Overview of 2022
External Quality Review (EQR) Activities

Health Services Advisory Group, Inc.

January 18, 2022

Agenda

- Opening welcome
  - Webinar goals and objectives
  - General EQRO updates
  - EQRO team introductions
- 2022 Oregon EQR activities
  - EQR regulatory authority
  - Overview of 2022 EQR activities
    - EQR-related activities for Managed Care Entities (MCEs)
    - Other EQRO and EQR-related Activities
- Important reminders
- Questions and answers

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Welcome

- Welcome

- Webinar goals and objectives
  - Review the scope of EQR activities in 2022
  - Discuss CCO and DCO EQR activity roles and expectations
  - Highlight EQR activity timeframes for CCO and DCO participation

- General EQRO updates
  - 2022 Contact List and communication protocol
  - Continued collaboration with OHA to:
    - Reduce duplication and overlap in EQR activities
    - Identify opportunities to streamline required documentation
    - Provide more timely feedback and options for technical assistance
  - Continued use of SAFE (https://safe.hsag.com) and the HSAG EQRO website (www.hsag.com/myoregoneqro)

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EQRO Team Introductions

- Oregon Project Management Team
  - **Tom Miller**, EQRO contract oversight
  - **Georgia Wilkison,** EQRO project management
  - Brittony Stewart
  - Ivan Kuletz
  - Jamie Letter
- Performance Measure Validation
  - **Matt Kelly—Activity Lead**
  - Chris Tax

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EQRO Team Introductions (cont.)

- Performance Improvement Projects
  - **Kris Hartmann—Activity Lead**
  - Christi Melendez
  - Don Grostic
  - Jenny Montano
- Encounter Data Validation
  - **Eliza Buyong—Activity Lead**
  - Amy Kearney
  - Lacey Hinton

2022 Oregon EQR Activities

Tom Miller, MA, CHCA

EQR Regulatory Authority

As an EQRO, HSAG evaluates managed care entities (MCEs), as required by the Code of Federal Regulations 42 CFR Part 438, Subpart E, to perform an EQR assessing:

- *Timeliness*: the ability to increase the desired health outcomes for members through the provision of effective healthcare services
- *Access*: the ability to make services available and accessible for the entire Medicaid population
- *Quality*: impacts and improves the effectiveness of care

EQR Regulatory Authority (cont.)

- EQR-related activities are set forth in CFR §438.358 and governed by protocols issued by CMS intended to:
  – Improve states' ability to oversee and managed MCEs they contract with for services
  – Help MCEs improve their performance with respect to quality, timeliness, and access to care

- Mandatory EQR-related activities
  – Validation of performance improvement projects
  – Validation of performance measures
  – A review, within the previous three years, of compliance with the standards established by the State to comply with federal requirements
  – Validation of MCO, PIHP, or PAHP network adequacy
  – Annual technical report

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EQR Regulatory Authority (cont.)

- Optional EQR-related activities
  - **Encounter Data Validation**
  - Calculation of performance measures
  - Implementation of performance improvement projects
  - Survey administration
- EQR activities have corresponding CMS protocols, which HSAG follows when conducting activities:

  https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf

HSAG is committed to improving the quality of healthcare services in order to achieve the best possible patient and member outcomes; we will continue to work in partnership with OHA toward this goal.
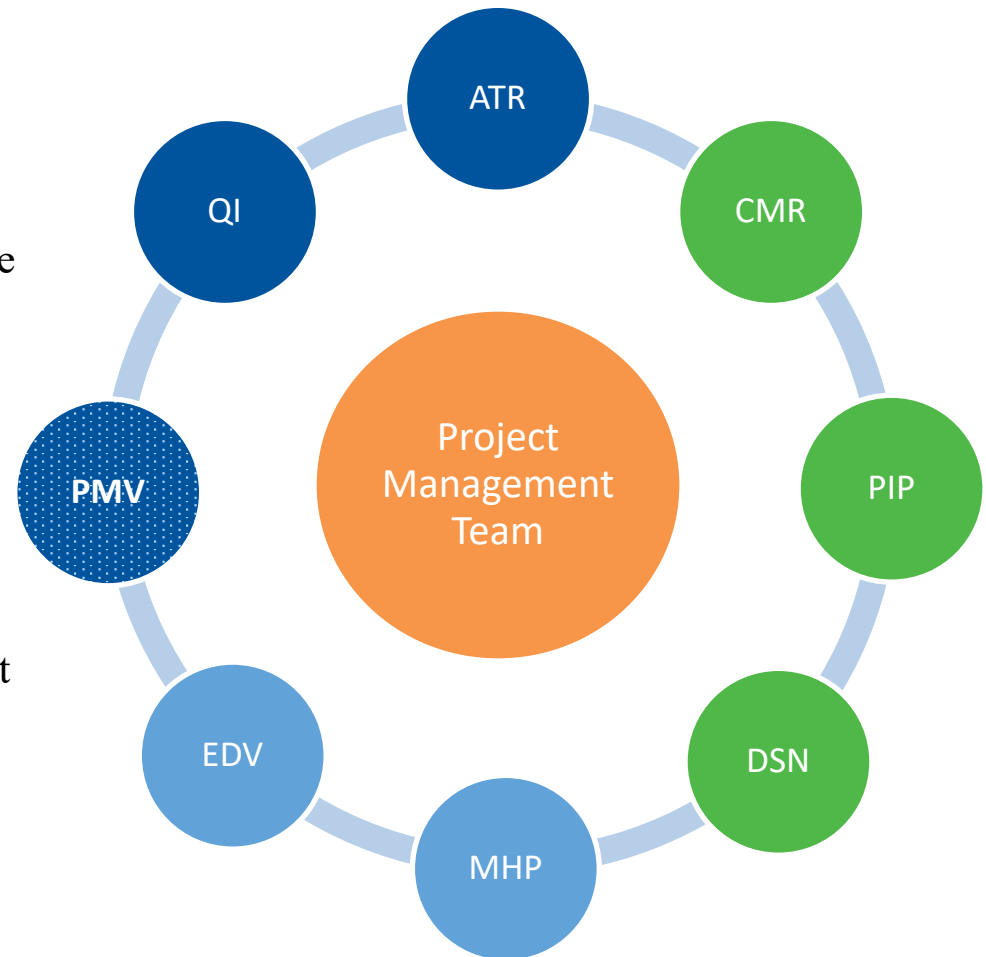
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Overview of 2022 Oregon EQR-related Activities

Tom Miller, MA, CHCA

Scope of 2022 EQRO Activities

Legend:
- 🟢 CCO and DCO activity
- 🔵 CCO-only activity
- 🔵 OHA activity, related to MCE performance

ATR	=	Annual Technical Report
CMR	=	Compliance Monitoring Review
PIP	=	Performance Improvement Project
DSN	=	Delivery System Network
MHP	=	Mental Health Parity
EDV	=	Encounter Data Validation
PMV	=	Performance Measure Validation
QI	=	EQR Quality Improvement

2022 EQR-related Activities

- EQR-related mandatory activities
  - Compliance Monitoring Review (all MCEs)
  - Performance Improvement Projects (all MCEs)
  - Delivery System Networks (all MCEs)
  - Performance Measure Validation (OHA*)
  - Annual Technical Report (OHA)
- EQR-related optional activities
  - Encounter Data Validation (CCOs only)
  - Mental Health Parity (CCOs only)
- EQRO activities
  - EQR Quality Improvement (OHA and MCEs)

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Compliance Monitoring Review (CMR)

Jamie Letter, BSN, MA

Overview of CMR

- 42 CFR 438.358(b)(iii) – Mandatory Activity
- CMS Protocol 3—*Review of Compliance with Medicaid and CHIP Managed Care Regulations*
- Activity objectives include:
  - Assess operational compliance with:
    - Code of Federal Regulations
    - Oregon Administrative Rules
    - CCO/DCO contract provisions
  - Identify MCE strengths and opportunities for improvement
  - Identify best practices across the MCEs
  - Work with MCEs and OHA to:
    - Identify areas for technical assistance
    - Assist MCEs in achieving compliance and improving quality

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3-Year Review Cycle – CMR Scope

2022: MCE Operations

✓ Standard VIII – Confidentiality
✓ Standard IX – Enrollment and Disenrollment
✓ Standard XII – Quality Assessment and Performance Improvement
✓ Standard XIII – Health Information Systems
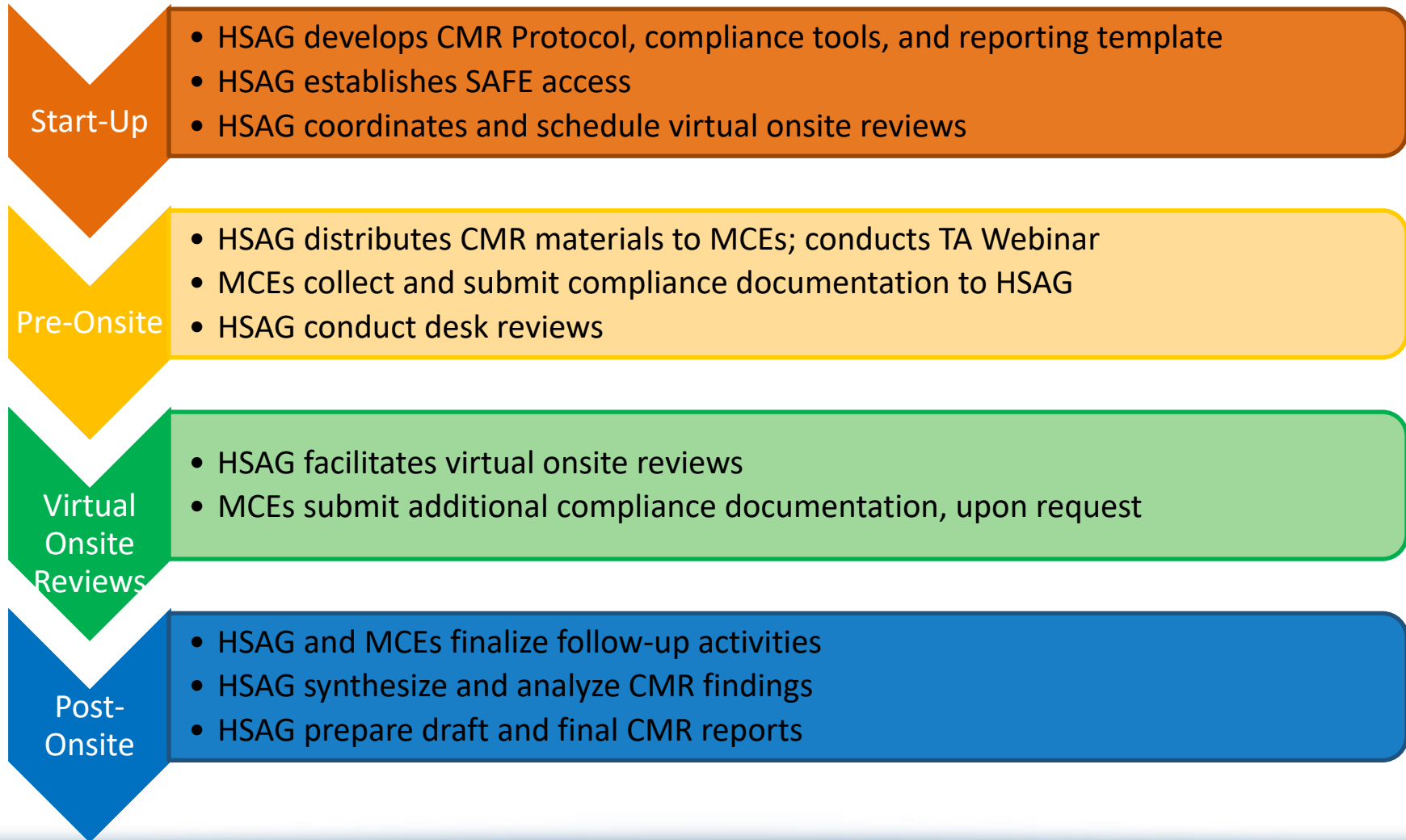✓ Standard IV – Program Integrity

2023- Member-focused

❑ Standard III – Coordination and Continuity of Care
❑ Standard IV – Coverage and Authorization of Services
❑ Standard VII – Member Rights and Protections
❑ Standard X – Grievance and Appeals
❑ Standard XV – Member Information

2024- Provider-focused

❑ Standard I – Availability of Services
❑ Standard II – Assurances of Adequate Capacity and Services
❑ Standard V – Provider Selection
❑ Standard VI – Subcontractual Relationships and Delegation
❑ Standard XI – Practice Guidelines

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CMR Process

Start-Up
- HSAG develops CMR Protocol, compliance tools, and reporting template
- HSAG establishes SAFE access
- HSAG coordinates and schedule virtual onsite reviews

Pre-Onsite
- HSAG distributes CMR materials to MCEs; conducts TA Webinar
- MCEs collect and submit compliance documentation to HSAG
- HSAG conduct desk reviews

Virtual Onsite Reviews
- HSAG facilitates virtual onsite reviews
- MCEs submit additional compliance documentation, upon request

Post-Onsite
- HSAG and MCEs finalize follow-up activities
- HSAG synthesize and analyze CMR findings
- HSAG prepare draft and final CMR reports

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Changes to CMR Process in 2022

- HSAG and OHA continue to improve the CMR process
  - Reduce MCE burden and streamline scope of work
    - Focus on federal regulations
    - Eliminate duplication of activity
  - Modified report templates

- Improvement Plans
  - Improvement Plans (IPs) will be evaluated during the following CMR cycle
  - MCEs should immediately begin remediating findings
  - MCEs are encouraged to contact HSAG for technical assistance to ensure resolution of findings

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2022 CMR Timeline

Activity	Tentative Date
HSAG initiates CMR activity, including: • Development of CMR Protocol and compliance tools • Conduct Technical Assistance Webinar (01/27/22 @ 10am)	January 2022
MCEs submit 2022 CMR documentation	**March 10, 2022**
HSAG conducts desk review of submitted documentation	March – May 2022
HSAG conducts Onsite webinars with MCEs	June – September 2022
HSAG and MCEs complete outstanding follow-up items; HSAG finalizes analysis of CMR Results	October 2022
Draft and submit aggregate report to OHA	November – December 2022

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Performance Improvement Project Validation

Kris Hartmann, MS

Overview of PIP Validation

- 42 CFR §438.330 outlines PIP validation requirements.

- PIPs include:
  - Measurement of performance using objective indicators.
  - Interventions to improve quality processes and outcomes.
  - Evaluation of intervention effectiveness.
  - Plans and activities to increase or sustain improvement.

- PIP Validation includes:
  - Assessment of study methodology.
  - Verification of PIP study findings.
  - Evaluation of overall validity and reliability of study results.

2022 PIP Activities

Statewide PIP Validation

- HSAG will conduct the second annual validation of the *Mental Health Service Access Monitoring* statewide PIPs in 2022.
- CCOs will update and submit the Statewide PIP submission form with **Baseline performance indicator results and initial improvement strategies** to OHA by July 31, 2022.
- Initial Statewide PIP validation findings returned September 9, 2022.
- HSAG will validate the Baseline PIP submissions following the first 8 steps in CMS protocol.
- CMS EQR Protocol 1. Validation of Performance Improvement Projects is available at:
  https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf

> **Baseline PIP Submission**
> Eight steps in PIP Submission Form

2022 PIP Activities (cont.)

New Statewide PIP Validation

- OHA is currently working with HSAG and the CCOs to develop a new statewide PIP design focused on Substance Use Disorders.
- CCOs will be required to submit Statewide **PIP designs** to OHA in 2022; specific date to be determined.
- Initial Statewide PIP validation conducted by HSAG.
- HSAG will validate the PIP design submissions following the first 6 steps in the CMS protocol.

PIP Design
First six steps in PIP Submission Form

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2022 PIP Activities (cont.)

- Quarterly PIP Submissions (three CCO-Specific PIPs)
  - Quarterly Progress Reports are due:
    - January 31, 2022
    - April 30, 2022
    - July 31, 2022
    - October 31, 2022
  - CCO PIPs are evaluated quarterly.
  - OHA provides feedback directly to CCOs.

- DCO PIP Submissions
  - DCOs will update the PIP submission form with **Remeasurement 1 indicator results and improvement strategies**.
  - DCO PIP submissions are due to OHA by July 31, 2022.
  - DCO PIP validation findings returned September 1, 2022.

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Tips for Successful PIP Submissions

- PIP documentation must be submitted <u>directly to OHA.</u>
- The annual validation process includes an opportunity to seek TA and resubmission, as necessary.
- 2022 resources will be available online after OHA approval:
  - Statewide PIP Submission Form.
  - PIP Completion Instructions.
  - A PIP Validation Tool.

  https://www.hsag.com/en/myoregoneqro/performance-improvement-projects/

- DCOs and CCOs can contact HSAG as needed to schedule validation-related TA.

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Delivery System Network (DSN) Evaluation

Ivan Kuletz, MPP

Overview of the DSN Evaluation

- MCEs are required to submit DSN reports to OHA
  1. DSN Narrative Report (annually)
  2. DSN Provider Capacity Report (quarterly)
- OHA will conduct quarterly capacity report analyses
- HSAG conducts an annual evaluation of MCE delivery systems, including
  - MCE DSN Narrative Report
  - MCE Provider Capacity Report Findings (from OHA)
  - MCE time and distance analysis.
- HSAG prepares aggregate report of findings

DSN Provider Capacity Reporting

- OHA will conduct quarterly capacity report analyses

Activity	Date
MCEs submit quarterly DSN Provider Capacity reports	30th day of month following each quarter
OHA conducts DSN Provider Capacity report analyses	Quarterly

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2022 DSN Evaluation Timeline

Activity	Date
HSAG initiates DSN activity, including: • Development of DSN Protocol and instructions • Development and dissemination of DSN Narrative Tools	January – April 2022
HSAG disseminates DSN Protocol and tools; conducts TA webinar	April 2022
MCEs submit DSN Narrative reports and supporting documentation	July 29, 2022
HSAG conducts desk review of DSN narrative reports; performs time/distance analyses	August – October 2022
OHA submits Q2 Provider Capacity results to HSAG	October 2022
HSAG compiles DSN Narrative, time/distance, and Provider Capacity results	November
HSAG drafts and prepares final DSN Evaluation report	December 2022 – January 2023

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Tips for a Successful Evaluation

- Ensure previous findings are mitigated
- Provide relevant and thorough responses to each narrative component
- Submit appropriate supporting documentation
- Ensure time and distance data are complete, accurate, and methodologically aligned with requirements (e.g., precise physical location rather than by ZIP code or county)
- Attend DSN Activity Technical Assistance Webinar in April
- Contact HSAG as needed to obtain TA or clarification

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Performance Measure Validation (PMV)

Tom Miller, MA, CHCA

Overview of PMV

- 42 CFR 438.358(b)(ii) – Mandatory Activity
    - 42 CFR 438.330(c) – Outlines performance measure requirements
- CMS Protocol 2—*Validation of Performance Measures*
    - Assess accuracy of performance measures reported
    - Determine the extent to which the reported rates follow measure specifications and reporting requirements
- Results are reported in the Annual Technical Report

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Overview of PMV (cont.)

- Scope of work
  - Collection and review of supporting documentation, including an *Information Systems Capabilities Assessment*
  - Review of data pre-production and rate calculation source code
  - Validation of reported rates
  - Participation in virtual onsite review
- Measures under review
  - For CCOs, administrative-based incentive measures
  - For DCOs, to be determined
- Timeline

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Annual Technical Report (ATR)

Georgia Wilkison, BSN, RN, CPC

Overview of the ATR

- 42 CFR §438.364 outlines ATR requirements.
- The ATR summarizes EQR activities conducted in the previous year including:
  - An overview of Oregon's Medicaid program.
  - A description of the scope of EQR activities conducted.
  - A description of OHA's quality strategy and its annual assessment.
  - Information on the assessment and summarized findings for each of the EQR activities conducted.
- Must be submitted to CMS and posted on the State's website by April 30th each year.

https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-QA.aspx

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Encounter Data Validation (EDV)
CCOs Only

Eliza Buyong, MS

Overview of Encounter Data Validation

Pursuant to 42 CFR §438.242

- MCEs must maintain a health information system that collects, analyzes, integrates, and reports data on areas including, but not limited to, utilization, claims, grievances and appeals, and disenrollments.

- OHA must review and validate encounter data to ensure that it is a complete and accurate representation of the services provided to its Medicaid members.

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Overview of Encounter Data Validation

2020
- EDV-focused Systems Assessment

2021
- Administrative Encounter Data Profile
- Comparative Analysis

2022
- Medical Record Review (MRR)

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Scope of Medical Record Review

- Comparison of State's electronic encounter data to members' corresponding medical records (MRs)

- Key data elements include (1) date of service, (2) diagnosis code, (3) procedure code, and (4) procedure code modifier

- Study population includes members continuously enrolled in the same CCO during the study period and have at least one physician visit

- Evaluation metrics calculated for each data element include (1) medical record omission, (2) encounter data omission, and (3) accuracy

Note: This activity will require data submission by OHA and medical record procurement by the CCOs.

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2022 Encounter Data Validation Activities

Data Submission and Sample List Generation

- HSAG prepares data requirements document.
- OHA extracts enrollment, demographic, provider, and encounter data.
- HSAG process OHA's data; generates sample lists and tracking sheets.

Medical Record Procurement

- HSAG distributes sample lists and tracking sheets.
- HSAG conducts TA webinar to review MR procurement and submission protocol.
- CCOs procure and submit MRs to HSAG.

Medical Record Review and Analysis

- HSAG conducts MRR.
- HSAG reviews and analyzes data abstracted from members' MRs.
- HSAG generates and validate results from MRR analysis.

Aggregate Reporting

- HSAG drafts and disseminates aggregate report with findings and recommendations.

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2022 Encounter Data Validation Timeline

Activity	Tentative Date
HSAG develops study design and protocol, including preparation of data requirements documents	January – February 2022
HSAG initiates data collection: • OHA submits encounter data file to HSAG • HSAG conducts preliminary file review; finalize OHA encounter data submission	February – March 2022
HSAG generates MRR sample; prepares CCO sample lists and MR tracking sheets	March – April 2022
HSAG conducts Technical Assistance Webinar with CCOs	April 2022
CCOs procure and submit medical records to HSAG	April – July 2022
HSAG conducts medical record review	July – October 2022
HSAG finalizes MRR abstraction data, conducts analysis, and generates MRR results	October – November 2022
Draft and submit aggregate report to OHA	December 2022 – January 2023

Mental Health Parity (MHP)
CCOs Only

Ivan Kuletz, MPP

Overview of Mental Health Parity (MHP)

- 42 CFR §438 Subpart K outlines MHP requirements
  - OHA must monitor to ensure limitations for mental health (MH) and substance use disorder (SUD) benefits are not:
    - substantially different, or
    - more limiting than those for medical/surgical (M/S) benefits

- MHP Evaluation includes:
  - Annual CCO attestation
  - Documentation review, including file review, if required
  - Operational interviews

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2021 MHP Results

- General parity across policies and procedures for MH/SUD and M/S benefits

- Most CCO policies and procedures remained unchanged between review periods

- Findings were related to:
  - Full and equitable *implementation* of policies and procedures
  - *Quality* of utilization management review
  - *Quality* of communications with members

  CCOs must provide evidence of fully resolved findings per individual improvement plans by March 1, 2022.

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2022 MHP Overview

- Oregon House Bill 3046
  - Effective January 1, 2022
  - Affects overall reporting requirements
  - Reporting requirements must be defined by March 1
  - All required documentation due by June 1
  - Requires participation by key stakeholders
  - Outlines the scope of MHP analysis
- 2022 MHP scope of work
  - Aligns with the CFRs, OARs, CCO contract, and HB 3046
  - Includes submission and review of annual CCO attestation
  - Includes documentation review
- 2022 MHP Protocol and data collection tools currently under development

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2022 MHP Timeline

Activity	Date
HSAG initiates MHP activity, including development of MHP protocol and evaluation tools	January – February 2022
HSAG distributes MHP protocol; conducts Technical Assistance Webinar	By March 1, 2022
CCOs submit evidence of resolution of findings for 2021 findings	March 1, 2022
CCOs submit 2022 MHP documentation	June 1, 2022
HSAG conducts desk review and follow-up interviews	June – August 2022
HSAG analyzes MHP findings; submits aggregate report to OHA	September 2022
OHA submits comprehensive MHP report to Oregon Legislature	By December 31, 2022

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EQR Quality Improvement

Ivan Kuletz, MPP

Overview of EQR Quality Improvement

- Goal—to continually improve EQR-related activities and experiences
- Sources of feedback
  - Annual survey
  - Ongoing verbal/written feedback from MCEs and OHA
- Outcomes
  - HSAG makes necessary improvements in response to feedback and observations in consultation with OHA
  - HSAG recommends EQR protocol adjustments to OHA

Past QI Actions

- Identified topics for technical assistance
  - Network adequacy, availability, and assurance related to CMR, DSN, and 2021 Network Adequacy studies
  - Alignment of DCO contract and EQRO activities
  - Increased TA surrounding EQRO activities

- Ongoing review and improvement to EQR tools to increase clarity, ease of navigation, and relevance

- Ongoing review of EQR documentation submission requirements and EQRO timelines

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2022 Annual QI Survey

- Streamlined survey design
  - Web-based survey instrument
    - Rating scale questions
    - Open-ended questions
  - Short survey, estimated time to complete: 10 minutes
  - Anonymous
  - Content seeks feedback on:
    - EQR-related activities
    - HSAG communication and collaboration
    - General feedback

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2022 Annual QI Survey

- Survey reminders
  - One response per MCE
  - Narrative feedback is strongly encouraged
  - Survey results and other feedback summarized in aggregate report
  - Results will be used to inform QI for future EQR activities.

- Timeline

Activity	Date
HSAG develops QI Survey	January – February 2022
HSAG opens survey field (4 weeks)	February – March 2022
Compile QI Survey results; submit aggregate report	April – May 2022

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Important Reminders

Tom Miller, MA, CHCA

Important Reminders

- Changes to communication protocol in 2022

- Direct inquiries regarding EQRO activities to Georgia Wilkison or Tom Miller
  - Requests for technical assistance
  - General questions

- Link to CMR Protocols: https://www.medicaid.gov/medicaid/quality-of-care/downloads/2019-eqr-protocols.pdf

- Upcoming presentations
  - **Tues, January 25**—2021 Network Adequacy Results presentation at CCO Contracts and Compliance meeting
  - **Thurs, January 27**–CMR Technical Assistance Webinar

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Questions and Answers

General EQRO Information

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