QUALITY COMPANION GUIDE
COORDINATED CARE NETWORKS

Prepared on Behalf of

State of Louisiana
Department of Health and Hospitals

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SECTION 1: INTRODUCTION

Quality Companion Guide Purpose

The Quality Companion Guide focuses on core quality improvement activities helping Coordinated Care Networks (CCNs) make a smooth positive adjustment to Department of Health and Hospitals (DHH) contract requirements and External Quality Review Organization (EQRO) activities and processes. The timeframes provided for each activity may be modified at the discretion of DHH.

External Quality Review (EQR) Regulations

Title 42 (Public Health) of the Federal Code of Regulations, Part 438 (Managed Care), Subpart E details CMS's requirements for the conduct of annual external quality reviews of each MCO. (The Code of Federal Regulations is available at http://www.gpoaccess.gov/ecfr/). Subpart E is broad in scope, addressing such topics as state responsibilities, protocols for conducting EQR, qualifications of EQROs, state contract options, non-duplication of mandatory activities, exemption from external quality review, and federal financial participation.

EQR-Related Activities

Section §438.358 specifies the mandatory and optional EQR-related activities, listed in the table below.

Validation of performance improvement projects	Mandatory
Validation of performance measures	Mandatory
Review to determine plan compliance with structure and operations standards	Mandatory
Validation of encounter data	Optional
Administration or validation of consumer or provider surveys of quality of care	Optional
Calculation of performance measures	Optional
Conduct of performance improvement projects	Optional
Conduct of studies on quality that focus on a particular aspect of clinical or non-clinical services	Optional

Although a single EQRO conducts the overall EQR, States may conduct individual ERQ-related activities themselves or contract with other organizations to conduct EQR-related activities. If other entities conduct EQR-related activities, the State must provide the EQRO with the data generated from each of the EQR-related activities for analysis in the EQR.

CMS provides protocols for conducting each of the mandatory activities, which are available at http://www.cms.hhs.gov/medicaid/managedcare/mceqrhmp.asp. States and EQROs are not required to use the CMS protocols in conducting EQR-related activities, but must use protocols that are consistent with the CMS protocols.

In addition to conducting the mandatory and optional activities listed in the table, the State may also direct the EQRO to provide technical assistance to MCOs to assist them in conducting these activities.

EQR Annual Reporting Requirements

Section §438.364 requires that all the mandatory and optional activities specified in §438.358 must be described in an annual detailed technical report, including information regarding the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Also required is an assessment of strengths and weaknesses for each health plan, as well as recommendations for improvement and an assessment of whether each health plan has acted on recommendations for quality improvement made by the EQRO during the previous year's EQR.

Louisiana Medicaid Managed Care EQR Overview

The Louisiana EQR contract with IPRO began August 1, 2011. A brief description of each IPRO deliverable under this contract's scope of work follows:

Readiness Reviews - Develop a Louisiana-specific readiness review tool and methodology. Evaluate each CCN's operational capacity to participate in Medicaid managed care and begin enrollment. Determine if each CCN can demonstrate an accessible provider network within its service area and the ability to operate a program that will meet DHH requirements.

Compliance Reviews – Develop a Louisiana-specific compliance review tool and methodology. Assess each CCN's compliance with federal and state managed care regulations and with DHH contract requirements.

Performance Improvement Project (PIP) Validation - Present the PIP reporting method through a timeline and instructions, conduct a training webinar, assess CCN methodology for conducting PIPs, verify PIP study findings, evaluate overall validity and reliability of PIP study results, and evaluate the success of interventions to improve quality of care.

Performance Measure Validation - For the DHH-selected performance measures, present the measures and the reporting method through a timeline and instructions, conduct a training webinar, evaluate data accuracy via source code and data validation activities, calculate the results, and obtain CCN agreement.

Survey Validation - Conduct consumer and provider quality of care survey validation. Assist DHH in selecting a standardized provider satisfaction survey. Provide technical assistance throughout the survey cycle.

Technical Report - Produce annual Technical Reports that assess the CCNs' performance, in compliance with the requirements of 42 CFR §438.364 and Louisiana State specifications. Prepare a report for each CCN and one statewide aggregate report which will include all CCNs.

Medical Loss Ratio (MLR) Recommendations - Assess compliance with the CCN MLR policy, review the activities the CCN-Ps assert are quality related and make written recommendations as to whether the activities meet criteria to be classified as quality expenditures.

Quality Companion Guide - Develop a written document to assist CCNs in carrying out quality improvement activities including background information on EQR regulations and the role of the EQRO and instructions and time lines related to readiness review, annual compliance review, PIP validation and PM validation.

Technical Assistance - Provide ongoing technical assistance related to quality issues to CCN quality improvement staff. Coordinate, host and participate in regularly scheduled quarterly meetings to provide CCNs with technical assistance related to quality issues. Analyze and compare performance measures submitted by the CCNs and create strategic reports to assist the state in program evaluation and quality improvement efforts.

SECTION 2: READINESS REVIEW

Process Overview

Readiness reviews evaluate Louisiana Coordinated Care Networks' (CCNs') operational capacity to participate in Medicaid managed care and begin enrollment. The CCNs are required to demonstrate the ability to operate a program that meets the Department of Health and Hospitals' (DHH) requirements and are expected to clearly define and document the policies and procedures to support day-to-day business activities related to Louisiana Medicaid enrollees.

Task Description

As the Louisiana External Quality Review Organization, IPRO readiness review activity focuses on policies, procedures and other documentation related to CCN operations including: operations activities in the contracted scope of work; Provider contracting and credentialing; Member Services staff and Provider training; coordination with State contractors and with the CCN's Subcontractors; the Member Handbook, Provider Manual, Provider Directory and Member Identification Card; Member complaint and appeals processes; toll-free telephone systems and reporting capabilities for Members and Providers; and the Fraud and Abuse Compliance Plan.

The readiness reviews are conducted in three phases: pre-onsite (desk review), onsite and post-onsite (reporting).

Methodology

Preparation of Readiness Review Tools: IPRO prepares the readiness review tools for the following DHH requirements:

CCN-P	CCN-S
Scope of Work (2.0)	General Requirements (3.0)
Staff Requirements and Support Services (4.0)	Staff Requirements and Support Services (5.0)
Core Benefits and Services (6.0)	Provider Network Requirements (6.0)
Provider Network Requirements (7.0)	Enhanced Primary Care Case Management Services (7.0)
Utilization Management (8.0)	Service Accessibility Standards (8.0)
Provider Services (10.0)	Provider Services (9.0)
Eligibility, Enrollment and Disenrollment (11.0)	Eligibility, Enrollment and Disenrollment (10.0)
Marketing (12.0A)	Marketing and Member Education (11.0)
Member Education (12.0B)	Member Grievance and Appeals (12.0)
Member Grievance and Appeals Procedures (13.0)	Fraud, Abuse & Waste Prevention (15.0)
Quality Management (14.0)	
Fraud, Abuse and Waste Prevention (15.0)	

Scoring Criteria: Each individual DHH **requirement** is scored individually and on a three-point scale as follows:

- *Met* – the requirement is in full compliance
- *Not Met* –the requirement is not in full compliance
- *Not Applicable* – the requirement is not applicable to the CCN

Some requirements include a file review to verify compliance (e.g., provider contracts). File reviews are performed during the onsite visit.

Schedule Onsite Reviews: IPRO contacts each CCN to schedule the onsite reviews. Onsite reviews are conducted at the CCN offices.

Training Webinar: Prior to the readiness reviews, IPRO conducts an orientation session for the CCNs to introduce the IPRO Readiness Review Team and prepare the CCNs for the review. IPRO conducts a walk-through of the readiness review process and the review criteria, tools and documentation requirements. IPRO also presents the overall timeline for review activities and requirements for documentation submission and availability.

Pre-Onsite Documentation: IPRO prepares and submits a Document Submission Guide, Submission Forms, and FTP instructions to the CCNs.

Desk Review

During the desk review, each area is reviewed considering the supportive documentation submitted by the CCN. The desk review process is dependent on the CCN providing IPRO with all the appropriate documentation for each DHH requirement with the CCN's original submission.

The review process includes one desk review. As deemed appropriate, IPRO *may* request additional information prior to the onsite; however, the CCN should prepare for only one document submission opportunity.

Onsite Review

Each onsite readiness review is completed in one day with additional teleconference time scheduled as necessary. The review begins with an opening conference during which IPRO presents an overview of the readiness review process and reviews the agenda for the visit. During the site visit, appropriate CCN managers and staff are interviewed in key areas, and relevant documentation is reviewed. The review concludes with a closing conference, during which IPRO provides feedback regarding preliminary findings.

Reporting

IPRO provides DHH with a readiness review report within seven business days of the onsite. At DHH's discretion, IPRO distributes the CCN-specific findings to the respective CCNs. IPRO

rates the CCN in each area as being in "full compliance," "substantial compliance," "minimal compliance" or "noncompliance." Two categories of concern are identified: major areas of concern that the CCN must address prior to initiation of enrollment, and minor areas of concern that need to be corrected by a specific date but do not have to be corrected prior to initiation of enrollment.

DHH makes all final decisions regarding CCN operational readiness.

Timeline

Activity	Timeframe
IPRO sends pre-onsite documentation request and FTP instructions to CCN-Ps	September 6, 2011
IPRO sends pre-onsite documentation request and FTP instructions to CCN-Ss	September 7, 2011
IPRO conducts orientation session/webinar for CCNs to present the readiness review process including the documentation submission instructions	September 8, 2011
IPRO contacts CCN-Ps to schedule onsite reviews	September 12, 2011
IPRO contacts CCN-Ss to schedule onsite reviews	September 19, 2011
CCN-Ps submit pre-onsite documentation to IPRO	September 28, 2011
CCN-Ss submit pre-onsite documentation to IPRO	September 30, 2011
IPRO sends onsite agenda to CCN-Ps	October 12, 2011
IPRO sends onsite agenda to CCN-Ss	October 19, 2011
IPRO conducts onsite CCN-P readiness reviews	October 18-20, 2011
IPRO conducts onsite CCN-S readiness reviews	October 25-26, 2011
IPRO prepares and submits readiness review reports to DHH	October 27-November 8, 2011

SECTION 3: ANNUAL COMPLIANCE REVIEWS

Process Overview

One of the mandatory activities for External Quality Review (EQR) is a review, conducted within the past three years, to determine a CCN's compliance with state and federal standards that comply with federal regulations at § 438.204 (g). This section includes standards related to Access, Structure and Operation, and Quality Assessment and Performance Improvement. In addition, these standards reference two other related sections - Enrollee Rights (438.10) and Grievance Systems (Subpart F). At the discretion of DHH, the EQRO may review all standards annually.

The CMS EQR regulations (438.360) allow for non-duplication of mandatory activities at a state's discretion. These regulations permit use of information about a CCN obtained from a private accreditation review if certain conditions are met. These conditions include, but are not limited to: the CCN is in compliance with the standards established by the national accrediting organization, and the organization's standards are comparable to the federal standards. For CCNs achieving accreditation, IPRO uses the toolkits produced by the accrediting organizations and the CCN-specific accreditation reports/results to identify standards which have been found to meet the federal and state regulatory requirements and includes the accrediting organization's results for those standards in the compliance review.

Task Description

The Compliance Review determines CCN compliance with DHH contract requirements and with State and federal regulations in accordance with the requirements of § 438.204 (g). Each assessment includes a documentation review (desk audit), file reviews, CCN staff interviews, and, as appropriate, direct observation of key program areas. The assessment is completed in three phases:

Phase One – Pre-assessment activities (planning, preparation and desk audit)
Phase Two – Onsite assessment activities
Phase Three – Post-assessment activities (post-review follow up and report preparation)

The CCNs will undergo compliance reviews 18 months after the CCNs' beginning date of operation.

Methodology

Phase One: Pre-Assessment Activities
Preparation of Assessment Tools and Worksheets: IPRO prepares the assessment tools and worksheets for each standard.

Each of the tools is structured the same and includes: federal requirements, related federal requirements, state-specific contract requirements/standards, suggested evidence (this column forms the basis of the pre-onsite documentation and case listing requests, and includes relevant documents and reports), reviewer comments (to document findings related to any requirements that are not fully compliant), and prior results and follow-up (pre-populated with the prior year's findings for any requirements that were less than fully compliant. In addition, corrective actions taken by the CCN in response to the prior year's findings are documented so the reviewer can validate their implementation).

Some standards/requirements require file reviews. Worksheets for each type of file review that will be used by the IPRO reviewers to document their findings are created.

Scoring Criteria: Each standard is rated as being in "Full Compliance," "Substantial Compliance", "Minimal Compliance" or "Non-Compliance" (defined in the table below).

Designation	Description
Full Compliance	CCN has met or exceeded the standard
Substantial Compliance	CCN has met most of requirements of the standard but has minor deficiencies
Minimal Compliance	CCN has met some requirements of the standard, but has significant deficiencies requiring corrective action
Non-Compliance	CCN has not met the standard

Schedule Onsite Assessments: IPRO contacts each CCN to schedule the onsite assessments. Onsite assessments are conducted at the CCN offices.

Training Webinar: IPRO provides a formal training before the scheduled compliance reviews. The training includes a walkthrough of the assessment process, documentation requirements and timeline.

Introductory Packet: IPRO prepares and submits an Introductory Packet to the CCNs including:
- Confirmation of the dates for the assessment
- A detailed site visit agenda
- Identification of the Assessment Team Members
- Pre-onsite documentation request (all documents required for the compliance review will be requested)
- Request for listings of files eligible for review

Select Random and/or Focused Samples: Upon receipt of the eligible file lists from the CCNs, IPRO selects samples for review. CCNs are provided listings of the selected files via IPRO's secure FTP site.

Review of Pre-onsite Documentation: Prior to the onsite assessment, IPRO reviews the pre-onsite documentation submitted by the CCNs and documents findings using the assessment tools. As deemed appropriate, IPRO may request additional information prior to the onsite interview session.

Phase Two: Onsite Assessment Activities

Opening Conference: The onsite assessment begins with an opening conference, at which IPRO reviewers and CCN staff are introduced. During the opening, IPRO provides an overview of the purpose of and process for the review and onsite agenda. The opening conference may also allow for a brief presentation by the CCNs to highlight any corporate changes or new initiatives.

Onsite Review: The onsite review is conducted in accordance with the onsite agenda previously shared with the CCN. The onsite agenda is tailored as necessary to accommodate CCN staff availability and/or the attendance of DHH staff. IPRO reviewers conduct the file reviews and face-to-face interviews with selected CCN staff members, to clarify and confirm findings. As appropriate, walkthroughs or demonstrations of work processes with key CCN staff are conducted.

Closing Conference: The onsite review concludes with a closing conference, during which IPRO provides feedback regarding preliminary findings and presents the next steps in the review process.

Phase Three: Post-Assessment Activities

Preliminary Findings: Upon completion of the onsite assessment, IPRO reviewers complete the assessment tools, and assign scoring designations to each standard/requirement. Preliminary findings are submitted to DHH for review.

Final Findings: At DHH's direction, IPRO distributes the CCN-specific findings to the respective CCNs.

QI Action Plan: A QI Action Plan is requested from CCNs for all areas that score Minimal or Non-compliance. A QI action plan form and submission instructions are provided. IPRO, in conjunction with DHH, will review and approve the action plan or request modifications. The action plan is validated during the next annual compliance review.

Timeline

Activity	Timeframe
IPRO contacts CCNs to schedule onsite assessments	May 2013
IPRO prepares and submits assessment tools, worksheets, scoring criteria , and pre-onsite correspondence and confirmed assessment dates to DHH	May 2013
IPRO conducts compliance review training for CCNs	June 2013
IPRO sends introductory packet and requests pre-onsite documentation including eligible file lists from CCNs	June 2013
IPRO receives eligible list from CCNs	July 2013
IPRO receives pre-onsite documentation from CCNs	July 2013
IPRO provides list of selected files to CCNs	August 2013
IPRO reviews pre-onsite documentation	August 2013
IPRO conducts onsite assessments	August 2013
IPRO prepares and submits findings to DHH	September 2013
IPRO sends findings to CCNs and requests QI action plans	October 2013

Activity	Timeframe
IPRO receives actions plans from CCNs	November 2013
IPRO reviews actions plans, and in conjunction with DHH, provides feedback to CCNs as necessary	November 2013

SECTION 4: PERFORMANCE IMPROVEMENT PROJECTS (PIPs)

Process Overview

One of the mandatory activities for External Quality Review (EQR) is to review PIPs for methodological soundness of design, conduct and reporting to ensure real improvement in care and confidence in the reported improvements.

Task Description

PIPs promote CCN improvement in quality of care and outcomes for members. The CMS protocol for validating PIPs includes three major activities:

- Assessing the CCN's methodology for conducting the PIP;
- Verifying actual PIP study findings; and
- Evaluating overall validity and reliability of PIP study results.

CCNs perform a minimum of two DHH approved PIPs in the first year. The DHH required PIP during the first year is listed in Section 1 of Appendix DD for CCN-Ps and Appendix V for CCN-S**.** The CCNs choose the second PIP from Section 2 of the PIP Appendix. DHH may require an additional PIP each successive year to reach a maximum of four PIPs.

Within three months of the "go live" date and annually thereafter, the CCNs submit, in writing, a general and a detailed description of each PIP to IPRO on behalf of DHH for approval.

CCNs follow a six month approach to collection of PIP baseline data and subsequent measurement of demonstrable improvement and measurement of sustained improvement. The six month baseline data collection period is July 1, 2012 through December 31, 2012. This approach keeps the three administrative regions on the same multi-year PIP validation cycle and incorporates the use of CCN baseline data. PIPs can be implemented early on as opposed to waiting for the CCNs to have a full year of service data.

With this approach, IPRO validates PIPs in a manner that emphasizes collaboration and the efficient and effective use of the resources expended by all parties directly participating in the processes. IPRO validates each CNN's PIPs on an annual basis in compliance with CMS' most current Validating Performance Improvement Projects protocol.

Methodology

Preparation of Validation Methodology: IPRO prepares the validation methodology including a CCN PIP submission form, reviewer tools, and reporting formats that are compliant with the CMS protocol. To help the CCNs plan their PIPs, at the beginning of each cycle, IPRO provides submission requirements, timelines, and a submission form and instructions to standardize the submission process and facilitate comparisons among the CCNs.

Training Webinar: To assure the CCNs understand PIP validation activities, prior to PIP validation implementation IPRO conducts a webinar training. Topics for PIP training include the PIP submission process, planning and implementing quality improvement strategies, measuring the effectiveness of interventions, sustaining and spreading measured improvement.

Assessing CCNs' Methodology for Conducting PIPs: The CCNs are required to submit their methodology to IPRO for assessment. CCNs are required to document all PIP activities on the CCN PIP Submission Form and to submit this completed form annually to IPRO. Detailed submission instructions/requirements and a timeline regarding expectations related to IPRO's validation of the PIP are provided to all CCNs, including information that should be included in the various sections of the PIP Form for each year of submission. The PIP Submission Form addresses all elements of the PIP, including topic, rationale, indicators, methodology, data results and analysis, and interventions.

Each PIP is evaluated against the following nine elements:

Demonstrable Improvement

- Project Topic, Type, Focus Area (review of the study question for comprehensiveness and expected goal/outcome)
- Topic Relevance (review of the selected project topic for relevance of focus and for relevance to the CCN's enrollment and the Medicaid population)
- Quality Indicators (review of selected project indicators which should be objective, measurable, clear and unambiguous and meaningful to the focus of the PIP)
- Baseline Study Design/Analysis (review of data collection procedures to ensure complete and accurate data was collected)
- Baseline Study Population and Baseline Measurement/Performance (review of the identified study population to ensure it is representative of the CCN's enrollment and generalizable to the CCN's total population; review of sampling methods, if sampling is used, for validity and proper technique)
- Interventions aimed at Achieving Demonstrable Improvement (assessment of the improvement strategies for appropriateness and for overcoming barriers that have been identified)
- Demonstrable Improvement (assessment of likelihood that reported improvement is "real" improvement)

Sustained Improvement

- Subsequent or Modified Interventions (review of ongoing, additional or modified interventions)
- Sustained Improvement (assessment of whether the CCN achieved sustained improvement)

IPRO evaluates each element against questions adapted from the CMS protocol. The first seven elements relate to the baseline and demonstrable improvement phases of the project. The last two relate to sustaining improvement from the baseline measurement.

Scoring Criteria: Each element is scored as: Met, Partially Met or Not Met, and points assigned accordingly.

Designation	Assigned Points
Met	100
Partially Met	50
Not Met	0

The total points earned for each review element is weighted to determine the overall score. The seven review elements for demonstrable improvement have a total weight of 80%. The highest achievable score for all seven elements is 80 points. The two review elements for sustained improvement have a total weight of 20%, for a possible maximum of 20 points.

Review Element	Weight
Review Element 1 – Project Topic, Type, Focus Area	5%
Review Element 2 – Topic Relevance	5%
Review Element 3 – Quality Indicators	15%
Review Element 4 – Baseline Study Design and Analysis	10%
Review Element 5 – Baseline Study Population & Baseline Measurement/Performance	10%
Review Element 6 – Interventions Aimed at Achieving Demonstrable Improvement	15%
Review Element 7 – Demonstrable Improvement	20%
TOTAL DEMONSTRABLE IMPROVEMENT SCORE	
Review Element 1S – Subsequent or Modified Interventions Aimed at Achieving Sustained Improvement	5%
Review Element 2S – Sustained Improvement	15%
TOTAL SUSTAINED IMPROVEMENT SCORE	
OVERALL PROJECT PERFORMANCE SCORE	**100%**

The final scoring methodology will be determined in consultation with DHH.

Reporting

PIP Reports: Once PIPs undergo an initial review, IPRO communicates a written assessment to each CCN for each PIP. This assessment is structured to list comments according to the sections on the PIP form. The comments may include questions that require CCN clarification and concerns regarding a CCN's potential achievement of compliance for the element(s) under review. IPRO coordinates conference calls with each CCN that receives comments, to discuss the review findings. Following the conference calls, CCNs are given the opportunity to submit revised PIP documentation, when applicable.

At the conclusion of each annual PIP review cycle, IPRO presents DHH with CCN-specific PIP validation findings and a report which summarizes annual PIP validation findings across the CCNs.

Timeline

Activity	Timeframe
IPRO provides submission requirements, timeline and submission tool/ instructions to CCNs	March 2012
IPRO conducts PIP training for CCNs	April 2012
Within three months of the "go live" date, CCN selects PIPs and submits PIP submission form to DHH for approval	May 2012
IPRO reviews PIP submission forms submitted by CCNs and provides written comments to DHH and CCNs regarding the selected PIP topics	July 2012
CCNs calculate rates for baseline measurement and conduct analysis to support PIP topic (baseline is July 1, 2012-December 31, 2012 service dates)	April-July 2013
CCNs complete and submit PIP forms	July 2013
IPRO conducts PIP validation, holds conference calls with CCNs, as needed, to address issues and concerns and provides written comments to CCNs for each PIP	August-September 2013
IPRO submits annual PIP validation findings and report to DHH	October 2013

Assumptions

IPRO assumes there will be a minimum of two DHH approved PIPs in the first year and DHH may require an additional PIP each year to reach a maximum of four PIPs per CCN that will require validation each year.

CCN-P (Appendix DD) and CCN-S (Appendix V)

Section 1	Minimum Threshold	Specifications
Ambulatory Care Measure – ED Visit category - The number of ED visits per 1000 member months	2011 Medicaid NCQA Quality Compass at the 50th Percentile	HEDIS
Section 2	**Minimum Threshold**	**Specifications**
Cervical CA Screening – The percentage of women 24-64 years old in the denominator that received a cervical CA screening	2011 Medicaid NCQA Quality Compass at the 50th Percentile	HEDIS
Breast CA Screening – The percentage of women 40-69 years old that received a breast CA screening	2011 Medicaid NCQA Quality Compass at the 50th Percentile	HEDIS
Well Child Visits in the First 15 Months of Life – The percentage of children in the denominator that received at least 6 well child visits in the first 15 months of life	2011 Medicaid NCQA Quality Compass at the 50th Percentile	HEDIS
Childhood Immunization Status (CIS) The percentage of children two years of age who had the appropriate immunizations by their second birthday (Combination 2)	2011 Medicaid NCQA Quality Compass at the 50th Percentile	HEDIS
Elective Delivery Prior to 39 completed weeks gestation	Facility Level	JCAHO
Cesarean Delivery Rate (nullipara)	Facility Level	JCAHO
Elective Delivery	Facility Level	JCAHO
Appropriate Use of Antenatal Steroids	Facility Level	JCAHO
Exclusive Breastfeeding at Hospital Discharge	Facility Level	JCAHO

SECTION 5: PERFORMANCE MEASURES (PMs)

Process Overview

The Louisiana (LA) Department of Health and Hospitals (DHH) selected CCN quality performance measures to assess access to care, effectiveness of care and use of services.

The first performance measurement period for all CCNs will be calendar year 2013. This approach affords a full year of service data for the collection and calculation of PMs.

One of the mandatory activities for External Quality Review (EQR) is validation of performance measures to assess the accuracy and reliability of the PMs reported by the CCNs and to determine the extent to which they follow established measure technical specifications and are in accordance with the specifications in 42 CFR §438.354(c).

The CMS protocols specify that in lieu of conducting a full onsite IS assessment, the EQRO may review an assessment of the CCN's information systems conducted by another party. If a CCN is NCQA-accredited, the CCN will have received a full IS assessment as part of its annual HEDIS® audit by an NCQA-licensed audit organization. In this case, IPRO requests and reviews the CCN's Roadmap, Final Audit Report and Data Submission Tool in lieu of conducting an onsite assessment.

Task Description

The Validation of PMs task assesses the CCNs' process for calculating performance measures and whether the process adhered to each measure's specifications, and the accuracy of the performance measure rates as calculated and reported by the CCNs. Each assessment includes a documentation review (desk audit), CCN staff interviews, and, as appropriate, direct observation of key program areas. The assessment is completed in three phases:

Phase One – Pre-onsite activities (planning and preparation)
Phase Two – Onsite activities (validation review)
Phase Three – Post-onsite activities (post-review follow up and report preparation)

The validation follows a structure similar to HEDIS compliance audits but focuses on systems assessment and is fully compliant with the CMS EQRO protocol for Validating Performance Measures.

Methodology

Phase One: Pre-Onsite Validation Activities
Preparation of Validation Methodology: IPRO prepares the validation methodology including validation tools, and reporting formats that are compliant with the CMS protocol.

Preparation of Validation Tools: An automated Microsoft Access-based Information Systems (IS) Standards Tool is used to guide IPRO reviewers in thoroughly documenting critical findings while ensuring consistency among validation team members.

IPRO uses a HIPAA-compliant, hierarchical electronic file storage system for organizing and maintaining validation-related working papers. To ensure member confidentiality, any Protected Health Information (PHI) shared between reviewers and the CCN is transmitted via HIPAA-compliant FTP sites.

Training Webinar: IPRO provides a formal training before starting PM validation to explain the validation process and timeline, and respond to questions.

Scheduling the Onsite Visit: IPRO contacts each CCN to arrange a mutually agreeable date for the onsite visit and schedule a pre-onsite conference call to assure their readiness for the onsite assessment. Within two weeks prior to the scheduled visit, a confirmation letter and onsite agenda is sent to the CCNs.

Introductory Letter: IPRO prepares the CCNs for PM validation via an Introductory Letter that outlines the procedures and timelines for conducting validation activities and explains the purpose of the onsite visit and interview process. The letter asks each CCN to identify its point of contact for the validation and to provide any information requested to the IPRO Validation Team prior to the onsite visit. The letter also provides IPRO Validation Team contact information for technical assistance and alerts the CCN to expect electronic delivery of the Introductory Package.

Introductory Package: The Package provides preparatory information such as a list of the required PMs with a request for numerators, denominators, and rates calculated by or on behalf of the CCN, a list of enrollees included as PM numerator positives by medical record review, a list of documents to be reviewed, and IS background information including the Information Systems Capabilities Assessment Tool (ISCA) to complete and return prior to the site visit.

Review of Pre-onsite Documentation: Prior to the onsite visit, the CCNs complete and return the ISCA to the IPRO Validation Team. The ISCA helps the CCN to explain the process it used to calculate each numerator, denominator, and subsequent PM rates. IPRO uses the ISCA as the basis for our initial assessment of the CCN's compliance with the PM specifications. It is reviewed for information about the CCN's systems for collecting and processing data to produce PMs, plan the onsite activities, and identify areas that require clarification during the onsite visit. During the onsite visit, the Validation Team conducts primary source verification of the CCN's responses to the ISCA questions.

Phase Two: Onsite Validation Activities

Opening Conference: The onsite validation begins with an opening conference, at which IPRO reviewers and CCN staff are introduced. During the opening, IPRO provides an overview of the purpose of and process for the review and onsite agenda.

Onsite Review: During the onsite visit, the IPRO Validation Team interviews and reviews documentation with appropriate CCN staff and observe workflow and practices related to the CCN Information Systems that collect, process and transmit PM data. If the CCN delegates any aspect of data collection or reporting to an external vendor, the same assessment is applied to the vendor's documentation of programs or processes used in generating, collecting, and/or analyzing the data in question. For each CCN, IPRO conducts several onsite activities, including:

- *Interviewing*: IPRO verifies the responses in the ISCA Tool and obtains more detailed information by interviewing staff who are responsible for the CCN's Information Systems and involved in the PM data collection process. Interviews are tailored to the CCN's PM production environment.

- *Primary Source Verification:* IPRO reviews applicable paper forms and other input media used to produce the PMs (e.g., claims and encounters, practitioner information and Electronic Data Interchange (EDI) protocols), and verifies that the information from the primary source matches the information reported. We also review the processes used by the CCN to input, transmit and track the data, confirm entry and detect errors.

- *Review of Information Systems Processes and Documentation:* IPRO reviews documents that describe the CCN's processes relative to the collection, storage and reporting of data, focusing on the integrity and completeness of the data required for PM reporting. We may also observe certain procedures and review instructions and other related documentation, such as the capture of member-level information regarding additions, deletions and changes in enrollment, or the design of databases to ensure that they are compliant for the PMs.

- *Systems or Program Review:* IPRO reviews the CCN's systems and programs governing the entry, transfer, editing and manipulation of the data, such as file formats and data receipt, entry and transfer processes.

- *Observation/Systems Walkthrough:* To ensure that the CCN's formal policies and procedures are properly followed, the IPRO Validation Team conducts a walkthrough to directly observe entry of claims and encounters, as well as the CCN's enrollment system, provider data warehouse and performance measure repository files and programs.

- *Assessment of Data Completeness*: IPRO assesses over- and under-reporting of data. Over-reporting errors are identified vis a vis double-counting of services. IPRO assesses the CCN's claim lag and provider encounter data submission results, and evaluates any studies on data completeness that the CCN may have performed. We also assess the impact of capitation and other contractual agreement methods on data completeness, as applicable. If data completeness issues are significant and substantiated, we inform the CCN of measures that may potentially be at risk and work with CCN staff to identify short- and long-term measures to minimize potential reporting bias.

Source Code Review (Onsite or Offsite): IPRO reviews source code to assess compliance with PM technical specifications. The CCNs are required to submit to IPRO the source code used to generate eligible populations, denominator requirements and numerator compliant hits for each PM along with related flowcharts, software documentation, input and output file record layouts and field descriptions, input and output record counts and job logs. IPRO reviews the source code to assess compliance with technical specifications for all calculations (eligible population, denominator, numerator and algorithms) for each PM. Concurrently, IPRO validates the accompanying member level data files by conducting several checks on each file.

Closing Conference: At the conclusion of the onsite visit, IPRO conducts an exit conference to present preliminary findings, identify measures at risk, review follow-up items, discuss any required corrective actions and review the timeline for completing post-onsite activities and final reporting.

Medical Record Review (MRR) Validation and Process Evaluation: IPRO validates medical record data by reviewing the CCNs' medical record data collection tools and abstraction processes, and by conducting a physical review of a sample of records from each CCN. Nurse reviewers conduct the MRR validation process.

IPRO requests numerator listings from each CCN for those cases that were identified as numerator positive from the CCN MRR. IPRO randomly selects thirty medical records for review and requests copies of these records. IPRO's nurse reviewers review the medical records and the CCN-completed abstraction tools to determine if they were in agreement with the CCN determinations. IPRO staff notifies the CCNs of the nurse reviewers' findings and provides the CCNs the opportunity to provide additional documentation, as available. If after this, the agreement rate is less than 100%, IPRO conducts final statistical validation utilizing the t-test developed by NCQA to confirm that the results do not significantly bias the hybrid rate.

If the CCN delegates any aspect of data collection or reporting to an external vendor, the same assessment is applied to the vendor's documentation of programs or processes used in generating, collecting or analyzing the data in question.

Phase Three: Post-Onsite Validation Activities

The final phase of performance measure reporting entails IPRO's preparation of rate tables and analysis reports of PM results. IPRO generates PM rate tables using validated data submitted by the CCNs. Rate tables may include "drill down" calculations based on various subpopulations, such as by race, ethnicity, age, gender, parish, etc.

IPRO also applies analytical and presentation tools to transform results into quantitative information that inform DHH and the CCNs of performance and opportunities for improvement. Whenever possible, comparative and analytical results are presented in a graphic format. Statistical comparison against prior years' performance measure rates and year-to-year trending are presented, as applicable. At a minimum, CCN HEDIS rates are evaluated against HEDIS benchmarks, i.e., HEDIS Audit Means, Percentiles and Ratios included in NCQA's Quality Compass.

The CCN-specific validation reports are submitted to DHH and the CCNs at DHH's direction.

Timeline

Activity	Timeframe
IPRO conducts PM validation training for CCNs	December 2013
IPRO contacts CCNs to schedule onsite assessments	January 2014
IPRO issues Introductory Letter and sends Introductory Package to CCNs	February 2014
IPRO obtains and reviews the CCN-completed ISCAs	February 2014
IPRO holds pre-onsite conference calls with CCNs	March 2014
IPRO conducts onsite validation review of CCNs and any vendors	March-April 2014
IPRO obtains and reviews source code from CCNs	March-April 2014
IPRO selects measures for MRR validation and notifies CCNs of submission process	April 2014
IPRO obtains MRR numerator positive listings from CCNs, selects random samples from numerator listings and requests records from CCNs	April 2014
IPRO obtains medical record documentation for selected members	May 2014
IPRO performs MRR validation and notifies CCNs of findings	May 2014
IPRO prepares CCN-specific validation reports and rate tables, and submits to DHH and CCNs	July 2014

Assumptions

Under the Louisiana EQRO contract, IPRO assumes up to seven PMs will require validation by IPRO each year. The seven PMs include five incentive-based measures and two additional measures one of which is calculated using administrative methodology and the other is calculated using hybrid methodology. If the CCNs undergo NCQA accreditation, IPRO assumes HEDIS and CAHPS PMs will be validated as a component of the CCNs' annual HEDIS compliance audit and do not require validation by IPRO.

Louisiana Performance Measures

CCN Performance Measures

CCNs are required to report on PMs listed in Appendix J for CCN-Ps and Appendix H for CCN-Ss which include, but are not limited to, Healthcare Effectiveness Data and Information Set (HEDIS) measures, Agency for Healthcare Research and Quality Review (AHRQ) measures, Consume Assessment of Healthcare Providers and Systems (CAHPS) measures, and/or other measures as determined by DHH. Incentive Based measures may affect CCN payments.

CCN-Ss and CCN-Ps have the same performance measures.

CCN Incentive Based Measures:
- Adults' Access to Preventive/Ambulatory Health Services (HEDIS)
- Comprehensive Diabetes Care HgbA1C (HEDIS)
- Chlamydia Screening in Women (HEDIS)
- Well-Child Visits in the Third, Fourth, Fifth and Sixth Year of Life (HEDIS)
- Adolescent Well-Care Visits (HEDIS)

CCN Level I Measures:
- Children and Adolescents Access to PCP (HEDIS)
- Prenatal and Postpartum Care (Timeliness of Prenatal Care and Postpartum Care) (HEDIS)
- Childhood Immunization Status (HEDIS)
- Immunizations for Adolescents (HEDIS)
- Cholesterol Management for Patients with cardiovascular conditions (HEDIS)
- Cervical CA Screening (HEDIS)
- EPSDT Screening Rate (CMS 416)
- Weight Assessment and Counseling for Nutrition and Physical Activity in Children/Adolescents (HEDIS)
- Use of Medication for people with Asthma (HEDIS)
- Comprehensive Diabetes Care (HEDIS)
- Breast CA Screening (HEDIS)
- Adult Asthma Admission Rate (AHRQ)
- CHF Admission Rate (AHRQ)
- Uncontrolled Diabetes Admission Rate (AHRQ)
- Plan All-Cause Readmissions (HEDIS-Adapted for Medicaid)
- Well-Child Visits in the First 15 Months of Life (HEDIS)
- Ambulatory Care (ER Utilization) (HEDIS)

CCN Level II Measures:
- Follow-Up Care for Children Prescribed ADHD Medication (HEDIS)
- Otitis Media Effusion (CHIPRA)
- Controlling High Blood Pressure (HEDIS)
- Pediatric Central-Line Associated Bloodstream Infections (CHIPRA)
- Percent of live births weighing less than 2,500 grams (CHIPRA)
- Cesarean Rate for Low-Risk First Birth Women (CHIPRA)

- Appropriate Testing for Children With Pharyngitis (HEDIS)
- % of Pregnant Women who are screened for tobacco usage and secondhand smoke exposure and are offered an appropriate and individualized intervention (State)
- Total number of eligible women who receive 17-OH progesterone during pregnancy, and % of preterm births at fewer than 37 weeks and fewer than 32 weeks in those recipients (State)
- Emergency Utilization-Avg # of ED visits per member per reporting period (CHIPRA)
- Annual # of asthma patients (1yr old) with 1 asthma related ER visit (CHIPRA)
- Frequency of Ongoing Prenatal care (HEDIS)
- CAHPS Health Plan Survey 4.0, Adult Version (HEDIS)
- CAHPS Health Plan Survey 4.0, Child Version including Children With Chronic Conditions (HEDIS)
- Provider Satisfaction (State)

Specifications for the State-specific performance measures, including the standardized provider satisfaction survey, will be provided to the CCNs in the 4th quarter 2012.

SECTION 6: TECHNICAL REPORT

CCN Technical Report Content

The final rule of the Balanced Budget Act (BBA) of 1997 requires that State agencies contract with an External Quality Review Organization (EQRO) to conduct an annual external quality review (EQR) of the services provided by contracted Medicaid managed care organizations (MCOs). This EQR must include an analysis and evaluation of aggregated information on quality, timeliness and access to the health care services that a MCO furnishes to Medicaid Managed Care recipients.

The EQR-related activities that must be included in detailed technical reports are:

- review to determine MCO compliance with structure and operations standards established by the State (42 CFR §438.358),
- validation of performance improvement projects, and
- validation of MCO performance measures.

For each contract year, IPRO produces Technical Reports that assess the CCNs' performance, in compliance with the requirements of 42 CFR §438.364 and Louisiana State specifications. IPRO prepares a report for each CCN and one statewide aggregate report which includes all CCNs. IPRO submits the CCN-specific reports to DHH within thirty (30) days after completion of the annual review of each CCN.

IPRO works with DHH to identify the domains and data to be included in the CCN-specific Technical Reports and in the statewide aggregate Technical Report and establish a production timeline.

The following information is included in the annual CCN Technical Reports as appropriate to the report type:

- Objectives;
- A brief review methodology description of the technical methods of data collection and analysis, a review process overview, the scoring criteria, and the steps taken to prepare the reviewers and validate reviewer-completed instruments;
- Follow-up activities since the preceding review;
- Description of the data obtained and the collection and analysis process;
- CCN-specific findings, including best practices;
- Findings by each category of requirements;
- Conclusions drawn from the data;
- Trends in evaluation findings over the years that reviews have been completed;
- Opportunities for improvement and recommendations;
- An assessment of each CCN's strengths and weaknesses with respect to the quality, timeliness and access to health care services furnished to Medicaid recipients;
- Methodologically appropriate, comparative information about all CCNs operating within Louisiana, as determined by DHH; and

- An assessment of the degree to which a CCN has effectively addressed the recommendations for quality improvement made by IPRO during the previous year's EQR.

The Technical Reports are prepared in both electronic and hard copy formats in accordance with all contract and DHH specifications.

CCN Technical Reports

As applicable, the CCN-specific Technical Reports provide the objectives for each key activity, the methods used to measure these objectives, and key findings and conclusions resulting from the data. The reports combine text, tables and graphs to best display each data set in a way that is easily understandable. If appropriate, IPRO conducts significance testing for each figure to provide a functional way to compare each CCN to statewide and/or national benchmarks, and includes multiple years for trending purposes.

The CCN-specific Technical Reports provide an assessment of the strengths and opportunities for improvement for each CCN relative to timeliness, access and quality of services delivered to members, and IPRO's recommendations. CCN-specific Technical Reports produced after the first year include an assessment of the degree to which each CCN has effectively addressed the performance improvement recommendations made by IPRO during the previous year's external quality review.

Statewide Technical Report

The statewide aggregate Technical Report includes an overview of the Louisiana Medicaid managed care program, a listing of the CCNs included in the report, information sources used to complete the report, an aggregate display of CCN compliance with structure and operations standards, a description of PIP validation methodology, a summary of the CCNs' PIP topics and validation results, a description of PM validation methodology, a summary of the CCNs' PM validation results, a table displaying CCN PM rates with statewide averages, and a list of program-wide strengths and opportunities for improvement.