.28 FTE Yr 2: 0.03	<ul style="list-style-type: none"> ◆ 16 years' experience as marketing specialist ◆ Manages website, creates graphical reports and materials 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Maintains and supports EQRO marketing and communication activities ◆ Ensures necessary styles and formats are applied prior to distribution
<u>Customer Service Representative/Administrative Assistant</u> Susan Carter	<ul style="list-style-type: none"> ◆ Experience call center representative ◆ Knowledgeable in EQR Network adequacy and survey tasks ◆ 2 years' performing EQR tasks 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Maintains and supports EQRO call systems activities ◆ Inputs data/information into computer systems for EQR team review

Table 5. EQRO Team Roster, Experience, and Role

Staff	Education and Experience	EQR Role
Yr 1: 0.28 FTE Yr 2: 0.83		
Consultant: NCQA		
<u>Performance Measures SME</u> <u>Sepheen Byron, MHS</u>	<ul style="list-style-type: none"> ◆ 20 years' experience in evaluation of health care quality ◆ Strategic direction on measure development and use, including HEDIS ◆ Directs NCQAs evaluation efforts in pediatric care, preventive services and behavioral health ◆ Led work within AHRQ-CMS CHIPRA collaborative 	<ul style="list-style-type: none"> ◆ Provides SME to EQR team and PASSE/DMO regarding measures activities ◆ Offers support with contract start-up and training of stakeholder, as needed ◆ Facilitates technical assistance to EQR team members
<u>Quality Solutions SME</u> <u>Laura Howard, BS</u>	<ul style="list-style-type: none"> ◆ 20 years' experience in healthcare policy, advocacy and communications ◆ Project Director for CMS Quality Rating Systems for Marketplace and Qualified Entity Certification Program ◆ Strong understanding of state and federal Medicaid agency delivery systems 	<ul style="list-style-type: none"> ◆ Provides SME to EQR team and PASSE/DMO regarding quality solutions, ratings systems, HEDIS activities ◆ Offers support with contract start-up and training of stakeholder, as needed ◆ Facilitates technical assistance to EQR team members
<u>Data Analyst SME</u> <u>Tyler Oberlander, BA</u>	<ul style="list-style-type: none"> ◆ Director of Research & Analysis at NCQA ◆ Support HEDIS, PCMH products ◆ Expertise in measure development and testing, delivery system evaluation and physician payment design ◆ Experienced with audited HEDIS and CAHPS measure results, claims, encounter and patient experience data 	<ul style="list-style-type: none"> ◆ Provides SME to EQR team and PASSE/DMO regarding data and analytic activities ◆ Offers support with contract start-up and training of stakeholder, as needed ◆ Facilitates technical assistance to EQR team members

The Qsource team organizational chart showing each team member and their reporting structure is located in **Figure 8**.

Figure 8. The Qsource Team Organizational Chart



Resumes for Qsource staff in **Table 5** are included in the following pages.

Resume of John Couzins, MPH, CHCA

John Couzins, MPH, CHCA

Current Qsource EQRO Director with more than 18 years’ experience in epidemiology/clinical tasks and quality assurance management/review, including more than 16 years in managed care EQR and QI, and more than 10 years in management. Certified HEDIS Compliance Auditor with advanced knowledge and understanding of NCQA accreditation, HEDIS technical specifications, managed care plan compliance audit processes, and ISO 9001 certification. Expertise in EQRO processes and care organization systems for Medicaid managed care programs and applied public/population health and disease management data aggregation and analyses, including understanding interpretation of data and social and economic factors affecting data interpretation. Heightened analytical, research, and communication skills.

PROFESSIONAL EXPERIENCE

Qsource	Nashville, TN
EQRO Director/Epidemiologist	Mar 2007 to Present
Epidemiologist/Senior Health Analyst	May 2003 to Mar 2007
Georgia Medical Care Foundation	Atlanta, GA
Epidemiologist/Health Data Analyst	Jan 2000 to May 2003

Resume of John Couzins, MPH, CHCA

DeKalb County Board of Health	Decatur, GA
County Epidemiologist	Feb 1999 to Jan 2000
Centers for Disease Control (CDC) Mycotic Diseases Branch	Atlanta, GA
Data Analyst	Jan 1998 to Feb 1999
CDC National Institute of Occupational Safety and Health	Atlanta, GA
Association of Schools of Public Health/CDC Intern	Jun 1998 to Sep 1998

RELATED SKILLS

- ◆ Manages EQRO Division and serves as the main liaison with TennCare and CoverKids, coordinating oversight activities with TennCare MCCs and the CoverKids HPA and DBM, and providing technical assistance on state and federal regulations affecting managed care, the Medicaid program, and the CHIP
 - ◆ Exhibits expertise and provides internal oversight in EQRO processes for Medicaid managed care programs, identifying utilization patterns and reporting relative resource use in the epidemiological and statistical measurement of health and service status indicators in defined populations, including behavioral/mental health
 - ◆ Conducts NCQA HEDIS Compliance Audits of MCOs throughout the country, maintaining an active and applied knowledge of HEDIS technical specifications
 - ◆ Is a member of NCQA expert workgroup for the development of HEDIS measures using electronic clinical data systems
 - ◆ Performed advanced analyses of Medicare claims/enrollment data using various statistical techniques; developed and implemented an Access-based surveillance system for a statewide diabetes QI initiative
 - ◆ Analyzed and interpreted public health surveillance data using ArcView/geographic IS to map public health data and perform spatial analyses; provided training, technical assistance, and consultative services regarding epidemiology and control of diseases
 - ◆ Analyzed data for public health case control study and performed descriptive epidemiologic analysis of NHANES and NHIS national databases in preparation for a study of occupational exposures and mental health attributes
-

EDUCATION

Master of Public Health (MPH) in Epidemiology	May 1999
Emory University, Rollins School of Public Health	Atlanta, GA
Bachelor of Science in Microbiology	Dec 1995

The Ohio State University

Columbus, OH

Certification

Certified HEDIS Compliance Auditor (CHCA)

Oct 2003

SELECT PUBLICATION

McClellan W, Millman L, Presley R, **Couzins J**, Flanders D. Improved diabetes care by primary care physicians: results of a group-randomized evaluation of the Medicare Health Care Quality Improvement Program (HCQIP). *Journal of Clinical Epidemiology* 2003;56:1210-1217.

SELECT PRESENTATIONS

Couzins J. Do quarterly Glycosylated Hemoglobin test predict survival? [oral]. Presented at: The American Health Quality Association (AHQA) Technical Conference; February 1, 2002; Dallas, TX.

----- . An investigation into the demographic, ecological and clinical variables associated with the care of patients with diabetes [oral]. Presented at: The Tri-Regional Conference; June 15, 2001; St. Petersburg, FL.

----- . A comprehensive database and project management tool for the outpatient initiatives [oral]. Presented at: The Tri-Regional Conference; June 15, 2001; St. Petersburg, FL.

----- . Mailing practice-specific quality of care profiles linked to educational materials improved the care of diabetes mellitus: A randomized trial. Poster presented at: The AHQA Technical Conference; February 10, 2001; Los Angeles, CA.

----- . Web based immunization program. Poster presented at: SDPS/HCFA User's Group Meeting; September 29, 2000; Des Moines, IA.

Resume of Swapna Mehendale, MHA, BPharm

Swapna Mehendale, MHA, BPharm

Current EQRO Program Manager with more than 10 years' experience in quality assurance review, data management and statistical analysis, including eight years' experience in healthcare quality assessment, health data analysis, and the statistical measurement of health and service status indicators. Offers expertise in the Tennessee MCO system, quality review protocols and procedures, research design, and presenting/reporting outcomes; and in-depth understanding of the scope and methodologies of data collection, analyzing encounter and other data, validating data, and testing samples of data. Skilled in importing, editing, and exporting SAS datasets and in creating summary tables, graphs, and reports. Trained in Six Sigma and proficient in SAS, SPSS, Microsoft Office, Project, Web design, and SQL.

PROFESSIONAL EXPERIENCE

Qsource	Nashville, TN
EQRO Program Manager	Oct 2014 to Present
Senior Health Analyst	Oct 2008 to Oct 2014
Element Technologies	Piscataway, NJ
SAS Consultant	Oct 2007 to Oct 2008
The Medical Center	Bowling Green, KY
Intern	Jan 2007 to Apr 2007
Western Kentucky University	Bowling Green, KY
Graduate Associate & Team Lead	Aug 2006 to Dec 2006
Leadership Assessor, Center for Leadership Excellence	Feb 2006 to Sep 2006
Bombay Drug House	Mumbai, India
Intern	May 2003 to Jun 2003

RELATED SKILLS

- ◆ Coordinates all EQRO Division deliverables, manages EQRO team members, and collaborates with and provides technical assistance to the State and other contract stakeholders regarding QI plan development, implementation, measurement, quality strategy planning, and program evaluation
- ◆ Coordinates and conducts quality studies and performance validations, including HEDIS quality measure analyses; MRRs; and PIP validations for statistical measurement of health

Resume of Swapna Mehendale, MHA, BPharm

and service indicators, including behavioral and long-term health, population health, and disease management programs

- ◆ Edits, cleans, and scores large datasets; conducts accurate and verified descriptive and statistical analyses of health outcomes data
 - ◆ Reviewed medical records, created databases, analyzed data, reported outcomes, and conducted clinical rotations for multiple individual projects at a large multi-bed medical center
-

EDUCATION

Master of Healthcare Administration (MHA) **May 2007**

Western Kentucky University Bowling Green, KY

Bachelor of Science in Pharmacy (BPharm) **Jun 2004**

MET's Institute of Pharmacy, Mumbai University Mumbai, India

Certification

SAS Certified Advanced Programmer Aug 2009

SELECT PRESENTATIONS

Wyant D, **Jamode S**. The public health component in health care administration programs not based in colleges of public health. Presented at: The Association of University Programs in Health Administration (AUPHA) Annual Meeting; May 31-June 3, 2007; Orlando, Fla.

----- Approaches to including required epidemiology in health management curriculum. Poster presented at: AUPHA Annual Meeting; June 22-25, 2006; Seattle, Wash.

HONORS/AWARDS

Outstanding Graduate Student Assistant, Department of Public Health, WKU 2006

Resume of Rebel Ward-McKnight, CPHIT, CPEHR

Rebel Ward-McKnight, CPHIT, CPEHR

Current Qsource associate with American citizenship and 15 years of experience in the QIO-QIN environment. Extensive knowledge in quality improvement in both the outpatient ambulatory settings as well as the inpatient hospital settings. Understanding of data analytics, using data to drive QI interventions. Experience providing support for organizational continuous QI (CQI) by using ISO2015 as a tool for measuring intervention effectiveness, measuring customer satisfaction and improving relationships and by adhering to requirements of Qsource's Quality Management System (QMS) and

Resume of Rebel Ward-McKnight, CPHIT, CPEHR

HEDIS as well as NCQA standards.

PROFESSIONAL EXPERIENCE

Qsource OH EQRO Quality Advisor	Little Rock, AR August 2019 to Present
IDIQ Immunization Task Director	March 2015 to Present
Qsource of Arkansas HEDIS Medical Record Abstractor & HIT Lead	Little Rock, AR Aug 2008 to March 2015
Arkansas Foundation for Medical Care (AFMC) HIT Specialist	Little Rock, AR Aug 2004 to Aug 2008
Conway Children's Clinic Clinic Administrator	Conway, AR Nov 1999 to Aug 2004

RELATED SKILLS

- ◆ EQR Comprehensive Assessment experience: developing tool, CMS protocol resources, and performing onsite and desk review
- ◆ Arkansas Medicaid contract experience: HEDIS medical record/chart abstraction; HIT implementation/ePrescribing
- ◆ Extensive HIT knowledge in assisting providers with workflow and improvement strategies
- ◆ Coordinated cross QIN LAN event to educate providers on MIPS reporting in relation to influenza and pneumococcal
- ◆ Used LEAN Six Sigma methodology to create project charter for cross task work featuring immunizations
- ◆ Trained and certified as ISO auditor that allows continued PDSA in task work to ensure quality improvement

EDUCATION

Oklahoma State University Stillwater, OK	September 1986 - May 1987
Univ of Arkansas Fort Smith Fort Smith, AR	September 1987 – May 1988

Resume of Rebel Ward-McKnight, CPHIT, CPEHR

Resume of Suzie Clymer, RN, MSN

Suzie Clymer, RN, MSN

Engaged, masters-level educated registered nurse with diverse experiences that have inspired a passion for standardization of care and quality improvement in healthcare. Expertise with provision of EQR services and protocol-based technical assistance to managed care organizations. Leads performance improvement project review, giving valued input and support for MCOs. Assists with data collection, tool development and reporting functions.

PROFESSIONAL EXPERIENCE

Qsource	Nashville, TN
Clinical QI Specialist	Feb 2019 to Present
Franklin Special School District	Franklin, TN
Registered Nurse	Aug 2014 to Feb 2019
Harpeth Pediatrics	Franklin, TN
Registered Nurse	July 2015 to July 2018
Vanderbilt Children's Hospital	Nashville, TN
Registered Nurse	Aug 1998 to Sept 2003

RELATED SKILLS

- ◆ Conducts EQRO surveys, medical record reviews and health plan/provider audits, assisting in survey tool development, coordination and scheduling, pre-assessment documentation review, post-survey evaluation of corrective action plans, and report preparation
- ◆ Performs review and validation of performance improvement plans submitted by the MCOs and review of the associated technical reports
- ◆ Participates in the Healthcare Effectiveness Data and Information Set (HEDIS) and performance measure validation projects annually

Resume of Rebel Ward-McKnight, CPHIT, CPEHR

- ◆ Performed medical record reviews, facilitated HEDIS surveys, developed clinical research protocols, served as liaison between providers and insurance companies, and collected, aggregated and analyzed data as part of wide-ranging clinical experience in nursing
- ◆ Leads the development and compilation of annual Early and Periodic Screening, Diagnosis and Treatment (EPSDT) medical record reviews

EDUCATION

Master of Science in Nursing, Neonatal Specialty **Aug 1998**

Vanderbilt University School of Nursing **Nashville, TN**

Certifications

Registered Nurse **current**

Basic Life Support for Healthcare Providers (BLS) **current**

Resume of Prashanth Musuku, MS, CHCA

Prashanth Musuku, MS, CHCA

Expert in data analytics, data mining, data reporting, and machine learning with a strong background in statistical analysis and predictive modeling. Completes successful analytics projects with business outcomes in mind; adept at clearly communicating complex results to key stakeholders. Key skills and experience include experimental design, predictive modeling, variable reduction, clustering, special data mining algorithms (market basket analysis, factor analysis, survival analysis), time series, and text mining and sentiment analysis.

PROFESSIONAL EXPERIENCE

Qsource **Nashville, TN**

Healthcare Data Analyst **Feb 2019 to Present**

The Walt Disney Company **Orlando, FL**

Data Integration Consultant **Jan 2018 to Feb 2019**

US Food and Drug Administration

Washington, DC

Economic Impact Analysis Fellow

June 2017 to Jan 2018

Special Projects

SAS Analytics Shootout: Understanding Wildfires

Jan 2017 to May 2017

Product Recommendations (Comcast)

Sep 2016 to Dec 2016

Customer Lifetime Value (Retail Company)

Aug 2016 to Sep 2016

SAS Analytics Shootout: Effects of Baby Boomers

Jan 2016 to June 2016

RELATED SKILLS

- ◆ Edits, cleans and scores large Medicare and Medicaid claims datasets; conducts accurate and verified descriptive, exploratory, and statistical analyses of health outcomes data, including health and service indicators for behavioral, long-term, and population health studies and oversight quality reviews
 - ◆ Assists in designing study protocols and statistical analysis plans, conducting literature searches/reviews, defining criteria for case selection and variable parameters, and performing sample size calculations
 - ◆ Develops dashboards to display project wide snapshots of milestones. Serves as the analytic expert for quality improvement (QI) clinical teams, analyzing data from various sources for the purpose of consumer education and pattern identification. Provides analyses, measurement advice, and results interpretation.
 - ◆ Creates timelines, manages data entry, data clean-up and data analysis using SAS. Develops online tools for data entry and reports using MS SQL Server 2010, Visual Studio 2010, SSIS, ASP.NET, C#, AJAX, IIS, Web Services and JavaScript.
 - ◆ Participates in the Healthcare Effectiveness Data and Information Set (HEDIS), performance measure and encounter data validation projects annually.
 - ◆ Presents analytic findings and serves as a technical advisor to managed care health plans.
 - ◆ Participates in the development and production of project reports and deliverables.
-

EDUCATION

MS, Business Analytics

May 2017

Oklahoma State University

Stillwater, OK

CERTIFICATIONS

Resume of Prashanth Musuku, MS, CHCA

Certified HEDIS Compliance Auditor (CHCA) 2020

SAS Certified Advanced Programmer

SAS Certified Statistical Business Analyst

Resume of Kelly Agee, MS, BA

Kelly Agee, MS, BA

Current Qsource Technical Writer with 23 years' experience in writing, editing, and proofreading multiple documentation types in varied electronic and print formats, as well as 14 years' experience in academic and educational settings. Able to supervise multiple projects in a fast-paced, deadline-oriented environment according to organizational standards and style manuals. Expertise in media and dissemination, including overseeing research and development of publications; standard American English; and many publication styles, most notably APA, AP, MLA, Chicago, Turabian and IEEE. Experience developing and delivering training and informational presentations on a variety of topics.

PROFESSIONAL EXPERIENCE

Qsource	St. Augustine, Florida
Technical Writer	Jun 2018 to Present
Mississippi State University College of Engineering	Starkville, MS
Instructor	Aug 2014 to Jun 2018
Qsource	Nashville, TN
Organizational Development Project Specialist	Aug 2013 to Jul 2014
Technical Writer	Jul 2011 to Aug 2013
Maine Department of Education	Augusta, ME
Data and Technology Consultant	Oct 2010 to Jun 2011
Mississippi State University Research & Curriculum Unit	Starkville, MS
Project Manager for Publications and Dissemination	Jan 2010 to Sep 2010

Resume of Kelly Agee, MS, BA

Editor/Technical Writer	Jun 2007 to Dec 2009
Mississippi State University College of Engineering	Starkville, MS
Instructor	Aug 2005 to Jun 2007
State Gazette	Dyersburg, TN
Interim Managing Editor	Jul 2004 to Jul 2005

RELATED SKILLS

- ◆ Writes, edits, and designs annual, quarterly, and monthly reports for EQR activities, collaborating with multisite associates and subject matter experts to prepare documents, comparative analyses, and outcomes reporting
 - ◆ Conducts EQRO surveys and health plan audits, assisting in survey tool development, pre-assessment documentation review, post-survey evaluation of corrective action plans, and report preparation
 - ◆ Supports the corporate division of Qsource in grant proposal editing and formatting
 - ◆ Applies proficiency with Microsoft (MS) Office Suite, Adobe Acrobat Pro, , and other desktop publishing and design programs
 - ◆ Served as data liaison for all state career and technical education centers; coordinated and delivered training for Infinite Campus, the state’s software for reporting federally required career and technical education data; conducted onsite five-year comprehensive school reviews (CSRs) and helped author and edit CSR reports
 - ◆ Coordinated a team of four—one editor, two graphic artists, and one student worker—to produce publications for Mississippi State University and the Mississippi Department of Education; managed in-house library budget and acquisitions
-

EDUCATION

Master of Science in Education	August 2005
<i>Concentration in Secondary English</i>	
University of Tennessee	Martin, TN
Bachelor of Arts in English	May 1994
<i>Concentration in Technical Communication</i>	
University of Tennessee	Knoxville, TN

SELECT PUBLICATION

Brocato, J., Carlisle, G., **Agee, K.**, Barton, A., & Dechert, E. (2015). Improving engineering-student presentation abilities with theatre exercises. Proceedings of the 2015 American Society for Engineering Education Annual Conference. June 14–17, 2015, Seattle, WA. IRB approval HRPP Study #14-315. [Refereed]

SELECT PRESENTATIONS

Agee, K. (2016). Professional correspondence unit: Resumes and cover letters for engineers [Two-part workshop]. Delivered to students in GE 1911 Introduction to Engineering. Mississippi State, MS.

----- (2016). Professional correspondence unit: Writing formal business letters [Two-part workshop]. Delivered to students in GE 1911 Introduction to Engineering. Mississippi State, MS.

Barton, A., & **Agee, K.** (2015, September 10). Shackouls Technical Communication Program overview [Invited presentation]. Delivered to the Bagley College of Engineering New Faculty Development Session. Mississippi State, MS.

Agee, K. (2015, July 8). Formal report writing [Invited presentation]. Delivered to the Research Experience for Undergraduates (REU) Seminar. Mississippi State, MS.

Barton, A., & **Agee, K.** (2015, August 1). Technical writing basics [Invited presentation]. Delivered to the Mississippi BEST Robotics Regional Conference. Mississippi State, MS.

Dechert, E., & **Agee, K.** (2014, October 20 & November 3). A primer on writing in engineering. Presented in ME 4111 Professional Development. Mississippi State, MS.

Agee, K. (2011, June 9–10). CTE data/Infinite Campus training. Augusta, ME: Maine Department of Education.

Amanda S. King, MHIIM, RHIA, CPHIMSS, PMP

Established project management professional experienced in developing strategically defined program components, processes and monitoring aspects. Integrates technology to enhance organizational management flawlessly Successful project experience to produce data-driven results. Experienced in instituting project plans for successful healthcare quality improvement and information technology (HIT) implementations to include to meaningful use assistance, provider training and Direct technology assistance.

PROFESSIONAL EXPERIENCE

Qsource	Memphis, TN
◆ Lead Project Manager	Jan 2016 to Present
◆ Operations Manager	Feb 2014 to Dec 2015
Jackson-Madison County General Hospital	Jackson, TN
Systems Coordinator, Health Information Management	Jan 2005 to Mar 2010

RELATED SKILLS

- ◆ Project engineering agile projects/contracts by organizing and controlling project elements; including new project launch, project milestones, performance tracking, initial partner coordination and implementation elements.
- ◆ Oversight and coordination of project management activities for the organization.
- ◆ Documents and tracks project responsibilities by identifying project phases and elements; and assigning personnel to phases and elements.
- ◆ Project specification development by studying customer requirements and performance standards; completing technical studies; and preparing resource estimates.
- ◆ Develops, implements, and maintains in contract-specific performance dashboards.
- ◆ Maintains project management tools and data within; including accuracy, input/refresh timeliness, validity and intelligence, real-time.
- ◆ Monitors the tracking and submission of contract deliverables in accordance with deliverable deadlines, as required by contract.
- ◆ Provides technical expertise and support in the development of technology necessary to achieve project management strategies.

Resume of Amanda S. King, MHIIM, RHIA, CPEHR, CPHIT, PMP

EDUCATION

Master of Science, Health Informatics and Information Management	Dec 2009
University of Tennessee Health Science Center	Memphis, TN
Bachelor of Science, Health Information Management	Dec 2004
University of Tennessee Health Science Center	Memphis, TN
Bachelor of Science, Business Administration	Dec 1999
University of Tennessee	Martin, TN
Certifications	
Project Management Professional (PMP)	2019-present
Lean Six Sigma Green Belt	2017-present
Registered Health Information Administrator (RHIA)	2004-present

Resume of Joseph Greer, BBA

Joseph Greer, BBA

Current Qsource associate with more than 10 years' experience in programming/analytics and about eight years in healthcare, SharePoint, and developing web-based applications. Experienced in planning, designing, and developing enterprise-wide and department-level SharePoint applications for internal and external platforms, including end-user training and admin management. Applied knowledge in developing dashboards for business intelligence, integrating SQL Server Reporting Services, and developing and managing InfoPath forms and custom workflow structures. Knowledgeable and experienced in AD User Authentication Methods and Exchange/Outlook Mail Integration. Skilled in Microsoft SQL Server and Access; Microsoft .NET Framework, C#, Visual Studio, CSS, Java, HTML, PHP, WordPress (CMS); Adobe Photoshop, Creative Suite, and Illustrator; and Windows, Windows Server, and VMware. Proficient in SharePoint web applications and Designer with custom workflows, web parts, designing Master-Pages, and Site Branding.

PROFESSIONAL EXPERIENCE

Qsource	Memphis, TN
Programmer/Database Admin	Dec 2013 to Present

Resume of Joseph Greer, BBA

Axia Management, Inc.	Bartlett, TN
Senior SharePoint Architect	Nov 2012 to Dec 2013
Ricoh Business Solutions	Cordova, TN
Business Development Program Manager	Oct 2009 to Nov 2012
Health Leaders InterStudy	Memphis, TN
Business Analyst	Jul 2008 to Nov 2009
Smith & Nephew, Inc.	Memphis, TN
Market Research Analyst	Feb 2006 to Jul 2008

RELATED SKILLS

- ◆ Manages, maintains, and develops internal/external web applications using Microsoft SharePoint Server, including EQRO survey tools
 - ◆ Manages SQL Server, develops forms in InfoPath, and creates/deploys SharePoint Designer Workflow for IT department, relying on knowledge and experience with Microsoft Office Suite, Project, Visio, InfoPath, and SharePoint Designer; SharePoint Server WSS 3.0, MOSS 2007, Forms Services, Excel Services, Search, Business Intelligence Tools, Workflows and SQL Server Reporting Services Integration, Active Directory, and Exchange
 - ◆ Planned, designed, installed, and developed a company-wide SharePoint platform as a global resource for collaboration; migrated SharePoint platforms and databases
 - ◆ Developed and created multiple websites/intranet portals using CMS for news archiving, analytic management, ecommerce, and company reporting
 - ◆ Effectively compiled and analyzed datasets on over 80 health insurance companies through an internal database, including Commercial Carriers, HMO, PPO, and Medicare and Medicaid state managed programs; led secondary research on healthcare legislation, pharmacy benefits, patient care management, and hospital and physician network data
-

EDUCATION

Bachelor of Business Administration	Dec 2009
<i>Minor in Music Performance: Orchestral Studies</i>	
University of Memphis, Fogelman College of Business and Economics	Memphis, TN

Certifications

Resume of Joseph Greer, BBA

MOS: SharePoint Server 2010, MOS: Excel 2010, MOS: PowerPoint 2010, MOS: Word 2010, Microsoft Office Suite: 2007; CompTIA A+ Certification

Resume of Sepheen C. Byron, MHS

Sepheen C. Byron, MHS

Sepheen C. Byron, MHS is an Assistant Vice President of Performance Measurement at NCQA. Sepheen has over 20 years of experience in the evaluation of health care quality. Ms. Byron has extensive experience supporting measure development activities under federal contracts with the Centers for Medicare & Medicaid Services, the Centers for Disease Control and Prevention and the Agency for Healthcare Research and Quality (AHRQ). Ms. Byron provides strategic direction on measures development and use, including measures for HEDIS® and other national evaluation programs. She directs NCQA's evaluation efforts in the areas of pediatric care, preventive services, appropriateness/overuse and behavioral health. She maintains specialized knowledge of Medicaid managed care quality accountability structures, including Medicaid Core Set measures. Ms. Bryon has significant expertise with measure selection and alignment, addressing Medicaid plan quality reporting challenges (i.e., small numbers), as well as leveraging measure results to drive improvement. Further, Ms. Byron has unique expertise and experience providing technical assistance for all 11 of the HEDIS measures specified in the Arkansas PASSE Provider Agreement. She also led work within the AHRQ-CMS Children's Health Insurance Program Reauthorization Act (CHIPRA) National Collaborative for Innovation in Quality Measurement, an NCQA-led Center of Excellence charged with developing and enhancing measures for children and adolescents in Medicaid and the Children's Health Insurance Program. Prior to joining NCQA, Sepheen was a research analyst in the Center for Outcomes and Evidence at AHRQ. Sepheen conducted research on the effectiveness and efficiency of health services. Specific projects included the National Health Care Disparities Report and the Research Initiative in Clinical Economics.

PROFESSIONAL EXPERIENCE

National Committee for Quality Assurance (NCQA)	Washington, DC
Assistant Vice President, Performance Measurement	2015 - present
Director, Performance Measurement	2010 - 2015
Assistant Director, Performance Measurement	2007 - 2010
Senior Health Care Analyst, Performance Measurement	2006 - 2007
Agency for Healthcare Research and Quality (AHRQ)	Rockville, MD
Research Analyst	2000- 2006

RELATED SKILLS

- ◆ Significant expertise with federal measure sets, including the Medicaid Adult and Child Core Measures, as well as measures developed from other stewards (CMS, PQI, CDC).
- ◆ Provides strategic direction on HEDIS measure development, evaluation and implementation activities.
- ◆ Directs NCQA's evaluation efforts in the areas of pediatric care, preventive services and appropriateness/ overuse and behavioral health.
- ◆ Leads endorsement efforts, including submission and technical presentation of measures to steering and approval committees of the National Quality Forum.
- ◆ Leads measure development activities, including use of clinical data systems for quality measurement.

EDUCATION

Doctor of Public Health, Health Leadership (*expected*) **May 2021**

Gillings School of Global Public Health, University of North Carolina **Chapel Hill, NC**

Master of Health Science, Health Policy & Management **May 2001**

Bloomberg School of Public Health, Johns Hopkins University **Baltimore, MD**

Bachelor of Arts **May 1997**

University of Virginia **Charlottesville, VA**

Resume of Laura Howard

Laura Howard

Laura Howard is a Director in NCQA's Quality Solutions Group. Ms. Howard has 20 years of experience in health care policy, advocacy and communications at the national and state levels. She joined NCQA in 2018 and is the Project Director for two key subcontracts serving the Center for Medicare and Medicaid Services (CMS): Quality Rating Systems (QRS) for the Marketplace and the Qualified Entity Certification Program (QECP). Ms. Howard maintains unique expertise on quality measure selection and alignment, data collection and validation, as well as public reporting. Ms. Howard maintains a strong understanding of state and federal Medicaid agency delivery system reforms and initiatives, including value-based payment programs, waivers, managed long-term services and supports efforts and primary care transformation activities. Ms. Howard is well versed in the Medicaid Managed Care Final Rules as well as the External Quality Review Protocols. Ms. Howard's experience includes providing leadership to a state health care policy-making body promoting state-wide alignment for health care policy issues; overseeing all aspects of a \$35 million federal CMMI State Innovation Model grant including budgeting, reporting, contracting, and vendor management; and leading the administration of state- and federally-funded community services for Delawareans over age 60 and those with physical disabilities.

PROFESSIONAL EXPERIENCE

National Committee for Quality Assurance (NCQA)	Washington, DC
Director, Quality Solutions Group	2018 - Present
State of Delaware, Department of Health and Human Services	New Castle, DE
Deputy Director, Division of Services for Aging and Adults with Disabilities	2017 – 2018
Delaware Health Care Commission	New Castle, DE
Executive Director	2015 - 2017
Public Consulting Group	Boston, MA
Consultant	2013 -2015
Independent Consultant	Washington, DC
Consultant	2007 – 2013

Resume of Laura Howard

DDB Issues & Advocacy

Washington, DC

Senior Account Executive

2006 - 2007

Matz, Blancato & Associates, Inc.

Washington, DC

Senior Associate

2002 – 2006

Associate

1999 – 2002

RELATED SKILLS

- ◆ Strong understanding of Medicaid Managed Care Final Rules and External Quality Review Protocols.
 - ◆ Subject matter expert on public reporting of health plan performance information across public (state & federal) and private-sector initiatives.
 - ◆ Subject matter expert on performance measure data collection and validation processes.
 - ◆ Subject matter experts on state Medicaid delivery system reforms and initiatives, value-based payment and pay-for-performance models, and primary care transformation activities.
 - ◆ Project Director for two key subcontracts serving the Center for Medicare and Medicaid Services (CMS): Quality Rating Systems (QRS) for the Marketplace and the Qualified Entity Certification Program (QECP).
-

EDUCATION

Bachelor of Science Health Policy and Administration

May 1998

Penn State University

State College, PA

Resume of Tyler Oberlander

Resume of Laura Howard

Tyler Oberlander

Tyler Oberlander is a Director of Research & Analysis at NCQA. Mr. Oberlander is responsible for planning, development and implementation of analytics for NCQA, including support for its flagship HEDIS, Health Plan Accreditation, and Patient-Centered Medical Home products and the Quality Measurement and Research Group's large portfolio of contracts and grants. Mr. Oberlander has expertise in measure development and testing, delivery system evaluation, and physician payment design. Mr. Oberlander has significant experience analyzing large data sets including audited HEDIS and CAHPS measure results, claims, encounter and patient experience data. Mr. Oberlander supports both state and federal clients with analytic reports and focused studies highlighting intervention impact on health outcomes, including trends, outliers, gaps and opportunities for improvement. Mr. Oberlander also supports analysis as part of NCQA's State of Health Care Quality report, which summarizes performance from the previous calendar year for key HEDIS and CAHPS measures. Prior to working with NCQA, Mr. Oberlander was a Research Associate at Social & Scientific Systems, Inc., where he was responsible for a broad range of duties in support of the Director of the Center for Health Research and Policy, including data collection, statistical analysis, site visits, report writing, and client communications for health policy research funded by key federal agencies including AHRQ, CMS and HRSA. Mr. Oberlander holds a B.A. in Economics and International Affairs from the University of Colorado at Boulder.

PROFESSIONAL EXPERIENCE

National Committee for Quality Assurance (NCQA)	Washington, DC
Director, Research & Analysis	2019 – present
Assistant Director, Research & Analysis	2017 – 2019
Senior Health Care Analyst	2016 – 2017
Health Care Analyst	2015 – 2016
Social & Scientific Systems, Inc.	Silver Spring, MD
Research Associate	2012 – 2015
Columbia Medical Practice	Columbia, MD
Consultant (Part-Time)	2008 – 2017

RELATED SKILLS

- ◆ Leads planning, development and implementation of HEDIS analytics.
 - ◆ Consults with internal and external clients to maximize the value of their data by defining a data strategy, architecture and governance.
 - ◆ Uses analytics to solve research questions and implement solutions to reduce cost and complexity, increase trust and integrity, and improve operational effectiveness.
 - ◆ Proficient in qualitative and quantitative analysis methods, as well as SAS, Stata, and SQL programming.
 - ◆ Works collaboratively with Research and Data Scientists to design and execute statistical analysis and evaluation plans and work closely with project management staff and vendors to meet project deliverables and timelines.
-

EDUCATION

Bachelor of Art, Economics; Bachelor of International Affairs

May 2012

University of Colorado

Boulder, CO

Staff Training and Education

The Qsource team will ensure that all staff members on the team designated to work on the scope of services required by this contract are proficiently trained and have the expertise necessary to perform the functions associated with this position. Qsource routinely trains new and existing staff comprehensively on all scopes of services within this contract. All training records for staff, as well as records related to contractor training conducted with State staff and MCOs, will be readily available to DHS-DMS.

Also relevant to training and regular staff meetings are conducted with the EQRO team to discuss progress on deliverables and provide information related to EQR or contractor changes/updates. The EQRO Director ensures that staff is aware of the current deliverable status and provides instruction when new processes are implemented. Current federal and state requirements and activities are presented at these meetings and ensure that team members are knowledgeable on changes in regulations relevant to their job functions. Topics regularly covered include compliance training as it pertains to federal and state and contract requirements, confidentiality and facility/information system (IS) security. All team member will receive and document training

annually, and comply with the provisions of all applicable security and privacy laws, including but not limited to:

- HIPAA
- HITECH, and
- PIPA (Personal Information Protection Act)

The team is required to maintain a level of performance that reflects an understanding of the expectations related to its contract with the State (e.g., deliverable dates, interaction with internal and external associates). This is assessed during annual and mid-year performance evaluations. Staff members with licenses or certifications that require continuing education units (CEUs) are expected to acquire the necessary number of CEUs and maintain current licenses. Continuing education and pursuit of field-related certifications and attaining the Certified Professional in Healthcare Quality (CPHQ) credential is highly encouraged for all QI staff.

Detailed training occurs each year prior to the start of all required EQR activities. All EQRO staff members involved in the EQR activities participate in the training sessions. For example, we have developed an in-depth Surveyor Handbook as a guide for annual compliance review. The Surveyor Handbook is revised annually with revisions made throughout the survey season as appropriate. The handbook offers guidance and instruction for surveyors related contract compliance, NCQA standards, and the intent behind the elements within the survey tools (i.e., those that evaluate for the presence of a policy/procedure versus those that require more intense evaluation of MCO process and activities). In addition, training includes Fraud, Abuse and Waste detection as described in the aptly named previous section.

Surveyor training sessions include a review of the handbook, review of the current year's survey tools and updates to the web-based tool that houses all of the survey tools. To ensure the most effective training, senior staff members assigned to onsite audits, report writing and IS lead the training for their respective expertise. Survey staff is also instructed in items to discuss with the MCOs during opening and closing sessions while onsite (e.g., dates of draft and final report posting, corrective action plan due dates, etc.).

Upon contract award, Qsource team members will be legally authorized to render services under applicable federal and Arkansas law. No team member has been debarred or suspended by a federal or state agency for the provision of items or services related to EQR contractual obligations.

Qsource will submit any updates to the staffing plan within this proposal within 30 days after contract commencement.

Proposed Additional Reporting Measures

CMS has offered clarification that states do retain the flexibility to include additional measures important to serving their quality goals and to meeting the needs of beneficiaries and stakeholder communities. Qsource consultant NCQA has addressed an appropriate process for measure selection in a recent white paper, which is summarized as follows: when selecting additional Medicaid quality measures, it is critical to consider the state's larger quality priorities and alignment with the measurement framework. At a minimum, measures should be relevant to beneficiaries, scientifically sound and feasible to report. Given the abundance of quality measures,

states should to the extent possible, align measures already required for state and federal programs to streamline administrative reporting efforts. For example, the Qsource team supports NCQA’s recommendation to leverage measures from the adult and child core measure sets, as well as HEDIS and CAHPS measures required for NCQA Health Plan Accreditation for Medicaid. In addition to these sources, states may have specific priority areas or goals that generate potential measures. Common measure topics include: lead screening, behavioral healthcare and maternal care.

To select additional quality measures for Medicaid, DHS, the Plans and Qsource should work together to array the available quality measures, determine criteria for selection, evaluate the measures according to the criteria and review recommendations with stakeholders. Applying risk-adjustment methods should be considered. NCQA recommends determining which social risks will be adjusted for, and how they will be collected and integrated into performance data.

The availability of meaningful and accurate data sources is critical to the success of alternative Medicaid quality measures. DHS should consider the availability and validity of data sources, including the ability to capture such data without undue burden. A sustainable strategy for regularly obtaining data must account for various data sources (e.g., administrative claims, medical records, EHRs, immunization registries, member-experience surveys) for calculating performance measures. Data will come from different systems and will need to be combined to produce quality ratings. Measure specifications must be clear, standardized and auditable to ensure the validity and accuracy of reported performance².

Qsource will support DHS on performing any ad-hoc requests by conducting analysis and producing reports.

Proposed Work Plan

The Qsource team will perform external quality review activities as outlined in 42 CFR 438.358 for the Arkansas Medicaid Managed Care Program PASSE and DMOs. Qsource has developed an initial work plan informed by the contract scope, schedule, cost, quality, resources, communications, risk, procurement, and stakeholder engagement. The plan will serve as a blueprint for successfully managing each activity in the EQRO contract. The federally mandated and optional EQR-related activities that Qsource will conduct for DHS, and currently conducts in other states are:

- ◆ Annual Compliance Assessment (ACA)
- ◆ Validation of Network Adequacy (ANA)
- ◆ Performance Measure Validation (PMV)
- ◆ Validation of Performance Improvement Projects (PIP)
- ◆ Encounter Data Validation (EDV)
- ◆ Technical Assistance
- ◆ Focus Studies

According to the RFP and subject to amendment or new RFP, beginning in Year 2, more granular activities will be performed.

² NCQA Medicaid Quality Rating System Methodology Considerations White Paper

Our work plan details the tasks that our Qsource Project Manager will follow to achieve contract requirements. Contract management activities articulate more specific requirements of each task and break down the work into levels where scheduling and staffing are managed according to the contract requirements. Our corporate Project Director/AR EQRO Contract Manager, John Couzins, MPH, CHCA and EQRO Protocol Subject Matter Expert (SME), Swapna Mehendale, MHA, BPharm are responsible for working with the Project Manager to develop and automate the work plan for each task. To ensure timely and successful performance of the work proposed, the work plan includes timeframes for each objective with a Gantt chart viewable option to visually display the timeline, dates for each milestone, and personnel responsible for ensuring the objective is completed.

Contract milestones are populated with current information shared via information technology-enabled systems (Smartsheet and SharePoint), and formatted in a contract dashboard on Qsource's SharePoint site using a stoplight method to facilitate transparency. Every Qsource team member has access to the contract dashboard. This dashboard demonstrates the real-time status of the timeline, milestone achievements and codes each measure with red (not met), yellow (needs attention) or green (met) according to status against the established goal. Red-coded elements are addressed via problem-solving models used for improving processes, such as root cause analysis and plan, do, study, act (PDSA). Principles of LEAN/Six Sigma are applied where appropriate. Applying our specialized strengths to this approach gives us the ability to provide a superior level of EQRO oversight and client service.

The Qsource team's overall understanding of the steps necessary to successfully address the program elements is demonstrated by the detailed project tasks and associated milestones depicted in the Qsource work plan, with included [Appendix D: Work Plan Snapshots](#) and submitted in a separate Excel file, as required.

Description of Physical, Technological, and Financial Resources & Other Clinical and Nonclinical Skills

Physical, Technological, and Clinical/Nonclinical Resources

Since 2008, Qsource has had an established, staffed office in Little Rock, Arkansas. Our office is located within 2 blocks of the Arkansas DHS-DMS office. Office hours are from 8:00 a.m. to 5:00 p.m., Central Time, Monday through Friday, excluding State holidays. The current office has adequate space to house all core staff for the Arkansas EQRO project.

Qsource maintains six offices in five states, each conforming to necessary FISMA/NIST and HIPAA security requirements and an IT infrastructure of over ten servers, inclusive of cloud-based platforms, serving multiple locations and many remote teleworkers. Qsource provides all necessary hardware, software and telecommunications necessary to staff to perform work in the office or virtually, while conforming to HIPAA, HITECH and PIPA requirements.

The most important physical resource is its people. Where advantageous and efficient, we share resources among departments to ensure open access to a mix of experienced QI specialists, healthcare auditors, data analysts, information system professionals, and communication specialists. The [Competency](#) and [Project Organization and Staffing](#) sections of this proposal, inclusive of resumes, describes our EQRO staff's expertise in detail.

Furthermore, Qsource maintains up-to-date organizational technologies to best serve our clients and associates. Our readily available technology includes standardized software from Microsoft®, Adobe®, Salesforce®, Smartsheet®, Quest Analytics®, and SAS®, and we will ensure that all software used for this effort is satisfactory to DHS.

Qsource also has technologies in place to ensure the security of personal health information (PHI), personally identifiable information (PII) and confidential information. We maintain a HIPAA-compliant, secure, two-level password-protected SharePoint Xchange site to facilitate file sharing and data exchanges among DHS, the health Plans, and the Qsource team.

Financial Resources

Qsource is a financially responsible and stable organization as evidenced by its continuity in business since 1973. Qsource's most recently completed, audited financial statements are for its July 31, 2019 fiscal year end. As of that date, Qsource had total assets of \$29.3 million. Our total liabilities were \$1.9 million. This means that Qsource had working capital of \$27.4 million. In addition, Qsource has an excellent credit rating and impeccable track record of providing the resources needed to successfully meet our contract requirements.

Appendix A | Letters of Reference



1203 Governors Square Blvd., Ste. 400
Tallahassee, FL 32301

healthykids.org

February 10, 2020

Dawn FitzGerald, CEO
Qsource
3340 Players Club Pkwy., Ste. 300
Memphis, TN 38125

Dear Ms. FitzGerald,

I am providing this reference for Qsource in support of your organization's future external quality review opportunities. The Florida Healthy Kids Corporation (FHKC) contracted with Qsource to serve as its external quality review organization (EQRO). FHKC administers the Florida Healthy Kids component of the Children's Health Insurance Program in Florida.

Since January 2018, Qsource has provided quality assurance review of the Florida Healthy Kids managed care organizations (MCOs) for both health and dental services through audits; surveys; and analyses, including assessment of compliance with regulations, provider network adequacy, performance improvement project assessments, performance measure validations, claims and encounter data validation, and provision of technical reports. Qsource has also provided network adequacy analysis and subject matter expertise for the recent health plan procurement.

As a new EQRO vendor, Qsource provided training and technical assistance and introduced new processes to more efficiently and comprehensively conduct EQRO work and interact with the MCOs. Our MCOs have consistently provided positive feedback about Qsource's timely and clear communication. The transition from the previous vendor to Qsource was handled professionally and concluded without issue.

Sincerely,

A handwritten signature in blue ink, appearing to read "AN", written over a light blue horizontal line.

Austin Noll
Chief Operating Officer



February 5, 2020

Dawn FitzGerald, CEO
Qsource
3340 Players Club Pkwy., Ste. 300
Memphis, TN 38125

Dear Ms. FitzGerald,

I am pleased to provide this reference for Qsource in support of your organization's proposal for future EQRO opportunities. Having demonstrated excellence serving as TennCare's EQRO, Qsource was selected to conduct EQRO work for CoverKids, Tennessee's Children's Health Insurance Program (CHIP), in 2010.

To perform the federally mandated CHIP oversight, Qsource provides independent, external review of the quality of services available to CoverKids members. Early assistance included contract review for the program's medical and dental plan administrators and the selection of appropriate compliance oversight and evaluation activities. Qsource continues to provide excellent services through annual plan reviews of quality assurance, provider network adequacy and compliance with state and federal mandates.

Qsource is a valued contractor and we offer this recommendation in their pursuit to expand their services.

Sincerely,



Karly Campbell | Chief Quality Officer
Division of TennCare|Quality Improvement
310 Great Circle Road, Suite 3 East
Nashville, TN 37243
Phone: (615) 507-6902
Email: karly.campbell@tn.gov

Division of TennCare | Quality Oversight • 310 Great Circle Road • Suite 3 East • Nashville, TN 37243
Tel: 615-507-6985 • Fax: 615-741-0064 • tn.gov/TennCare



HealthcareData Company, LLC

HEDIS Services | Data Validation/Compliance | Data & Research Services | Consulting

February 10, 2020

Dawn FitzGerald, CEO
Qsource
3340 Players Club Pkwy., Ste. 300
Memphis, TN 38125

Dear Ms. FitzGerald,

I am pleased to provide this reference for Qsource in support of your organization's proposal for future EQRO opportunities. Qsource provides comprehensive HEDIS Compliance Audit services on behalf of Healthcare Data Company, LLC (HDC).

As a Certified HEDIS Compliance Auditor, Qsource associate John Couzins continuously demonstrates his HEDIS expertise and compliance with the NCQA Professional Code of Conduct and Conflict of Interest policies as published in the HEDIS Compliance Auditor Certification Manual. Attention to detail, accuracy of review and effective reporting/documentation are recognized Qsource attributes.

Mr. Couzins performs audits nationally for HDC, as part of our NCQA HEDIS Compliance Audit projects, and is known as a strong lead auditor and HEDIS expert throughout the organization. We are also pleased to recognize a new Qsource HEDIS auditor, Prashanth Musuku, and look forward to working with him in the future.

Qsource is a valued contractor and we offer this recommendation in their pursuit to expand their EQRO services.

Sincerely,

A handwritten signature in black ink, appearing to read "PAJd".

Paul Ackroyd, MBA, CPA, CHCA
Senior Vice President / Practice Leader
(717) 458-0554
pjackroyd@hdcdata.com
600 Bent Creek Blvd. Suite 160
Mechanicsburg, PA 17050

600 Bent Creek Blvd. - Suite 160 - Mechanicsburg, PA 17050 - Phone: (717) 458-0554 - FAX: (717) 458-0999
www.HDCdata.com



February 5, 2020

Dawn FitzGerald, CEO
Qsource
3340 Players Club Pkwy., Ste. 300
Memphis, TN 38125

Dear Ms. FitzGerald,

I am pleased to provide this reference for Qsource in support of your organization's proposal for future EQRO opportunities.

Since 2005, Qsource has served as the prime EQRO contractor for Tennessee's Medicaid (TennCare). Prior to that, since 2000, Qsource was the local subcontractor to TennCare's EQRO. Having demonstrated excellence serving as TennCare's EQRO, Qsource was selected to conduct EQRO work for CoverKids, Tennessee's Children's Health Insurance Program (CHIP), in 2010.

In its EQRO role, Qsource has provided quality assurance review of TennCare's Managed Care Companies (MCCs), health and dental plans, through audits/surveys and analyses, including an annual quality survey (AQS); provider network adequacy and benefit delivery review (ANA); performance improvement project (PIP) assessments; performance measure validations (PMVs); an annual Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) review; annual comparative analyses of Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) measures; and quarterly provider data validations (PDV).

With two decades as TennCare's EQRO, Qsource has provided consistent expertise in assessing federal, state and contractual compliance for multiple managed care organizations, a pharmacy benefits manager and a dental benefits manager. Qsource has provided consistent expertise and customer service during significant TennCare program changes, such as the streamlining of health plans and integration of medical, behavioral and long-term care services under MCCs.

At TennCare's request, Qsource also has facilitated and participated in multiple strategic planning efforts and aided program leadership in CMS compliance activities.

Sincerely,

Karly Campbell | Chief Quality Officer
Division of TennCare|Quality Improvement
310 Great Circle Road, Suite 3 East
Nashville, TN 37243
Phone: (615) 507-6902
Email: karly.campbell@tn.gov

Division of TennCare | Quality Oversight • 310 Great Circle Road • Suite 3 East • Nashville, TN 37243
Tel: 615-507-6985 • Fax: 615-741-0064 • tn.gov/TennCare

Appendix B | Section 2: Vendor Agreement and Compliance

Technical Proposal Packet

Bid No. 710-20-0015

SECTION 1 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are **NON-mandatory** must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

No exceptions are requested.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: _____

Dawn M. FitzGerald
Use Ink Only.

Printed/Typed Name: _____

Dawn M. FitzGerald

Date: _____

3/2/2020

Technical Proposal Packet


Bid No. 710-20-0015

SECTION 2 - VENDOR AGREEMENT AND COMPLIANCE

- Any requested exceptions to items in this section which are NON-mandatory must be declared below or as an attachment to this page. Vendor **must** clearly explain the requested exception, and should label the request to reference the specific solicitation item number to which the exception applies.
- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

No exceptions are requested.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section of the bid solicitation.

Authorized Signature: 
Use Ink Only.

Printed/Typed Name: Dawn M. FitzGerald

Date: 3/2/2020

Technical Proposal Packet

Bid No. 710-20-0015

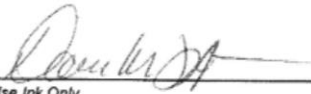
SECTIONS 3, 4, 5 - VENDOR AGREEMENT AND COMPLIANCE

- Exceptions to Requirements **shall** cause the vendor's proposal to be disqualified.

No exceptions are requested.

By signature below, vendor agrees to and **shall** fully comply with all Requirements as shown in this section(s) of the bid solicitation.

Authorized Signature:


Use Ink Only.

Printed/Typed Name:

Dawn M. FitzGerald

Date:

3/2/2020

Appendix C | Letter of Bondability



March 3, 2020

State of Arkansas
Department of Human Services
Office of Procurement
700 Main Street
Little Rock, AR

RE: **QSource**
Bid Number 710-20-0015
External Quality Review Organization (EQRO)

To Whom It May Concern:

We are providing this information at the request of QSource. We understand that QSource has or is about to submit a proposal for External Quality Review Organization (EQRO) with an estimated cost of \$1,000,000.00.

If a contract for this project is awarded to QSource within 180 days of being awarded the contract, we would be willing to favorably consider the issuance of the required performance and payment bonds subject to our satisfaction with the contract documents and bond forms and QSource continuing to satisfy other underwriting considerations.

Any arrangement for bonds required by the contract is a matter between QSource and the surety and we assume no liability to you or third parties, if for any reason we do not execute these bonds or if circumstances change after the date of this letter.

Sincerely,
Travelers Casualty & Surety Company of America



Justin V. Menard
Principal

7200 Goodlett Farms Parkway Cordova, Tennessee 38016 901.278.5375 901.278.2635 (fax) www.irmllc.com

Appendix D | Qsource Work Plan Snapshots

Qsource ARHS EQRO Work Plan

Task Name	Duration	Start	Finish	Assigned To
Contract Year 1	261d	07/01/20	06/30/21	
Contract Year 1 Start Date	0	07/01/20	07/01/20	
General Contract Activities	261d	07/01/20	06/30/21	
Work Plan:	10d	07/01/20	07/14/20	Project Manager
Submit work plan to DHS	1d	07/01/20	07/01/20	Project Manager
Receive feedback on work plan from DHS	6d	07/01/20	07/08/20	Project Manager
Update and finalize work plan with DHS feedback	4d	07/09/20	07/14/20	Project Manager
Staffing Plan:	261d	07/01/20	06/30/21	Project Manager
Submit updated staffing plan	30d	07/01/20	08/11/20	Project Manager
Maintain contract staffing and key personnel using Staffing Evaluation Plan	231d	08/12/20	06/30/21	Project Manager
Conduct contract financial management	261d	07/01/20	06/30/21	Chief Financial Officer
Internal Quality Control (IQC)	261d	07/01/20	06/30/21	Project Manager
Develop IQC metrics	27d	07/01/20	08/06/20	Project Manager
Monitor IQC metrics	234d	08/07/20	06/30/21	Project Manager
Establish ISO processes to include EQRO PASSE and Dental Managed Care Entities processes as well as processes to detect and prevent fraud, waste and abuse.	30d	07/01/20	08/11/20	Project Manager
Training:	261d	07/01/20	06/30/21	Project Manager
Provide training to all team members servicing the EQRO contract	30d	07/01/20	08/11/20	Project Manager
Provide compliance training on HIPAA, HITECH, and PIPA (Arkansas Personal Information Protection Act), Act 1526 of 2005 (Ark. Code Ann. §4-110-101 et seq.)	30d	07/01/20	08/11/20	Project Manager
Provide training on relevant industry developments	261d	07/01/20	06/30/21	Project Manager
Meeting attendance	261d	07/01/20	06/30/21	Contract Manager and Project Manager
Contract Kickoff Meeting	30d	07/01/20	08/11/20	Contract Manager and Project Manager
Program-Specific Meetings	261d	07/01/20	06/30/21	Contract Manager and Project Manager
Introductory Meetings with the Managed Care Vendor and DHS	261d	07/01/20	06/30/21	Contract Manager and Project Manager
Legislative inquiries and hearings as requested by DHS	261d	07/01/20	06/30/21	Contract Manager and Project Manager
Additional meetings as requested by DHS, the Managed Care Vendors, or the selected EQRO	261d	07/01/20	06/30/21	Contract Manager and Project Manager

1

Qsource ARHS EQRO Work Plan

IT Components:	13d	07/01/20	07/17/20	
Equipment Procurement and Connectivity Set Up	8d	07/01/20	07/10/20	IT Director
Develop communication plan for communicating vendor information and review requests, to be approved by DHS prior to implementation	8d	07/01/20	07/10/20	IT Director
Business Associate Agreements (BAA)	13d	07/01/20	07/17/20	IT Director
Execute Business Associate Agreements (BAA) with each managed care program vendor or other entities	11d	07/01/20	07/15/20	IT Director
Execute Business Associate Agreements (BAA) with DHS	11d	07/01/20	07/15/20	IT Director
Submit BAA copies to DHS	1d	07/17/20	07/17/20	IT Director
Provider-Led Arkansas Shared Savings Entities (PASSE) Program	261d	07/01/20	06/30/21	
Activity 1: Validation of performance improvement projects (PIPs) underway during preceding twelve (12) months	110d	07/01/20	12/01/20	Project Manager
Receive PASSE PIP documentation material from DHS	1d	07/01/20	07/01/20	DHS
Review PASSE PIP documentation material	7d	07/02/20	07/10/20	Project Manager
Develop and submit PIP validation report template to DHS	5d	07/13/20	07/17/20	Project Manager
Receive DHS feedback on PIP validation report template	10d	07/20/20	07/31/20	DHS
Update PIP validation report template to include DHS feedback	5d	08/03/20	08/07/20	Project Manager
PASSEs submit PIP validation documentation	1d	09/21/20	09/21/20	Project Manager
Validate Plans' PIP submissions	31d	09/22/20	11/03/20	Project Manager
Submit draft PIP validation reports to DHS	1d	11/02/20	11/02/20	Project Manager
Receive DHS feedback on draft PIP validation reports	14d	11/03/20	11/20/20	DHS
Update draft PIP validation reports to include DHS feedback	6d	11/23/20	11/30/20	Project Manager
Submit final PIP reports to DHS and PASSEs	1d	12/01/20	12/01/20	Project Manager
Activity 2: Ongoing participation in DHS's efforts to prevent, detect, and remediate critical incidents, consistent with assuring the health and welfare of the enrolled member, that are based on the requirements for home and community-based waiver programs.	261d	07/01/20	06/30/21	Project Manager
Activity 3: Validation of performance measures calculated by the State during the preceding twelve (12) months	109d	07/01/20	12/01/20	Project Manager
Confirm required measures for validation	1d	07/01/20	07/01/20	DHS
Secure appropriate technical specifications	1d	07/03/20	07/03/20	DHS
Secure source code	1d	07/13/20	07/13/20	DHS
Submit PMV report template to DHS	1d	07/20/20	07/20/20	Project Manager
Submit feedback on PMV report templates	10d	07/21/20	08/03/20	DHS
Update PMV report template to include DHS feedback	6d	08/04/20	08/11/20	Project Manager
Secure data and measure results	1d	08/10/20	08/10/20	Project Manager
Conduct validation activities	60d	08/11/20	11/02/20	Healthcare Data Analyst
Submit draft PMV reports to DHS	1d	11/03/20	11/03/20	Project Manager
Submit feedback on draft PMV reports	10d	11/04/20	11/17/20	DHS

Qsource ARHS EQRO Work Plan

Update draft PMV reports to include DHS feedback	5d	11/18/20	11/24/20	Project Manager
Submit final PMV reports to DHS	0	12/01/20	12/01/20	Project Manager
Activity 4: Validation of compliance with Managed Care standards, quality assessment, and performance improvement	151d	10/05/20	05/03/21	Project Manager
Submit draft compliance review (CR) tools DHS	1d	10/05/20	10/05/20	Project Manager
Receive DHS feedback on draft CR tools	10d	10/06/20	10/19/20	DHS
Update draft CR tools to include DHS feedback	5d	10/20/20	10/26/20	Project Manager
Conduct preparatory calls for CR with PASSEs	3d	11/02/20	11/04/20	Project Manager
Distribute compliance tools request pre-onsite documentation from PASSEs	3d	11/02/20	11/04/20	Project Manager
Schedule compliance site visits for each PASSE	2d	11/05/20	11/06/20	Project Manager
Submit required CR documentation	41d	11/09/20	01/04/21	Project Manager
Submit CR report templates to DHS	1d	11/18/20	11/18/20	Project Manager
Submit feedback on CR report templates	12d	11/18/20	12/03/20	DHS
Update and finalize CR report templates	5d	12/03/20	12/09/20	Project Manager
Conduct pre-onsite CR documentation review	20d	01/04/21	01/29/21	Project Manager
Conduct onsite CR reviews for Plans	15d	02/01/21	02/19/21	Project Manager
Conduct post-onsite review activities	7d	02/20/21	03/01/21	Project Manager
Submit draft CR reports to DHS and PASSEs	1d	03/01/21	03/01/21	Project Manager
Submit feedback on draft CR reports	10d	03/02/21	03/15/21	DHS
Update draft CR reports to include DHS and PASSE feedback	5d	03/16/21	03/22/21	Project Manager
Submit updated draft CR reports to DHS	1d	03/23/21	03/23/21	Project Manager
Submit any additional feedback on updated draft CR reports	5d	03/24/21	03/30/21	DHS
Update updated draft CR reports to include DHS feedback	5d	03/31/21	04/06/21	Project Manager
Submit final CR reports to DHS and PASSEs	1d	04/07/21	04/07/21	Project Manager
Submit PASSE areas of deficiency to DHS	1d	04/07/21	04/07/21	Project Manager
Identify required corrective action plans (CAPs) by PASSE	5d	04/08/21	04/14/21	DHS
Submit required CAPs and CAP templates to PASSEs	1d	04/15/21	04/15/21	Project Manager
Complete and submit CAPs	6d	04/16/21	04/23/21	Project Manager
Submit results of CAP reviews to DHS	1d	04/26/21	04/26/21	Project Manager
Review and approve CAPs	5d	04/27/21	05/03/21	Contract Manager
Activity 5: Analyze data identified by the state as having potential quality or utilization concerns	133d	08/03/20	02/03/21	Project Manager
Submit methodology for data review and evaluation to DHS	1d	08/03/20	08/03/20	Project Manager
Submit feedback on methodology	15d	08/04/20	08/24/20	DHS
Update methodology to include DHS feedback	5d	08/25/20	08/31/20	Project Manager
Submit data review and evaluation report template to DHS	10d	09/01/20	09/14/20	Project Manager
Secure datasets	20d	09/15/20	10/12/20	Project Manager

Qsource ARHS EQRO Work Plan

Conduct data review and evaluation	60d	10/13/20	01/04/21	Project Manager
Submit draft data review and evaluation report to DHS	1d	01/05/21	01/05/21	Project Manager
Submit feedback on draft report	15d	01/06/21	01/26/21	DHS
Update draft report to include DHS feedback	5d	01/27/21	02/02/21	Project Manager
Submit final report to DHS	1d	02/03/21	02/03/21	Project Manager
Activity 6: Validation of network adequacy and access to care during the preceding twelve (12) months	87d	08/03/20	12/01/20	Project Manager
Submit Annual Network Adequacy (ANA) methodology to DHS	1d	08/03/20	08/03/20	Project Manager
Submit feedback on ANA methodology	10d	08/03/20	08/14/20	DHS
Update methodology to include DHS feedback	5d	08/17/20	08/21/20	Project Manager
Submit ANA report templates to DHS	10d	08/24/20	09/04/20	Project Manager
Submit feedback on ANA report templates	10d	09/07/20	09/18/20	DHS
Provide data templates and request first provider data submission from PASSEs	1d	09/21/20	09/21/20	Project Manager
Submit PASSE-level enrollment data	15d	09/22/20	10/12/20	DHS
Receive first provider data submission from PASSEs	15d	09/22/20	10/12/20	PASSEs
Confirm approved service areas by PASSE	1d	09/24/20	09/24/20	DHS
Conduct ANA activities	20d	10/06/20	11/02/20	Healthcare Data Analyst
Submit draft ANA reports to DHS	1d	11/03/20	11/03/20	Project Manager
Submit feedback on draft ANA reports	15d	11/04/20	11/24/20	DHS
Update draft ANA reports to include DHS feedback	5d	11/25/20	12/01/20	Project Manager
Submit final ANA report to DHS	1d	12/01/20	12/01/20	Project Manager
Activity 7: Review of the grievance and appeals process	36d	07/15/20	09/02/20	Project Manager
Secure member appeal, grievance, complaint data by PASSE	13d	07/15/20	07/31/20	Project Manager
Secure PASSE grievance and appeal policies and procedures	13d	07/15/20	07/31/20	Project Manager
Conduct appeal, grievance, complaint review activities	22d	08/03/20	09/01/20	Project Manager
Identify backlogs by PASSE	1d	09/01/20	09/01/20	Project Manager
Submit report of appeal, grievance, and complaint review by PASSE	1d	09/02/20	09/02/20	Project Manager
Identify required CAPs by PASSE	1d	09/02/20	09/02/20	Project Manager
Activity 8: Analysis of the effectiveness of the PASSEs	147d	08/03/20	02/23/21	Project Manager
Identify appropriate metrics for effectiveness analysis	1d	08/03/20	08/03/20	Project Manager
Submit Analysis of Effectiveness methodology to DHS	20d	08/04/20	08/31/20	Project Manager
Submit feedback on methodology	15d	09/01/20	09/21/20	DHS
Update methodology to include DHS feedback	5d	09/22/20	09/28/20	Project Manager
Submit report template to DHS	10d	09/29/20	10/12/20	Project Manager
Submit feedback on report template	15d	10/13/20	11/02/20	DHS
Receive metrics for analysis	20d	11/03/20	11/30/20	Project Manager
Conduct analysis	40d	12/01/20	01/25/21	Project Manager

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Submit draft report to DHS	1d	01/26/21	01/26/21	Project Manager
Submit feedback on draft report	15d	01/27/21	02/16/21	DHS
Update draft report to include DHS feedback	5d	02/17/21	02/23/21	Project Manager
Submit final report to DHS	1d	02/23/21	02/23/21	Project Manager
Activity 9: Additional activities agreed upon by Qsource and State or mandated by federal requirements	261d	07/01/20	06/30/21	Project Manager
Dental Managed Care Entities	261d	07/01/20	06/30/21	
Activity 1: Validation of performance improvement projects (PIPs) underway during preceding twelve (12) months	110d	07/01/20	12/01/20	Project Manager
Receive DMO PIP documentation material from DHS	1d	07/01/20	07/01/20	Project Manager
Review DMO PIP documentation material	7d	07/02/20	07/10/20	Project Manager
Develop and submit PIP validation report template to DHS	5d	07/13/20	07/17/20	Project Manager
Submit feedback on PIP validation report template	10d	07/20/20	07/31/20	DHS
Update PIP validation report template to include DHS feedback	5d	08/03/20	08/07/20	Project Manager
DMOs submit PIP validation documentation	1d	09/21/20	09/21/20	Project Manager
Validate Plans' PIP submissions	31d	09/22/20	11/03/20	Project Manager
Submit draft PIP validation reports to DHS	1d	11/02/20	11/02/20	Project Manager
Submit feedback on draft PIP validation reports	14d	11/03/20	11/20/20	DHS
Update draft PIP validation reports to include DHS feedback	6d	11/23/20	11/30/20	Project Manager
Submit final PIP reports to DHS and DMOs	1d	12/01/20	12/01/20	Project Manager
Activity 2: Validation of performance measures calculated by the State during the preceding twelve (12) months	109d	07/01/20	12/01/20	Project Manager
Confirm required measures for validation	1d	07/01/20	07/01/20	DHS
Secure appropriate technical specifications	1d	07/03/20	07/03/20	DHS
Secure source code	1d	07/13/20	07/13/20	DHS
Submit Performance Measure Validation (PMV) report template to DHS	1d	07/20/20	07/20/20	Project Manager
Submit feedback on PMV report templates	10d	07/21/20	08/03/20	DHS
Update PMV report template to include DHS feedback	6d	08/04/20	08/11/20	Project Manager
Secure data and measure results	1d	08/10/20	08/10/20	DHS
Conduct validation activities	60d	08/11/20	11/02/20	Healthcare Data Analyst
Submit draft PMV reports to DHS	1d	11/03/20	11/03/20	Project Manager
Submit feedback on draft PMV reports	10d	11/04/20	11/17/20	DHS
Update draft PMV reports to include DHS feedback	5d	11/18/20	11/24/20	Project Manager
Submit final PMV reports to DHS	0	12/01/20	12/01/20	Project Manager
Activity 3: Validation of compliance with CMS managed care regulations and requirements, including, but not limited to quality assessment and performance improvement	151d	10/05/20	05/03/21	Project Manager
Submit draft compliance review (CR) tools DHS	1d	10/05/20	10/05/20	Project Manager

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Submit feedback on draft CR tools	10d	10/06/20	10/19/20	DHS
Update draft CR tools to include DHS feedback	5d	10/20/20	10/26/20	Project Manager
Conduct preparatory calls for CR with DMOs	3d	11/02/20	11/04/20	Project Manager
Distribute compliance tools request pre-onsite documentation from DMOs	3d	11/02/20	11/04/20	Project Manager
Schedule compliance site visits for each DMO	2d	11/05/20	11/06/20	Project Manager
Submit required CR documentation	41d	11/09/20	01/04/21	DMOs
Submit CR report templates to DHS	1d	11/18/20	11/18/20	Project Manager
Submit feedback on CR report templates	12d	11/18/20	12/03/20	DHS
Update and finalize CR report templates	5d	12/03/20	12/09/20	Project Manager
Conduct pre-onsite CR documentation review	20d	01/04/21	01/29/21	Project Manager
Conduct onsite CR reviews for Plans	15d	02/01/21	02/19/21	Project Manager
Conduct post-onsite review activities	7d	02/20/21	03/01/21	Project Manager
Submit draft CR reports to DHS and DMOs	1d	03/01/21	03/01/21	Project Manager
Submit feedback on draft CR reports	10d	03/02/21	03/15/21	DHS
Update draft CR reports to include DHS and DMO feedback	5d	03/16/21	03/22/21	Project Manager
Submit updated draft CR reports to DHS	1d	03/23/21	03/23/21	Project Manager
Submit any additional feedback on updated draft CR reports	5d	03/24/21	03/30/21	DHS
Update updated draft CR reports to include DHS feedback	5d	03/31/21	04/06/21	Project Manager
Submit final CR reports to DHS and DMOs	1d	04/07/21	04/07/21	Project Manager
Submit DMO areas of deficiency to DHS	1d	04/07/21	04/07/21	Project Manager
Identify required corrective action plans (CAPs) by DMO	5d	04/08/21	04/14/21	DHS
Submit required CAPs and CAP templates to DMOs	1d	04/15/21	04/15/21	Project Manager
Complete and submit CAPs	6d	04/16/21	04/23/21	DMOs
Submit results of CAP reviews to DHS	1d	04/26/21	04/26/21	Project Manager
Review and approve CAPs	5d	04/27/21	05/03/21	DHS
Activity 4: Analysis of data identified by the Department as having potential quality or utilization concerns	133d	08/03/20	02/03/21	Project Manager
Submit methodology for data review and evaluation to DHS	1d	08/03/20	08/03/20	Project Manager
Submit feedback on methodology	15d	08/04/20	08/24/20	DHS
Update methodology to include DHS feedback	5d	08/25/20	08/31/20	Project Manager
Submit data review and evaluation report template to DHS	10d	09/01/20	09/14/20	Project Manager
Secure datasets	20d	09/15/20	10/12/20	DHS
Conduct data review and evaluation	60d	10/13/20	01/04/21	Healthcare Data Analyst
Submit draft data review and evaluation report to DHS	1d	01/05/21	01/05/21	Project Manager
Submit feedback on draft report	15d	01/06/21	01/26/21	DHS
Update draft report to include DHS feedback	5d	01/27/21	02/02/21	Project Manager
Submit final report to DHS	1d	02/03/21	02/03/21	Project Manager

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Activity 5: Validation of network adequacy and access to care during the preceding twelve (12) months	87d	08/03/20	12/01/20	Project Manager
Submit Annual Network Adequacy (ANA) methodology to DHS	1d	08/03/20	08/03/20	Project Manager
Submit feedback on ANA methodology	10d	08/03/20	08/14/20	DHS
Update methodology to include DHS feedback	5d	08/17/20	08/21/20	Project Manager
Submit ANA report templates to DHS	10d	08/24/20	09/04/20	Project Manager
Receive DHS feedback on ANA report templates	10d	09/07/20	09/18/20	DHS
Provide data templates and request first provider data submission from DMOs	1d	09/21/20	09/21/20	Project Manager
Receive DMO-level enrollment data from DHS	15d	09/22/20	10/12/20	DHS
Receive provider data submission from DMOs	15d	09/22/20	10/12/20	DMOs
Confirm approved service areas by DMO	1d	09/24/20	09/24/20	DHS
Conduct ANA activities	20d	10/06/20	11/02/20	Healthcare Data Analyst
Submit draft ANA reports to DHS	1d	11/03/20	11/03/20	Project Manager
Submit feedback on draft ANA reports	15d	11/04/20	11/24/20	DHS
Update draft ANA reports to include DHS feedback	5d	11/25/20	12/01/20	Project Manager
Submit final ANA report to DHS	1d	12/01/20	12/01/20	Project Manager
Activity 6: Review of the grievance and appeals process	36d	07/15/20	09/02/20	Project Manager
Secure member appeal, grievance, complaint data by DMO	13d	07/15/20	07/31/20	DMO
Secure DMO grievance and appeal policies and procedures	13d	07/15/20	07/31/20	DMO
Conduct appeal, grievance, complaint review activities	22d	08/03/20	09/01/20	Project Manager
Identify backlogs by DMO	1d	09/01/20	09/01/20	Project Manager
Submit report of appeal, grievance, and complaint review by DMO	1d	09/02/20	09/02/20	Project Manager
Identify required CAPs by DMO	1d	09/02/20	09/02/20	Project Manager
Activity 7: Analysis of the effectiveness of the DMOs	147d	08/03/20	02/23/21	Project Manager
Identify appropriate metrics for effectiveness analysis	1d	08/03/20	08/03/20	Project Manager
Submit Analysis of Effectiveness methodology to DHS	20d	08/04/20	08/31/20	Project Manager
Submit feedback on methodology	15d	09/01/20	09/21/20	DHS
Update methodology to include DHS feedback	5d	09/22/20	09/28/20	Project Manager
Submit report template to DHS	10d	09/29/20	10/12/20	Project Manager
Submit feedback on report template	15d	10/13/20	11/02/20	DHS
Receive metrics for analysis	20d	11/03/20	11/30/20	DHS
Conduct analysis	40d	12/01/20	01/25/21	Project Manager
Submit draft report to DHS	1d	01/26/21	01/26/21	Project Manager
Submit feedback on draft report	15d	01/27/21	02/16/21	DHS
Update draft report to include DHS feedback	5d	02/17/21	02/23/21	Project Manager
Submit final report to DHS	1d	02/23/21	02/23/21	Project Manager

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Activity 8: Additional activities agreed upon by Qsource and the Department or mandated by state or federal law	261d	07/01/20	06/30/21	Project Manager
Initial Technical Report for AR Dental MCOs		TBD	TBD	Project Manager
Mandatory Reports	261d	07/01/20	06/30/21	
Report any child that has been subjected or died as a result from maltreatment, or suddenly, or unexpectedly or observes a child being subjected to conditions or circumstances that would reasonably result in child maltreatment	261d	07/01/20	06/30/21	All
Contract Year 1 End Date	0	06/30/21	06/30/21	
Contract Year 2	261d	07/01/21	06/30/22	
Contract Year 2 Start Date	0	07/01/21	07/01/21	
General Contract Activities	261d	07/01/21	06/30/22	
Maintain contract staffing and key personnel using Staffing Evaluation Plan	261d	07/01/21	06/30/22	Project Manager
Conduct contract financial management	261d	07/01/21	06/30/22	Chief Financial Officer
Monitor IQC metrics	261d	07/01/21	06/30/22	Project Manager
Training:	261d	07/01/21	06/30/22	Project Manager
Provide annual compliance training on HIPAA, HITECH, and PIPA (Arkansas Personal Information Protection Act), Act 1526 of 2005 (Ark. Code Ann. §4-110-101 et seq.)	261d	07/01/21	06/30/22	Project Manager
Provide training on relevant industry developments	261d	07/01/21	06/30/22	Project Manager
Meeting attendance	261d	07/01/21	06/30/22	Contract Manager and Project Manager
Program-Specific Meetings	261d	07/01/21	06/30/22	Contract Manager and Project Manager
Legislative inquiries and hearings as requested by DHS	261d	07/01/21	06/30/22	Contract Manager and Project Manager
Additional meetings as requested by DHS, the Managed Care Vendors, or the selected EQRO	261d	07/01/21	06/30/22	Contract Manager and Project Manager
Provider-Led Arkansas Shared Savings Entities (PASSE) Program	261d	07/01/21	06/30/22	
Activity 1: Validation of performance improvement projects (PIPs) underway during preceding twelve (12) months	110d	07/01/21	12/01/21	Project Manager
Receive PASSE PIP documentation material from DHS	1d	07/01/21	07/01/21	DHS
Review PASSE PIP documentation material	7d	07/02/21	07/12/21	Project Manager
Develop and submit PIP validation report template to DHS	5d	07/13/21	07/19/21	Project Manager
Receive DHS feedback on PIP validation report template	10d	07/20/21	08/02/21	DHS
Update PIP validation report template to include DHS feedback	5d	08/03/21	08/09/21	Project Manager
PASSEs submit PIP validation documentation	1d	09/21/21	09/21/21	Project Manager
Validate Plans' PIP submissions	31d	09/22/21	11/03/21	Project Manager
Submit draft PIP validation reports to DHS	1d	11/02/21	11/02/21	Project Manager
Receive DHS feedback on draft PIP validation reports	14d	11/03/21	11/22/21	DHS

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Update draft PIP validation reports to include DHS feedback	6d	11/23/21	11/30/21	Project Manager
Submit final PIP reports to DHS and PASSEs	1d	12/01/21	12/01/21	Project Manager
Activity 3: Validation of performance measures calculated by the State during the preceding twelve (12) months	109d	07/01/21	12/01/21	Project Manager
Confirm required measures for validation	1d	07/01/21	07/01/21	DHS
Secure appropriate technical specifications	1d	07/03/21	07/03/21	DHS
Secure source code	1d	07/13/21	07/13/21	DHS
Submit PMV report template to DHS	1d	07/20/21	07/20/21	Project Manager
Submit feedback on PMV report templates	10d	07/21/21	08/03/21	DHS
Update PMV report template to include DHS feedback	6d	08/04/21	08/11/21	Project Manager
Secure data and measure results	1d	08/10/21	08/10/21	Project Manager
Conduct validation activities	60d	08/11/21	11/02/21	Healthcare Data Analyst
Submit draft PMV reports to DHS	1d	11/03/21	11/03/21	Project Manager
Submit feedback on draft PMV reports	10d	11/04/21	11/17/21	DHS
Update draft PMV reports to include DHS feedback	5d	11/18/21	11/24/21	Project Manager
Submit final PMV reports to DHS	0	12/01/21	12/01/21	Project Manager
Activity 6: Validation of network adequacy and access to care during the preceding twelve (12) months	87d	08/03/21	12/01/21	Project Manager
Submit Annual Network Adequacy (ANA) methodology to DHS	1d	08/03/21	08/03/21	Project Manager
Submit feedback on ANA methodology	10d	08/03/21	08/16/21	DHS
Update methodology to include DHS feedback	5d	08/17/21	08/23/21	Project Manager
Submit ANA report templates to DHS	10d	08/24/21	09/06/21	Project Manager
Submit feedback on ANA report templates	10d	09/07/21	09/20/21	DHS
Provide data templates and request first provider data submission from PASSEs	1d	09/21/21	09/21/21	Project Manager
Submit PASSE-level enrollment data	15d	09/22/21	10/12/21	DHS
Receive first provider data submission from PASSEs	15d	09/22/21	10/12/21	PASSEs
Confirm approved service areas by PASSE	1d	09/24/21	09/24/21	DHS
Conduct ANA activities	20d	10/06/21	11/02/21	Healthcare Data Analyst
Submit draft ANA reports to DHS	1d	11/03/21	11/03/21	Project Manager
Submit feedback on draft ANA reports	15d	11/04/21	11/24/21	DHS
Update draft ANA reports to include DHS feedback	5d	11/25/21	12/01/21	Project Manager
Submit final ANA report to DHS	1d	12/01/21	12/01/21	Project Manager
Activity 8: Analysis of the effectiveness of the PASSEs	147d	08/03/21	02/23/22	Project Manager
Identify appropriate metrics for effectiveness analysis	1d	08/03/21	08/03/21	Project Manager
Submit Analysis of Effectiveness methodology to DHS	20d	08/04/21	08/31/21	Project Manager
Submit feedback on methodology	15d	09/01/21	09/21/21	DHS
Update methodology to include DHS feedback	5d	09/22/21	09/28/21	Project Manager

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Submit report template to DHS	10d	09/29/21	10/12/21	Project Manager
Submit feedback on report template	15d	10/13/21	11/02/21	DHS
Receive metrics for analysis	20d	11/03/21	11/30/21	Project Manager
Conduct analysis	40d	12/01/21	01/25/22	Project Manager
Submit draft report to DHS	1d	01/26/22	01/26/22	Project Manager
Submit feedback on draft report	15d	01/27/22	02/16/22	DHS
Update draft report to include DHS feedback	5d	02/17/22	02/23/22	Project Manager
Submit final report to DHS	1d	02/23/22	02/23/22	Project Manager
Activity 9: Additional activities agreed upon by Qsource and State or mandated by federal requirements	261d	07/01/21	06/30/22	Project Manager
Subsequent Activities	230d	07/13/21	05/30/22	Project Manager
Analyzing datasets (i.e., encounter, quality metrics, PIP, and abuse, waste, overpayment and fraud) and identifying trends in utilization and quality.	92d	08/10/21	12/15/21	Project Manager
Submit utilization and quality analysis methodology to DHS	1d	08/10/21	08/10/21	Project Manager
Submit feedback on methodology	10d	08/10/21	08/23/21	DHS
Update methodology to include DHS feedback	5d	08/24/21	08/30/21	Project Manager
Secure appropriate datasets	20d	08/31/21	09/27/21	Project Manager
Conduct analysis	40d	09/28/21	11/22/21	Healthcare Data Analyst
Submit draft analysis to DHS	1d	11/23/21	11/23/21	Project Manager
Submit feedback on draft analysis	10d	11/24/21	12/07/21	DHS
Update draft report to include DHS feedback	5d	12/08/21	12/14/21	Project Manager
Submit final analysis to DHS	1d	12/15/21	12/15/21	Project Manager
Reviewing outcome data submitted by the PASSEs regarding completed PIP projects.	59d	12/07/21	02/25/22	Project Manager
Identify PIP outcome data	1d	12/07/21	12/07/21	Project Manager
Submit draft outcome data report template to DHS	10d	12/08/21	12/21/21	Project Manager
Submit feedback on draft report template	11d	12/22/21	01/05/22	DHS
Complete outcome data review	20d	01/06/22	02/02/22	Project Manager
Submit draft report to DHS	1d	02/03/22	02/03/22	Project Manager
Submit feedback on draft report	10d	02/04/22	02/17/22	DHS
Update draft report to include DHS feedback	5d	02/18/22	02/24/22	Project Manager
Submit final report to DHS	1d	02/25/22	02/25/22	Project Manager
Analyzing data for program activities identified by the DHS as having potential quality or utilization concerns.	63d	07/13/21	10/07/21	Project Manager
Secure data related to potential quality or utilization concerns	15d	07/13/21	08/02/21	Project Manager
Submit draft data report template to DHS	1d	08/03/21	08/03/21	Project Manager
Submit feedback on draft report template	10d	08/04/21	08/17/21	DHS

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Complete data review	20d	08/18/21	09/14/21	Project Manager
Submit draft report to DHS	1d	09/15/21	09/15/21	Project Manager
Submit feedback on draft report	10d	09/16/21	09/29/21	DHS
Update draft report to include DHS feedback	5d	09/30/21	10/06/21	Project Manager
Submit final report to DHS	1d	10/07/21	10/07/21	Project Manager
Reviewing utilization of certain services or buckets of services requested by the Department.	67d	01/04/22	04/06/22	Project Manager
Identify services to be reviewed	1d	01/04/22	01/04/22	Project Manager
Submit draft data report template to DHS	10d	01/05/22	01/18/22	Project Manager
Submit feedback on draft report template	10d	01/19/22	02/01/22	DHS
Complete data review	20d	02/02/22	03/01/22	Healthcare Data Analyst
Submit draft report to DHS	10d	03/02/22	03/15/22	Project Manager
Submit feedback on draft report	10d	03/16/22	03/29/22	DHS
Update draft report to include DHS feedback	5d	03/30/22	04/05/22	Project Manager
Submit final report to DHS	1d	04/06/22	04/06/22	Project Manager
Validating timely filing and payment of claims by the PASSE and PASSE providers, including review of their payment systems.	62d	01/15/22	04/11/22	Project Manager
Secure encounter data to be validated	1d	01/15/22	01/15/22	Project Manager
Submit draft data report template to DHS	5d	01/15/22	01/20/22	Project Manager
Submit feedback on draft report template	10d	01/22/22	02/03/22	DHS
Complete data review	30d	02/05/22	03/17/22	Healthcare Data Analyst
Submit draft report to DHS	1d	03/19/22	03/19/22	Project Manager
Submit feedback on draft report	10d	03/22/22	04/04/22	DHS
Update draft report to include DHS feedback	5d	04/05/22	04/11/22	Project Manager
Submit final report to DHS	1d	04/10/22	04/10/22	Project Manager
Conducting independent PIPs based on Department or EQRO identified quality or utilization concerns.	100d	01/11/22	05/30/22	Project Manager
Identify quality and/or utilization concerns per first and third subsequent activity above	1d	01/11/22	01/11/22	Project Manager
Conduct research on relevant improvement strategies	10d	01/12/22	01/25/22	Project Manager
Submit draft PIP framework to DHS	15d	01/26/22	02/15/22	Project Manager
Submit feedback on framework	10d	02/16/22	03/01/22	DHS
Update framework based on DHS feedback	5d	03/02/22	03/08/22	Project Manager
Coordinate with PASSEs to implement PIP activities	6d	03/09/22	03/16/22	Project Manager
Validate PIP activities	20d	04/01/22	04/28/22	Project Manager
Submit draft PIP validation reports to DHS	1d	04/29/22	04/29/22	Project Manager
Submit feedback on draft reports	10d	05/02/22	05/13/22	DHS
Update reports to include DHS feedback	10d	05/16/22	05/27/22	Project Manager

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Submit final report to DHS	1d	05/30/22	05/30/22	Project Manager
Reviewing and validating the PASSE process of credentialing, including a review of the timeliness of the credentialing process.	76d	09/07/21	12/21/21	Project Manager
Secure PASSE credentialing policies and procedures	15d	09/07/21	09/27/21	Project Manager
Conduct document review to determine compliance with credentialing standards	20d	09/28/21	10/25/21	Project Manager
Secure statistically valid credentialing and recredentialing file samples for each PASSE	20d	10/26/21	11/22/21	Project Manager
Conduct file review based on standards	20d	11/23/21	12/20/21	Project Manager
Establish PASSE compliance score for credentialing and recredentialing processes	1d	12/21/21	12/21/21	Project Manager
Analyzing effectiveness of the PASSEs. Vendor shall evaluate and provide feedback to DHS of why one PASSE achieves better success or outcomes in metrics such as but not limited to utilization, ER visits, care coordination, and other quality outcomes achieved. Refer to Activity 8 above.	147d	08/03/21	02/23/22	Project Manager
Conducting a focused study aimed at assessing the experiences of children and youth in foster care specific to the quality of health-related service delivery.	77d	10/04/21	01/18/22	Project Manager
Develop study question(s)	10d	10/04/21	10/15/21	Project Manager
Submit draft study question(s) and methodology to DHS	1d	10/18/21	10/18/21	Project Manager
Submit feedback on study question(s) and methodology	10d	10/19/21	11/01/21	DHS
Update study question(s) and methodology to include DHS feedback	5d	11/02/21	11/08/21	Project Manager
Conduct study	32d	11/09/21	12/22/21	Project Manager
Submit draft report of findings to DHS	1d	12/23/21	12/23/21	Project Manager
Submit feedback from DHS on draft report	11d	12/27/21	01/10/22	DHS
Update draft report to include DHS feedback	5d	01/11/22	01/17/22	Project Manager
Submit final report to DHS	1d	01/18/22	01/18/22	Project Manager
Conducting one-time studies necessary for clinical or non-clinical services.				Project Manager
Develop study question(s)		TBD	TBD	Project Manager
Submit draft study question(s) and methodology to DHS		TBD	TBD	Project Manager
Submit feedback on study question(s) and methodology		TBD	TBD	DHS
Update study question(s) and methodology to include DHS feedback		TBD	TBD	Project Manager
Conduct study		TBD	TBD	Project Manager
Submit draft report of findings to DHS		TBD	TBD	Project Manager
Submit feedback from DHS on draft report		TBD	TBD	DHS
Update draft report to include DHS feedback		TBD	TBD	Project Manager
Submit final report to DHS		TBD	TBD	Project Manager
Dental Managed Care Entities	261d	07/01/21	06/30/22	

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Activity 1: Validation of performance improvement projects (PIPs) underway during preceding twelve (12) months	110d	07/01/21	12/01/21	Project Manager
Receive DMO PIP documentation material from DHS	1d	07/01/21	07/01/21	Project Manager
Review DMO PIP documentation material	7d	07/02/21	07/12/21	Project Manager
Develop and submit PIP validation report template to DHS	5d	07/13/21	07/19/21	Project Manager
Submit feedback on PIP validation report template	10d	07/20/21	08/02/21	DHS
Update PIP validation report template to include DHS feedback	5d	08/03/21	08/09/21	Project Manager
DMOs submit PIP validation documentation	1d	09/21/21	09/21/21	Project Manager
Validate Plans' PIP submissions	31d	09/22/21	11/03/21	Project Manager
Submit draft PIP validation reports to DHS	1d	11/02/21	11/02/21	Project Manager
Submit feedback on draft PIP validation reports	14d	11/03/21	11/22/21	DHS
Update draft PIP validation reports to include DHS feedback	6d	11/23/21	11/30/21	Project Manager
Submit final PIP reports to DHS and DMOs	1d	12/01/21	12/01/21	Project Manager
Activity 2: Validation of performance measures calculated by the State during the preceding twelve (12) months	109d	07/01/21	12/01/21	Project Manager
Confirm required measures for validation	1d	07/01/21	07/01/21	DHS
Secure appropriate technical specifications	1d	07/03/21	07/03/21	DHS
Secure source code	1d	07/13/21	07/13/21	DHS
Submit Performance Measure Validation (PMV) report template to DHS	1d	07/20/21	07/20/21	Project Manager
Submit feedback on PMV report templates	10d	07/21/21	08/03/21	DHS
Update PMV report template to include DHS feedback	6d	08/04/21	08/11/21	Project Manager
Secure data and measure results	1d	08/10/21	08/10/21	DHS
Conduct validation activities	60d	08/11/21	11/02/21	Healthcare Data Analyst
Submit draft PMV reports to DHS	1d	11/03/21	11/03/21	Project Manager
Submit feedback on draft PMV reports	10d	11/04/21	11/17/21	DHS
Update draft PMV reports to include DHS feedback	5d	11/18/21	11/24/21	Project Manager
Submit final PMV reports to DHS	0	12/01/21	12/01/21	Project Manager
Activity 5: Validation of network adequacy and access to care during the preceding twelve (12) months	87d	08/03/21	12/01/21	Project Manager
Submit Annual Network Adequacy (ANA) methodology to DHS	1d	08/03/21	08/03/21	Project Manager
Submit feedback on ANA methodology	10d	08/03/21	08/16/21	DHS
Update methodology to include DHS feedback	5d	08/17/21	08/23/21	Project Manager
Submit ANA report templates to DHS	10d	08/24/21	09/06/21	Project Manager
Receive DHS feedback on ANA report templates	10d	09/07/21	09/20/21	DHS
Provide data templates and request first provider data submission from DMOs	1d	09/21/21	09/21/21	Project Manager
Receive DMO-level enrollment data from DHS	15d	09/22/21	10/12/21	DHS
Receive provider data submission from DMOs	15d	09/22/21	10/12/21	DMOs

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Confirm approved service areas by DMO	1d	09/24/21	09/24/21	DHS
Conduct ANA activities	20d	10/06/21	11/02/21	Healthcare Data Analyst
Submit draft ANA reports to DHS	1d	11/03/21	11/03/21	Project Manager
Submit feedback on draft ANA reports	15d	11/04/21	11/24/21	DHS
Update draft ANA reports to include DHS feedback	5d	11/25/21	12/01/21	Project Manager
Submit final ANA report to DHS	1d	12/01/21	12/01/21	Project Manager
Activity 7: Analysis of the effectiveness of the DMOs	147d	08/03/21	02/23/22	Project Manager
Identify appropriate metrics for effectiveness analysis	1d	08/03/21	08/03/21	Project Manager
Submit Analysis of Effectiveness methodology to DHS	20d	08/04/21	08/31/21	Project Manager
Submit feedback on methodology	15d	09/01/21	09/21/21	DHS
Update methodology to include DHS feedback	5d	09/22/21	09/28/21	Project Manager
Submit report template to DHS	10d	09/29/21	10/12/21	Project Manager
Submit feedback on report template	15d	10/13/21	11/02/21	DHS
Receive metrics for analysis	20d	11/03/21	11/30/21	DHS
Conduct analysis	40d	12/01/21	01/25/22	Project Manager
Submit draft report to DHS	1d	01/26/22	01/26/22	Project Manager
Submit feedback on draft report	15d	01/27/22	02/16/22	DHS
Update draft report to include DHS feedback	5d	02/17/22	02/23/22	Project Manager
Submit final report to DHS	1d	02/23/22	02/23/22	Project Manager
Activity 8: Additional activities agreed upon by Qsource and the Department or mandated by state or federal law				Project Manager
Subsequent Activities	261d	07/01/21	06/30/22	Project Manager
Analyzing datasets (i.e., encounter, quality metrics, PIP, abuse, waste, overpayment and fraud) and identifying trends in utilization and quality	92d	08/10/21	12/15/21	Project Manager
Submit utilization and quality analysis methodology to DHS	1d	08/10/21	08/10/21	Project Manager
Submit feedback on methodology	10d	08/10/21	08/23/21	DHS
Update methodology to include DHS feedback	5d	08/24/21	08/30/21	Project Manager
Secure appropriate datasets	20d	08/31/21	09/27/21	Project Manager
Conduct analysis	40d	09/28/21	11/22/21	Healthcare Data Analyst
Submit draft analysis to DHS	1d	11/23/21	11/23/21	Project Manager
Submit feedback on draft analysis	10d	11/24/21	12/07/21	DHS
Update draft report to include DHS feedback	5d	12/08/21	12/14/21	Project Manager
Submit final analysis to DHS	1d	12/15/21	12/15/21	Project Manager
Reviewing outcome data submitted by the DMO regarding completed PIP projects.	59d	12/07/21	02/25/22	Project Manager
Identify PIP outcome data	1d	12/07/21	12/07/21	Project Manager
Submit draft outcome data report template to DHS	10d	12/08/21	12/21/21	Project Manager
Submit feedback on draft report template	11d	12/22/21	01/05/22	DHS

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Complete outcome data review	20d	01/06/22	02/02/22	Project Manager
Submit draft report to DHS	1d	02/03/22	02/03/22	Project Manager
Submit feedback on draft report	10d	02/04/22	02/17/22	DHS
Update draft report to include DHS feedback	5d	02/18/22	02/24/22	Project Manager
Submit final report to DHS	1d	02/25/22	02/25/22	Project Manager
Analyzing data for program activities identified by the Department as having potential quality or utilization concerns.	63d	07/13/21	10/07/21	Project Manager
Secure data related to potential quality or utilization concerns	15d	07/13/21	08/02/21	Project Manager
Submit draft data report template to DHS	1d	08/03/21	08/03/21	Project Manager
Submit feedback on draft report template	10d	08/04/21	08/17/21	DHS
Complete data review	20d	08/18/21	09/14/21	Project Manager
Submit draft report to DHS	1d	09/15/21	09/15/21	Project Manager
Submit feedback on draft report	10d	09/16/21	09/29/21	DHS
Update draft report to include DHS feedback	5d	09/30/21	10/06/21	Project Manager
Submit final report to DHS	1d	10/07/21	10/07/21	Project Manager
Analyzing Value Added Services (VAS) for the effect of health outcomes of members.	72d	01/03/22	04/12/22	Project Manager
Identify VAS offered	5d	01/03/22	01/07/22	Project Manager
Submit methodology for analyzing impact of VAS on health outcomes to DHS	10d	01/10/22	01/21/22	Project Manager
Submit feedback on methodology	10d	01/24/22	02/04/22	DHS
Update methodology to include DHS feedback	10d	02/07/22	02/18/22	Project Manager
Conduct analysis	20d	02/21/22	03/18/22	Project Manager
Submit draft analysis to DHS	1d	03/21/22	03/21/22	Project Manager
Submit feedback on draft analysis	10d	03/22/22	04/04/22	DHS
Update analysis to include DHS feedback	5d	04/05/22	04/11/22	Project Manager
Submit final analysis to DHS	1d	04/12/22	04/12/22	Project Manager
Reviewing utilization of certain services or buckets of services requested by the Department.	67d	01/04/22	04/06/22	Project Manager
Identify services to be reviewed	1d	01/04/22	01/04/22	Project Manager
Submit draft data report template to DHS	10d	01/05/22	01/18/22	Project Manager
Submit feedback on draft report template	10d	01/19/22	02/01/22	DHS
Complete data review	20d	02/02/22	03/01/22	Healthcare Data Analyst
Submit draft report to DHS	10d	03/02/22	03/15/22	Project Manager
Submit feedback on draft report	10d	03/16/22	03/29/22	DHS
Update draft report to include DHS feedback	5d	03/30/22	04/05/22	Project Manager
Submit final report to DHS	1d	04/06/22	04/06/22	Project Manager
Validating timely filing and payment of claims by the DMO and DMO providers, including review of their payment systems.	62d	01/15/22	04/11/22	Project Manager

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Secure encounter data to be validated	1d	01/15/22	01/15/22	Project Manager
Submit draft data report template to DHS	5d	01/15/22	01/20/22	Project Manager
Submit feedback on draft report template	10d	01/22/22	02/03/22	DHS
Complete data review	30d	02/05/22	03/17/22	Healthcare Data Analyst
Submit draft report to DHS	1d	03/19/22	03/19/22	Project Manager
Submit feedback on draft report	10d	03/22/22	04/04/22	DHS
Update draft report to include DHS feedback	5d	04/05/22	04/11/22	Project Manager
Submit final report to DHS	1d	04/10/22	04/10/22	Project Manager
Conducting independent PIPs based on Department or EQRO identified quality or utilization concerns.	190d	09/07/21	05/30/22	Project Manager
Identify quality and/or utilization concerns per first and third subsequent activity above	1d	01/11/22	01/11/22	Project Manager
Conduct research on relevant improvement strategies	10d	01/12/22	01/25/22	Project Manager
Submit draft PIP framework to DHS	15d	01/26/22	02/15/22	Project Manager
Submit feedback on framework	10d	02/16/22	03/01/22	DHS
Update framework based on DHS feedback	5d	03/02/22	03/08/22	Project Manager
Coordinate with PASSEs to implement PIP activities	6d	03/09/22	03/16/22	Project Manager
Validate PIP activities	20d	04/01/22	04/28/22	Project Manager
Submit draft PIP validation reports to DHS	1d	04/29/22	04/29/22	Project Manager
Submit feedback on draft reports	10d	05/02/22	05/13/22	DHS
Update reports to include DHS feedback	10d	05/16/22	05/27/22	Project Manager
Submit final report to DHS	1d	05/30/22	05/30/22	Project Manager
Reviewing and validating the DMO's process of credentialing, including a review of the timeliness of the credentialing process.	76d	09/07/21	12/21/21	
Secure DMO credentialing policies and procedures	15d	09/07/21	09/27/21	Project Manager
Conduct document review to determine compliance with credentialing standards	20d	09/28/21	10/25/21	Project Manager
Secure statistically valid credentialing and recredentialing file samples for each PASSE	20d	10/26/21	11/22/21	Project Manager
Conduct file review based on standards	20d	11/23/21	12/20/21	Project Manager
Establish DMO compliance score for credentialing and recredentialing processes	1d	12/21/21	12/21/21	Project Manager
Analyzing effectiveness of the DMO. Vendor shall evaluate and provide feedback to the Department of why one DMO achieves better success or outcomes in metrics and other quality outcomes. Refer to Activity 7 above.	147d	08/03/21	02/23/22	Project Manager
Additional activities recommended by CMS, DHS, or the Vendor.	261d	07/01/21	06/30/22	Project Manager
Annual EQRO Technical Report (42 Code of Federal Regulations Section 438.364)	129d	09/01/21	02/28/22	
Annual Activity				

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Submit Annual EQRO Technical Report template to DHS	1d	09/01/21	09/01/21	Technical Writer
Receive DHS feedback on Annual EQRO Technical Report template	15d	09/10/21	09/30/21	DHS
Update Annual EQRO Technical Report template to include DHS feedback	5d	10/01/21	10/07/21	Technical Writer
Aggregate annual activity results	86d	10/08/21	02/04/22	Technical Writer
Submit draft Annual EQRO Technical Report to DHS	1d	02/06/22	02/06/22	Technical Writer
Receive DHS feedback on draft Annual EQRO Technical Report	15d	01/31/22	02/18/22	DHS
Update draft Annual EQRO Technical Report to include DHS feedback	5d	02/21/22	02/25/22	Technical Writer
Submit final Annual EQRO Technical Report to DHS	1d	02/28/22	02/28/22	Technical Writer
Mandatory Reports	261d	07/01/21	06/30/22	
Report any child that has been subjected or died as a result from maltreatment, or suddenly, or unexpectedly or observes a child being subjected to conditions or circumstances that would reasonably result in child maltreatment	261d	07/01/21	06/30/22	All
Contract Year 2 End Date	0	06/30/22	06/30/22	