

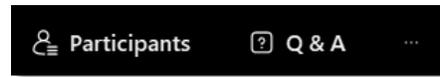
Updated Protocols for the External Quality Review (EQR) of Medicaid and CHIP Managed Care, including Validation of Network Adequacy

March 15, 2023

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With remarks from Carlye Burd, Technical Director for Managed Care Quality, Center for Medicaid and CHIP Services

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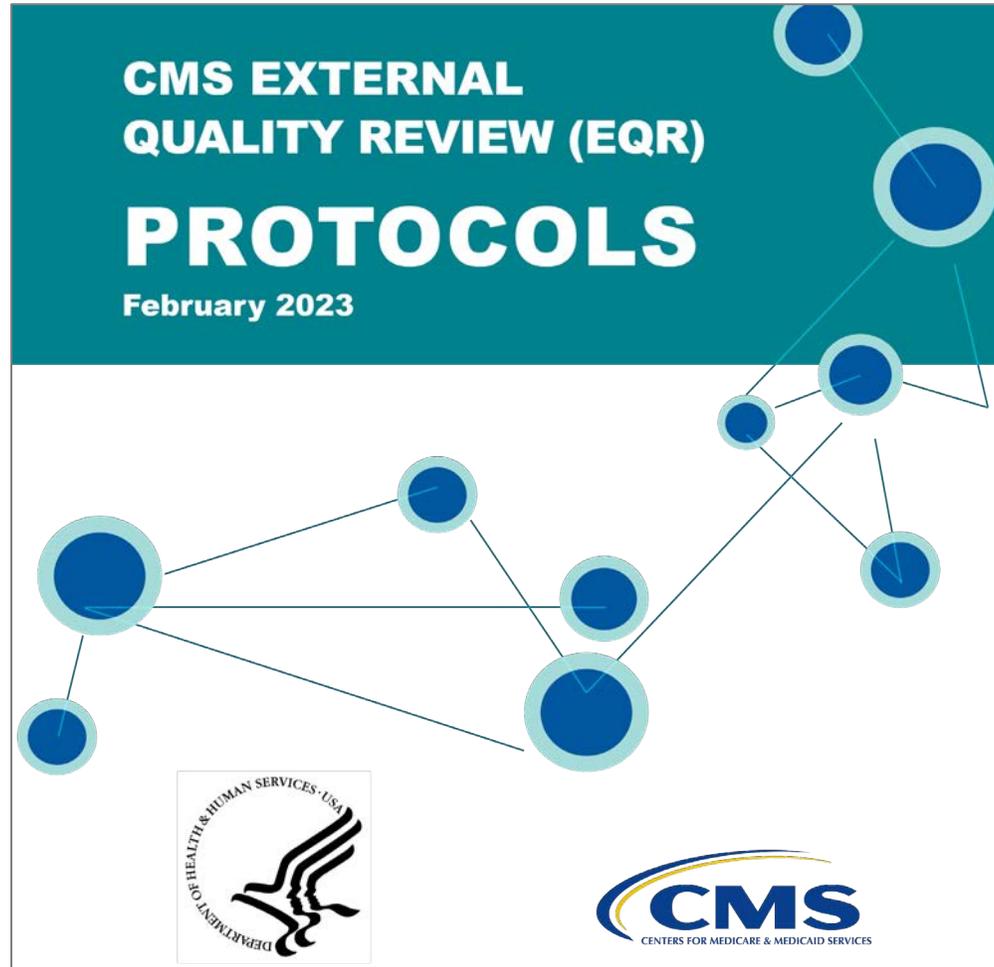
Introductory Remarks

Carlye Burd

Technical Director, Managed Care Quality
Division of Quality and Health Outcomes
Center for Medicaid and CHIP Services



Overview of EQR Protocol Updates



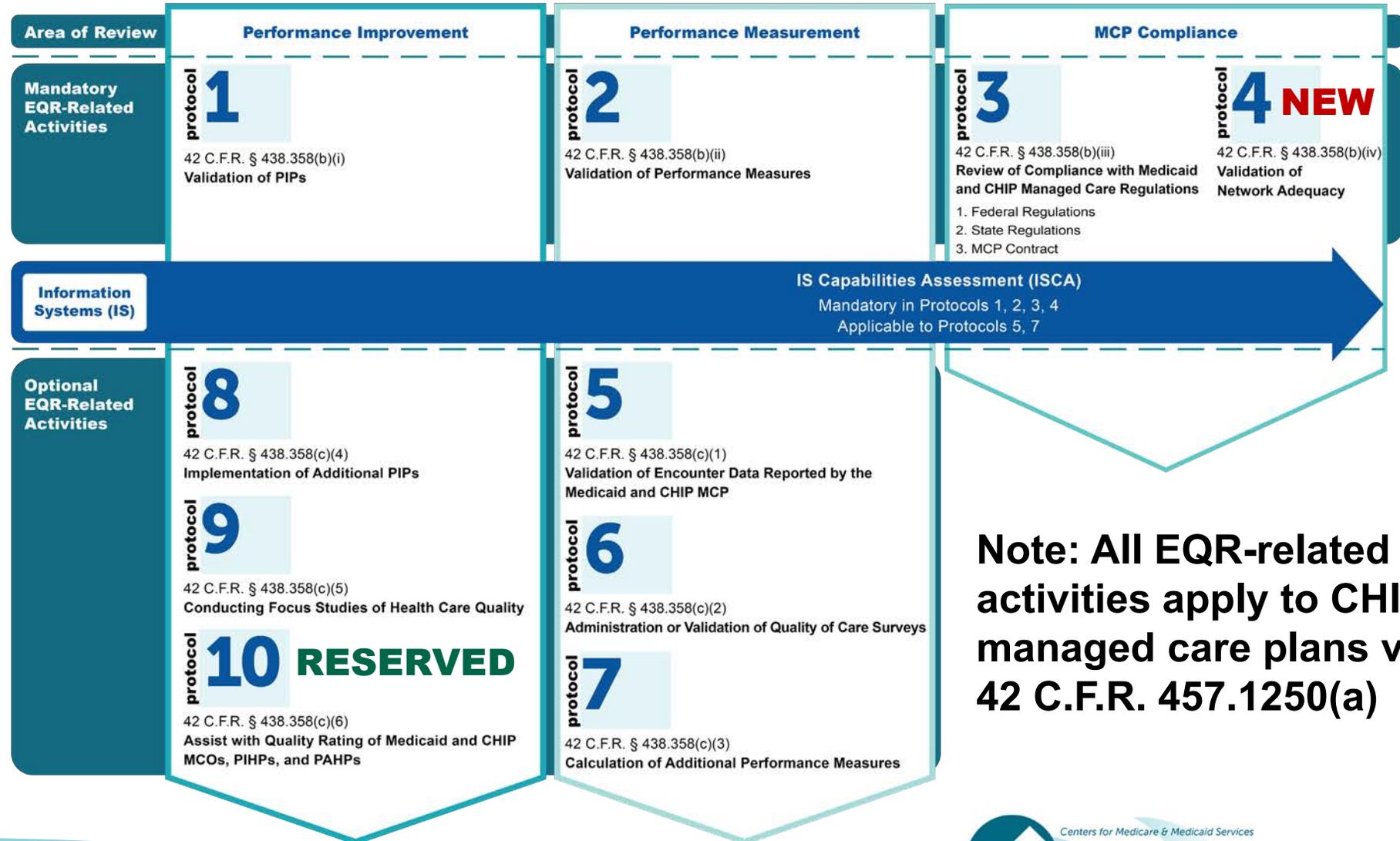
The Context for EQR

EQR is one part of an interrelated set of compliance and quality requirements that apply to Medicaid and CHIP managed care



Mandatory and Optional EQR-Related Activities

EQR includes a set of *mandatory* and *optional* EQR-related activities



Note: All EQR-related activities apply to CHIP managed care plans via 42 C.F.R. 457.1250(a)

Updates to 2023 EQR Protocols

Updates made to the 2023 EQR protocols include:

Revised language to reflect the 2016 and 2020 Managed Care Final Rules

Aligned protocol format with the 2021 Quality Strategy Toolkit to improve user experience

Added new tips and reminders for improving EQR Technical Reports

Added new protocol for the validation of network adequacy

Summary of Updates to Mandatory EQR Protocols

Protocol	Updates
Protocol 1: Validation of PIPs	<ul style="list-style-type: none">• Clarified the approach to overall validation of PIPs (Activity 2 and Worksheets 1.10 and 1.11)• Added citations for the National Quality Strategy, CMS priorities and initiatives, and the Child and Adult Core Sets
Protocol 2: Validation of Performance Measures	<ul style="list-style-type: none">• Adapted protocol to accommodate onsite or virtual site visits
Protocol 3: Review and Compliance with Medicaid and CHIP Managed Care Regulations	<ul style="list-style-type: none">• Clarified the frequency of the compliance review• Adapted protocol to accommodate both onsite or virtual site visits• Clarified compliance standards and standardized rating scales• Expanded the regulations subject to review per changes in the 2020 Medicaid and CHIP final rule
Protocol 4: Validation of Network Adequacy	<ul style="list-style-type: none">• New protocol

Summary of Updates to Optional EQR Protocols

Protocol	Updates
Protocol 6: Administration or Validation of Quality of Care Surveys	<ul style="list-style-type: none">• Updated examples of existing validated survey instruments (Table 6.1)• Updated recommended initial sample sizes and completed surveys for CAHPS Medicaid Child and Adult Surveys
Protocol 8: Implementation of Additional PIPs	<ul style="list-style-type: none">• Clarified that PIPs can be conducted in conjunction with CMS and state quality improvement priorities or to align with national quality improvement initiatives• Clarified that these activities are eligible for enhanced federal match under certain circumstances

No substantive changes were made to Protocols 5, 7, 9, or 10 (reserved).

Tips and Reminders for Using the Updated EQR Protocols and Developing Compliant EQR Technical Reports



Tips for Using the Updated EQR Protocols

Use hyperlinks to navigate the protocol document

TIP

Use the go now! buttons to navigate to EQR protocols and appendices

Click here

go now!

WORKSHEET 4.1

Navigate to a worksheet by clicking the WORKSHEET box

Review boxes for helpful information and reminders

Box 4.2. What is the difference between network adequacy standards and indicators?

Network adequacy standards are quantitative parameters that states establish to set expectations for contracted managed care plans' provider networks. For example, a state may set a network adequacy standard that all enrollees have access to a primary care provider (PCP) within 30 miles or 30 minutes of their home.

Network adequacy indicators are metrics used to measure adherence to network adequacy standards and to determine plan compliance with state network adequacy standards. For the example given above, the network adequacy indicator may be the proportion of enrollees who have access to a PCP within 30 miles or 30 minutes of their home.

Tips for Drafting Compliant EQR Technical Reports

- The introduction to the protocols includes new tables that summarize the federal requirements (**Table 2**) and provide considerations for drafting EQR technical reports (**Table 3**)

Table 2. Required Elements in EQR Technical Reports and Tips for Drafting EQR Technical Reports

Regulatory Reference	Requirement	Tips for Drafting EQR Technical Reports
42 CFR 438.364(a)	All eligible Medicaid and CHIP plans are included in the report.	Identify the MCPs subject to EQR by plan name, MCP type, managed care authority, and population(s) served in an introduction, executive summary, or appendix.

Table 3. Requirements for the PIP Validation, Performance Measure Validation, and Review of Compliance Activities and Considerations for Drafting EQR Technical Reports

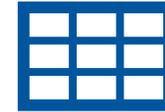
Regulatory Reference	Requirement	Considerations for Drafting EQR Technical Reports
438.358(b)(1)(i)	The technical report must include information on the validation of PIPs that were underway during the preceding 12 months.	Provide a validation of all PIPs underway during the 12-month period preceding the EQR review, regardless of the phase of the PIP's implementation. States often link the time-frame under review to a corresponding measurement or performance period such as state or federal fiscal year, or calendar year.

Tips for Drafting an Effective EQR Technical Report



Aim for clarity and concise presentation

- Avoid technical language and jargon
- Provide context for all statistics included in the report



Consider displaying previous recommendations, plan responses and actions, and new recommendations in one chart

- Use tables to show comparative information for all plans' performance measure scores and PIP ratings and scores
- Use charts to display compliance and non-compliance for each of the reviewed state and federal standards



Use the names of MCPs when referring to plan performance



Include a clickable or hyperlinked table of contents for easy navigation throughout the reports



Produce a searchable PDF to enable stakeholders to review topics of interest and facilitate use of the reports for topic-specific analyses

Tips for State Submission

- The state is ultimately responsible for the submission of a complete EQR report. The state should review the report for completeness and adherence to the protocols.
- The state must post its finalized annual technical report(s) on its website by April 30th of each year.
- CMS additionally requests states submit their EQR technical report(s) to ManagedCareQualityTA@cms.hhs.gov by April 30th of each year.

Timeline for Updated EQR Protocols

February 2023*:
Updated EQR
protocols released

April 2024: EQR
reports submitted to
CMS use updated
protocols, with the
exception of the
network adequacy
validation protocol

February 2024:**
States and EQROs
must begin conducting
network adequacy
validation activity
annually as part of the
EQR process

April 2025: EQR
reports submitted to
CMS begin to include
results from network
adequacy validation
activity

*States and EQROs can continue to use the 2019 EQR Protocols and 2019 EQR Protocol Worksheets for reports due April 30, 2023.

**Any EQR-related activities performed on MCOs, including validation of network adequacy and the production of EQR technical reports, will be eligible for FFP at 75% if performed by a qualified EQRO. See pg. 7 of the [updated EQR protocols](#) for more information.

New EQR Protocol: Validation of Network Adequacy in Medicaid and CHIP Managed Care



2020 Medicaid and CHIP Managed Care Final Rule: Network Adequacy Requirements

- States that contract with managed care plans (MCPs) must set quantitative network adequacy standards for the following provider types (42 C.F.R. § 438.68(b)(1)):
 - Primary care, adult and pediatric
 - Obstetrics/gynecology (OB/GYN)
 - Behavioral health (mental health and substance use disorder), adult and pediatric
 - Specialist (as designated by the state), adult and pediatric
 - Hospital
 - Pharmacy
 - Dental, pediatric
 - Long-term services and supports (LTSS)
- States must set network adequacy standards for all geographic areas covered by their MCP contracts
 - Standards can vary by geographic area for the same provider type
- All network adequacy provisions apply to CHIP as well as Medicaid

2020 Medicaid and CHIP Managed Care Final Rule: Provisions for Setting Network Adequacy Standards

- States may use a variety of quantitative standards (85 Fed. Reg. 72805 (Nov. 13, 2020))
- When developing their network adequacy standards, states must:
 - Consider the diverse needs of their Medicaid and CHIP populations
 - Consider the use of telemedicine when developing their standards
 - Require MCPs that enroll American Indian/Alaska Native beneficiaries to demonstrate that their networks include sufficient Indian Health Care providers to ensure timely access to services
 - Publish the standards in their quality strategies and on their website

2020 Medicaid and CHIP Managed Care Final Rule: Network Adequacy Validation Requirements

- Medicaid and CHIP MCPs must conduct various activities to assess the adequacy of their networks, as well as maintain provider and enrollee data sets that allow monitoring of their networks' adequacy
- States have flexibility in determining the strategies used to assess network adequacy. Examples include:
 - **Geomapping** to determine if provider networks meet quantitative standards, such as time and distance standards
 - Calculating **provider-to-enrollee ratios** by type of provider and geographic area
 - Analyzing in-network and out-of-network **utilization data** to determine gaps in realized access (actual use of care)
 - Studying **appointment availability and accessibility**, such as studies assessing the proportion of in-network providers accepting new patients or the average wait time for an appointment
 - Conducting telephone surveys or site visits to **validate provider directory information**

EQR Protocol to Guide the Validation of Network Adequacy

Protocol 4. Validation of Network Adequacy

A Mandatory EQR-Related Activity

ACTIVITY 1: DEFINE THE SCOPE OF THE VALIDATION

ACTIVITY 2: IDENTIFY DATA SOURCES FOR VALIDATION

ACTIVITY 3: REVIEW INFORMATION SYSTEMS UNDERLYING NETWORK ADEQUACY MONITORING

ACTIVITY 4: VALIDATE NETWORK ADEQUACY MONITORING DATA, METHODS, AND RESULTS

ACTIVITY 5: COMMUNICATE PRELIMINARY FINDINGS TO MANAGED CARE PLANS

ACTIVITY 6: SUBMIT FINDINGS TO STATE

Background

States must ensure that Medicaid and Children's Health Insurance Program (CHIP) managed care plans (MCPs) maintain provider networks that are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services. As set forth in 42 CFR 438.68, states are required to set quantitative network adequacy standards for MCPs that account for regional factors and the needs of the state's Medicaid and CHIP populations.⁶¹

The purpose of this protocol is to guide the external quality review organization (EQRO) in conducting the validation of network adequacy during the preceding 12 months to comply with requirements set forth in 42 CFR 438.68 and, if the state enrolls American Indians and Alaska Natives (AI/AN) in the MCO, PIHP, or PAHP, 42 CFR 438.14(b)(1).⁶² This includes validating data to determine whether the network standards, as defined by the state, were met. It does not include evaluating the state's network adequacy standards. This mandatory external quality review (EQR) protocol applies to managed care organizations

⁶¹ eCFR :: 42 CFR, Part 438 -- Managed Care Network Adequacy at 42 CFR 438.68

⁶² eCFR :: 42 CFR, Part 438 -- Managed Care EQR Activities at 42 CFR 438.358(b)(iii)

PROTOCOL FOUR

To support states in complying with network adequacy validation requirements, CMS developed **Protocol 4: Validation of Network Adequacy**

Overview of the Validation of Network Adequacy Protocol

- The validation of network adequacy is a mandatory EQR-related activity
- The validation of network adequacy protocol is designed to be flexible, recognizing that:
 - Network adequacy standards may vary across and within states
 - MCPs may use a range of approaches to monitor network adequacy
 - The COVID-19 pandemic has changed practices, with more activities being conducted remotely
- The protocol is written as if the External Quality Review Organization (EQRO) is validating network adequacy analyses conducted by MCPs, but also applies when the state calculates the network adequacy indicators using data submitted by the MCPs

Overview of the Validation of Network Adequacy Protocol

The Validation of Network Adequacy Protocol is designed to support the EQRO in:



Validating the data and methods used by MCPs to assess network adequacy

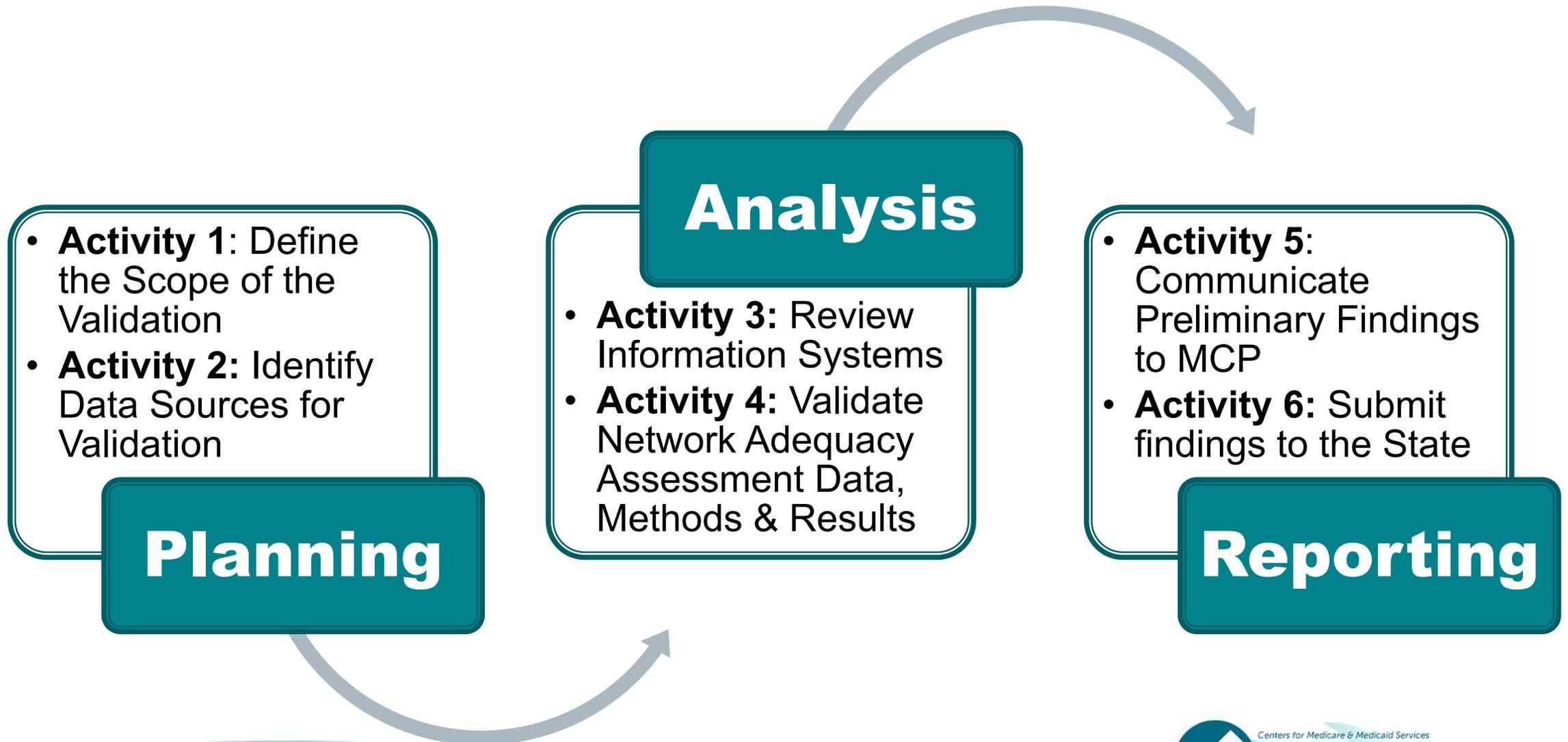


Validating the results and generate a validation rating



Reporting the validation findings in the annual EQR technical report

Validation of Network Adequacy Protocol: Phases and Activities



Worksheets for the Validation of Network Adequacy Protocol

- The Validation of Network Adequacy Protocol includes eight worksheets that may be used by the EQRO to:
 - Identify the network adequacy indicators to be validated
 - Document and describe the data sources used for validation
 - Assess the underlying data structures and considerations
 - Validate network adequacy data elements
 - Compare the network adequacy findings to state network adequacy standards

Network Adequacy Validation Protocol Worksheets

Planning

- Worksheet 4.1. State Network Adequacy Standards to be Validated
- Worksheet 4.2. Network Adequacy Indicators to be Validated
- Worksheet 4.3. Data Sources for Network Adequacy Validation

Analysis

- Worksheet 4.4. Network Adequacy Data Concerns Identified in Review of ISCA
- Worksheet 4.5. Assessment of Network Adequacy Data Sources not Reviewed in the ISCA
- Worksheet 4.6. Assessment of MCP Network Adequacy Data, Methods, and Results
- Worksheet 4.7. Summary of Network Adequacy Validation findings

Reporting

- Worksheet 4.8. Recommendations to Improve MCP Assessment of Network Adequacy

Activity 1: Define the Scope of the Validation of Quantitative Network Adequacy Standards

Objectives:

- Identify the state's network adequacy standards
- Identify methods used by the state and MCPs to monitor network adequacy
- Establish an approach for network adequacy validation

Description:

The state and EQRO will

1. Obtain needed information for the validation, including the state's quantitative network adequacy standards, and a description of the relevant data and documentation that MCPs submit to the state
2. Identify and define network adequacy indicators for validation
3. Identify and define provider types
4. Establish network adequacy validation activities and timeline

Activity 1 has two worksheets:

- 4.1. State Network Adequacy Standards to be Validated
- 4.2. Network Adequacy Indicators to be Validated

Activity 1: Network Adequacy Standards and Indicators

What is the difference between network adequacy standards and indicators?

Network Adequacy Standard

A quantitative parameter that states establish to set expectations for contracted managed care plans' provider networks

Example: All enrollees have access to a primary care provider (PCP) within 30 miles or 30 minutes of their home

Network Adequacy Indicator

A metric used to measure adherence to network adequacy standards and to determine plan compliance with state network adequacy standards

Example: The proportion of enrollees who have access to a PCP within 30 miles or 30 minutes of their home

Activity 1: Worksheet 4.1.

State Network Adequacy Standards to be Validated

Worksheet 4.1 provides a template to identify all state network adequacy standards that should be addressed in the validation.

Worksheet 4.1. State Network Adequacy Standards to be Validated

Instructions: Worksheet 4.1 guides the state and the EORO to identify the network adequacy standards that will be validated. In the table below, the EORO should list the quantitative network adequacy standards to be validated under this protocol. If covered under the state's managed care contracts, the validation should include adult and pediatric primary care, OBGYN, adult and pediatric behavioral health, adult and pediatric specialist, hospital, pharmacy, pediatric dental, and LTSS providers. The validation should also include additional provider types (e.g., medication-assisted treatment providers for opioid use disorder), or specialists, as defined by the state, that follow the state's network adequacy standards. The state and the EORO should add rows as necessary to the table to capture all state network adequacy standards that will be validated. Definitions for this activity include:

- Network adequacy standard:** A quantitative parameter that states establish to set expectations for contracted managed care plan's provider networks. For example, a state may set a network adequacy standard that all enrollees have access to a primary care provider (PCP) within 30 miles or 30 minutes of their home.
- Applicable provider types:** All provider types to which the network adequacy standard applies.
- Applicable plan types:** All plan types (such as Medicaid, CHIP, LTSS, and dental plans) to which the network adequacy standard applies.
- Applicable regions:** All regions to which the network adequacy standard applies. Typically, regions are categorized as urban, rural and frontier. In Activity 1, Step 1, the state and EORO should clearly how regions are defined. When standards differ by region (for example, if the state's distance standard between a beneficiary home and primary care provider is 20 miles in urban areas and 30 miles in rural areas), they should be listed in separate rows in the table below.
- Data and documentation submitted by MCPs:** All data and documentation MCPs must submit to demonstrate compliance with the network adequacy standard. In parentheses, please note the frequency with which this data is submitted.

Network adequacy standard	Applicable provider types	Applicable plan types	Applicable regions	Data and documentation submitted by MCPs (frequency)
Enrollees must have access to a primary care provider office within 30 minutes or 30 miles of their residence	Primary care physicians, internal medicine physicians, OBGYNs, pediatricians, nurse practitioners, physician assistants	Medicaid, CHIP	Statewide	Beneficiary enrollment file (monthly) Provider network data file (quarterly)

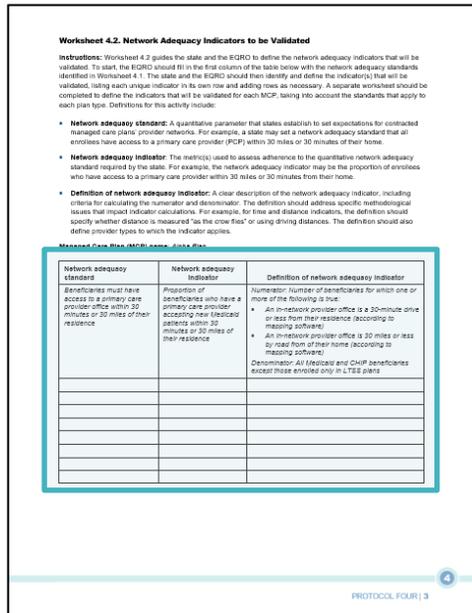
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Network adequacy standard	Applicable provider types	Applicable plan types	Applicable regions	Data and documentation submitted by MCPs (frequency)
<i>Enrollees must have access to a primary care provider office within 30 minutes or 30 miles of their residence</i>	<i>Primary care (family medicine physicians, internal medicine physicians, OBGYNs, pediatricians, nurse practitioners, physician assistants)</i>	<i>Medicaid, CHIP</i>	<i>Statewide</i>	<i>Beneficiary enrollment files (monthly) Provider network data files (quarterly)</i>

Activity 1: Worksheet 4.2.

Network Adequacy Indicators to be Validated

Worksheet 4.2 provides a template to identify and define the network adequacy indicator(s) associated with each network adequacy standard.



Managed Care Plan (MCP) name: <u>Alpha Plan</u>		
Network adequacy standard	Network adequacy indicator	Definition of network adequacy indicator
<i>Beneficiaries must have access to a primary care provider office within 30 minutes or 30 miles of their residence</i>	<i>Proportion of beneficiaries who have a primary care provider accepting new Medicaid patients within 30 minutes or 30 miles of their residence</i>	<p><i>Numerator: Number of beneficiaries for which one or more of the following is true:</i></p> <ul style="list-style-type: none"> <i>An in-network provider office is a 30-minute drive or less from their residence (according to mapping software)</i> <i>An in-network provider office is 30 miles or less by road from of their home (according to mapping software)</i> <p><i>Denominator: All Medicaid and CHIP beneficiaries except those enrolled only in LTSS plans</i></p>

Activity 1: Define the Scope of the Validation of Quantitative Network Adequacy Standards

Example questions to define network adequacy indicators:



Are travel times measured separately for private vehicles, public transit, or other means of transportation?

Should distance be measured “as the crow flies” or using driving distances?



Example questions to define provider types:



Which provider types does the state consider primary care providers?

Are there circumstances in which providers who primarily see adult patients count toward network adequacy standards for the pediatric population?



Activity 2: Identify Data Sources for Validation

Objective:

- Identify all data sources needed for the network adequacy validation

Description:

The EQRO will:

1. Identify data sources based on the scope of the validation
2. Consulting with the state as necessary, answer additional questions about each data source

Activity 2 has one worksheet:

- 4.3. Data Sources for Network Adequacy Validation

Activity 2: Identify Data Sources for Validation

Examples of potential data sources:



- Beneficiary enrollment files
- Provider network data files/online provider directories

- Claims and encounter data
- Grievance and appeals data



- Survey Data (e.g., CAHPS, National Core Indicators)
- Primary data collected by the EQRO by telephone, mail or in-person visit (such as appointment availability)

Example questions:

- Which variables are necessary for network adequacy validation? For example:



For beneficiary datasets—home address, age, sex, primary language spoken, race, ethnicity, disability status



For provider datasets—office address(es), languages spoken, disability access, hours of service

- Does the state set standards for completeness and accuracy of the data?
- What challenges could the EQRO encounter in accessing and using the data?

Activity 2: Worksheet 4.3. Data Sources for Network Adequacy Validation

Worksheet 4.3 provides a template to identify all data sources needed for the validation. Each data source needed to validate a given indicator should be listed in a separate row.

Worksheet 4.3. Data Sources for Network Adequacy Validation

Instructions: Worksheet 4.3 guides the EGRD to identify network adequacy indicators used by the MCP, and all data sources needed for network adequacy validation, based on the scope of the validation determined in Activity 1. To start, the EGRD should fill in the first column of the table below with the network adequacy indicators identified in Worksheet 4.2, adding rows as necessary. If multiple data sources will be used to validate a given indicator, each data source should be listed in a separate row. The EGRD should then fill in the remaining columns with information about the data source. Definitions for this activity include:

- Network adequacy indicator:** The metric(s) used to assess adherence to the quantitative network adequacy standard required by the state. For example, the network adequacy indicator may be that residents have access to a primary care provider within 30 miles or 30 minutes from their home. The table below should include all network adequacy indicators identified in Worksheet 4.2.
- Data source:** The type of data needed to validate a network adequacy indicator. When multiple data sources are used to validate a given indicator, each data source should be listed in a separate row. For example, if validation of low and distance indicators requires both provider network and beneficiary enrollment files, each data source should be listed separately. The priority of data should also be listed.
- Data format and software:** If the format for the data source and any digital software needed to access or analyze the data format. Additionally, the EGRD should note if it will need to convert the data to other file formats, and if so, any potential challenges that may occur.
- Variables for network adequacy validation:** All variables within the data source that are needed to complete the validation activity. The EGRD should consider how to utilize different variables for beneficiary databases and provider datasets.
- State standards for data accuracy, timeliness, and completion:** If applicable, any standards set by the state for accuracy and completion of this data. Typically, this applies to data that MCPs collect and submit to the state.
- Challenges and notes:** Any potential challenges the EGRD could encounter in accessing and using the data, and any additional information that provides context for data validation of the given indicator. If applicable, this column could include hyperlinks to the data source or related materials to facilitate validation of the given indicator.

Managed Care Plan (MCP) name: Alpha Plan

Network adequacy indicator	Data source and year(s) of data	Data format and analysis software; note if conversion required	Variables for network adequacy validation	State standards for accuracy, timeliness, and completion	Challenges and notes
Proportion of beneficiaries who live a primary care provider office within 30 minutes or 30 miles of their residence	Comma separated Value (CSV)	Comma Separated Value (CSV)	Beneficiary address, beneficiary date of birth, beneficiary enrollment file type	State requires MCPs to submit updated and accurate beneficiary enrollment files monthly	State and MCP have noted that in some regions a significant proportion of beneficiaries rely on public transit, rather than driving

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Managed Care Plan (MCP) name: Alpha Plan

Network adequacy indicator	Data source and year(s) of data	Data format and analysis software; note if conversion required	Variables for network adequacy validation	State standards for accuracy, timeliness, and completion	Challenges and notes
<i>Proportion of beneficiaries who have a primary care provider office within 30 minutes or 30 miles of their residence</i>	<i>Beneficiary enrollment files</i>	<i>Comma Separated Value (CSV)</i>	<i>Beneficiary address, beneficiary date of birth, beneficiary plan type</i>	<i>State requires MCPs to submit updated and accurate beneficiary enrollment files monthly</i>	<i>State and MCP have noted that in urban regions a significant proportion of beneficiaries rely on public transit, rather than driving</i>

Activity 3: Review Information Systems Underlying Network Adequacy Monitoring

Objective:

- Determine if the MCP's information systems are able to collect and report high quality network adequacy data

Description:

The EQRO will:

1. Review the MCP's most recently completed Information System Capacity Assessment (ISCA)
2. Assess processes for collecting network adequacy validation data not addressed in the ISCA
3. Interview MCP or other personnel to clarify findings

Activity 3 has two worksheets:

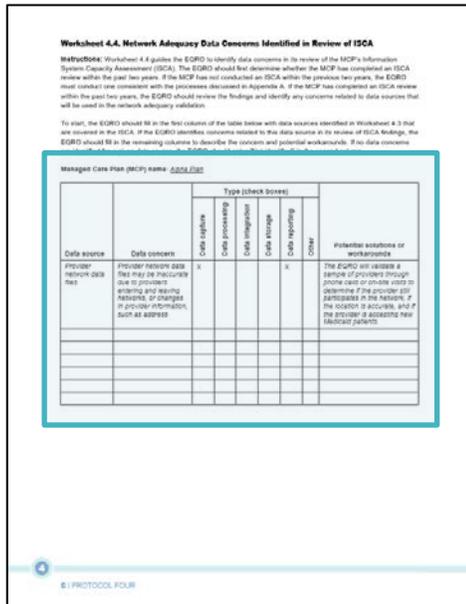
- 4.4. Network Adequacy Data Concerns Identified in Review of ISCA
- 4.5. Assessment of Network Adequacy Data Sources Not Reviewed in ISCA

Activity 3: The Information Systems Capability Assessment (ISCA)

- The ISCA is used to validate managed care plan information systems (IS), processes, and data
 - Appendix A of the EQR protocols defines the recommended capabilities of a managed care plan's IS to meet regulatory requirements for managed care quality assessment and reporting, and provides an approach the EQRO can use to assess the strength of each plan's IS capabilities
- The ISCA is required for the validation of network adequacy
 - If the MCP has completed an ISCA within the previous two years, the EQRO should review the findings
 - If the MCP has not conducted an ISCA within the previous two years, the EQRO must conduct one consistent with the processes discussed in Appendix A of the EQR protocols

Activity 3: Worksheet 4.4. Network Adequacy Data Concerns Identified in Review of ISCA

Worksheet 4.4 provides a template to describe data concerns identified in the EQRO's review of the MCP's Information System Capacity Assessment (ISCA)

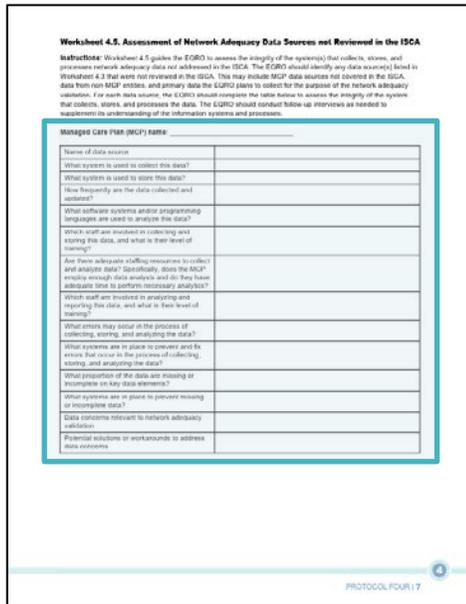


Managed Care Plan (MCP) name: Alpha Plan

Data source	Data concern	Type (check boxes)						Potential solutions or workarounds
		Data capture	Data processing	Data integration	Data storage	Data reporting	Other	
<i>Provider network data files</i>	<i>Provider network data files may be inaccurate due to providers entering and leaving networks, or changes in provider information, such as address</i>	X				X		<i>The EQRO will validate a sample of providers through phone calls or on-site visits to determine if the provider still participates in the network, if the location is accurate, and if the provider is accepting new Medicaid patients.</i>

Activity 3: Worksheet 4.5. Assessment of Network Adequacy Data Sources Not Reviewed in ISCA

Worksheet 4.5 provides a template to assess the integrity of the MCP's system(s) that collects, stores, and processes network adequacy data not addressed in the ISCA



Managed Care Plan (MCP) name: _____

Name of data source	
What system is used to collect this data?	
What system is used to store this data?	
How frequently are the data collected and updated?	
What software systems and/or programming languages are used to analyze this data?	
Which staff are involved in collecting and storing this data, and what is their level of training?	
Are there adequate staffing resources to collect and analyze data? Specifically, does the MCP employ enough data analysts and do they have adequate time to perform necessary analytics?	
What errors may occur in the process of collecting, storing, and analyzing the data?	

Activity 4: Validate Network Adequacy Assessment Data, Methods, and Results

Objective:

- Validate the MCP's assessment of its network adequacy

Description:

The EQRO will:

1. Assess the reliability and validity of MCP network adequacy data
2. Assess the methods used by the MCP to assess network adequacy
3. Validate network adequacy results submitted by the MCP
4. Summarize network adequacy validation findings

Activity 3 has two worksheets:

- 4.6. Assessment of MCP Network Adequacy Data, Methods, and Results
- 4.7. Summary of Network Adequacy Findings

Activity 4: Validate Network Adequacy Assessment Data, Methods, and Results

The EQRO will:

Step 1: Assess the Reliability and Validity of MCP Network Adequacy Data

- Determine if the data used by MCPs to monitor network adequacy are accurate and current so as to generate meaningful, actionable results

Step 2: Assess the Methods Used by the MCP to Assess Network Adequacy

- Review the methods used by the MCP to calculate each network adequacy indicator
- Consider questions that apply to specific types of indicators and/or methods the MCP may use—does the MCP’s approach match the state’s expectations?

Step 3: Validate Network Adequacy Results Submitted by the MCP

- Assess whether the results generated by the MCP are valid, accurate, and reliable
- Assess whether the MCP’s interpretation of data was accurate
- Follow scope outlined in Activity 1, which may include:
 - Reproducing the MCP’s calculations
 - Conducting studies to validate the MCP’s results

Step 4: Summarize Network Adequacy Validation Findings

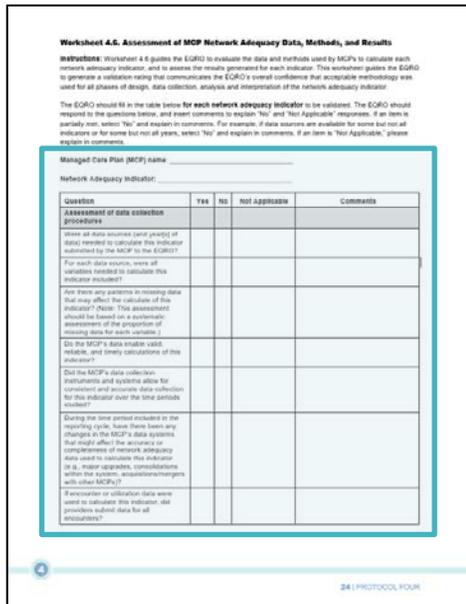
- Indicate whether the MCP addresses all state network adequacy indicators in its monitoring activities
- Provide the validation rating for each indicator
- Note any indicators that could not be validated due to missing or incomplete data

Worksheet 4.6

Worksheet 4.7

Activity 4: Worksheet 4.6. Assessment of MCP Network Adequacy Data, Methods, and Results

Worksheet 4.6 provides a template for reviewing the data, methods, and results, and generating a validation rating for each network adequacy indicator.



Managed Care Plan (MCP) name: _____

Network Adequacy Indicator: _____

Question	Yes	No	Not Applicable	Comments
Assessment of data collection procedures				
Were all data sources (and year[s] of data) needed to calculate this indicator submitted by the MCP to the EQRO?				
For each data source, were all variables needed to calculate this indicator included?				
Assessment of MCP Network Adequacy Methods				
Are the methods selected by the MCP adequate to generate the data needed to calculate this indicator?				
Assessment of MCP network adequacy results				
In calculating this indicator, did the MCP produce valid results—that is, did the MCP measure what they intended to measure?				

Activity 4: Worksheet 4.6. Assessment of MCP Network Adequacy

Data, Methods, and Results (continued)

Worksheet 4.6. (continued)

Question	Yes	No	Not Applicable	Comments
In calculating this indicator, did the MCP accurately interpret results?				
Comments				
Please note any recommendations for improving the data collection procedures to calculate this indicator.				
Please note any recommendations for improving the sampling methods to calculate this indicator.				
Please note any recommendations for improving the analysis to calculate this indicator.				
Please note any recommendations for improving the results to calculate this indicator.				

Calculate validation score:

A. Total number of "Yes" responses	
B. Total number of "No" responses	
Score = A / (A + B) x 100	

Determine validation rating:

The "validation rating" refers to the EQRO's overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Validation score	Validation rating
90.0% or greater	High confidence
51.0% to 89.9%	Moderate confidence
10.0% to 49.9%	Low confidence
Less than 10%	No confidence

Summary:

Managed Care Plan (MCP) name: _____

Indicator: _____

Validation rating:

High confidence

Moderate confidence

Low confidence

No confidence

Comments: _____

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Calculate validation score:

A. Total number of "Yes" responses	
B. Total number of "No" responses	
Score = A / (A + B) x 100	

Determine validation rating:

Validation score	Validation rating
90.0% or greater	High confidence
51.0% to 89.9%	Moderate confidence
10.0% to 49.9%	Low confidence
Less than 10%	No confidence

The "validation rating" refers to the EQRO's overall confidence that acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator.

Summary:

Managed Care Plan (MCP) name:
Indicator:
Validation rating:
<input type="checkbox"/> High confidence
<input type="checkbox"/> Moderate confidence
<input type="checkbox"/> Low confidence
<input type="checkbox"/> No confidence
Comments:

Activity 4: Validate Network Adequacy Assessment Data, Methods, and Results

The EQRO will:

Step 1: Assess the Reliability and Validity of MCP Network Adequacy Data

- Determine if the data used by MCPs to monitor network adequacy are accurate and current so as to generate meaningful, actionable results

Step 2: Assess the Methods Used by the MCP to Assess Network Adequacy

- Review the methods used by the MCP to calculate each network adequacy indicator
- Consider questions that apply to specific types of indicators and/or methods the MCP may use—does the MCP’s approach match the state’s expectations?

Step 3: Validate Network Adequacy Results Submitted by the MCP

- Assess whether the results generated by the MCP are valid, accurate, and reliable
- Assess whether the MCP’s interpretation of data was accurate
- Follow scope outlined in Activity 1, which may include:
 - Reproducing the MCP’s calculations
 - Conducting studies to validate the MCP’s results

Step 4: Summarize Network Adequacy Validation Findings

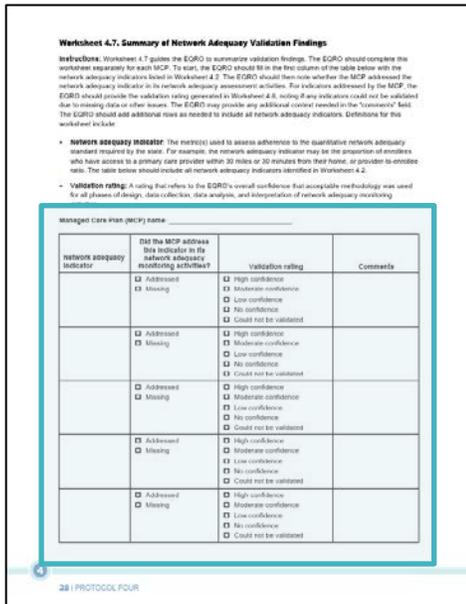
- Indicate whether the MCP addresses all state network adequacy indicators in its monitoring activities
- Provide the validation rating for each indicator
- Note any indicators that could not be validated due to missing or incomplete data

Worksheet 4.6

Worksheet 4.7

Activity 4: Worksheet 4.7. Summary of Network Adequacy Findings

Worksheet 4.7 provides a template for summarizing all validation findings, including validation ratings and comments for network adequacy indicator.



Managed Care Plan (MCP) name: _____

Network adequacy indicator	Did the MCP address this indicator in its network adequacy monitoring activities?	Validation rating	Comments
	<input type="checkbox"/> Addressed <input type="checkbox"/> Missing	<input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence <input type="checkbox"/> Could not be validated	
	<input type="checkbox"/> Addressed <input type="checkbox"/> Missing	<input type="checkbox"/> High confidence <input type="checkbox"/> Moderate confidence <input type="checkbox"/> Low confidence <input type="checkbox"/> No confidence <input type="checkbox"/> Could not be validated	

Activity 5: Communicate Preliminary Findings to Each MCP

Objectives:

- Share preliminary network adequacy validation findings with each MCP
- Correct omissions and errors if necessary

Description:

- The EQRO should prepare a preliminary validation report for each MCP. The report should:



Document the EQRO's findings



Provide validation ratings



Identify areas of concern



Make suggestions for improvement

- The MCP may provide documentation to correct errors and omissions in the preliminary report. As needed, the EQRO may discuss the documentation with each MCP.

Activity 6: Submit Findings to State

Objective:

- Compile the results for each MCP into the annual EQR Technical Report

Description:

In the report, the EQRO will assess each MCP's ability to:

1. Collect reliable and valid network adequacy monitoring data
2. Use sound methods to assess the adequacy of its managed care networks, and
3. Produce accurate results to support MCP and state network adequacy monitoring efforts

Activity 6 has one worksheet:

- 4.8. Recommendations to Improve MCP Assessment of Network Adequacy

Activity 6: Worksheet 4.8. Recommendations to Improve MCP Assessment of Network Adequacy

Worksheet 4.8 provides a template for summarizing EQRO recommendations from past EQR technical reports and EQRO recommendations based on the current validation process.

Worksheet 4.8. Recommendations to Improve MCP Assessment of Network Adequacy

Instructions: Worksheet 4.8 provides a template for the EQRO to refer back to EQRO recommendations from past EQR technical reports (where applicable), review MCP progress in responding to those recommendations, and provide recommendations based on the current network adequacy validation cycle. The recommendations should be timely and actionable to assist assessment of the MCP's assessment of network adequacy.

Managed Care Plan (MCP) name:
Prior Recommendation Year (if applicable):
EQRO Prior Recommendations (if applicable):
Summary of MCP Response to Prior Recommendations (if applicable):
EQRO Assessment of Degree to which MCP Effectively Addressed the Recommendations (if applicable):
Current Recommendation Year:
EQRO Current Recommendations for MCP Assessment of Network Adequacy:

END OF WORKSHEETS FOR PROTOCOL 4

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Managed Care Plan (MCP) name:
Prior Recommendation Year (if applicable):
EQRO Prior Recommendations (if applicable):
Summary of MCP Response to Prior Recommendations (if applicable):
EQRO Assessment of Degree to which MCP Effectively Addressed the Recommendations (if applicable):
Current Recommendation Year:
EQRO Current Recommendations for MCP Assessment of Network Adequacy:

Activity 6: Submit Findings to State

In the EQRO's technical report to the state, include:



A description of the state's network adequacy standards, and the network adequacy indicators that were validated for each MCP



A list of the data and documentation validated by the EQRO



A description of the EQRO's validation activities



Findings on the MCP's information systems capabilities and data integration



Analyses and conclusions for each network adequacy validation activity for each MCP



Recommendations for improving the reliability and validity of each MCP's process for monitoring network adequacy



Worksheets, tools, and other supporting documentation

Recap of Network Adequacy Validation Phases and Key Activities

Planning

- Establish clear definitions for each network adequacy standard and indicator, considering factors such as how the state defines provider types and how standards vary by region
- Review past EQR network adequacy validation reports to understand prior monitoring and validation approaches if applicable

Analysis

- Compare the MCP's data from previous years against the most recent data to assess reliability, as major changes could reflect data quality issues
- Assess whether the MCP's definitions and methods for calculating each network adequacy indicator align with the state's expectations

Reporting

- Ensure the report follows the state's required format and meets federal requirements (see Introduction to Protocols)
- When possible, identify recommendations from the previous year's report, and discuss progress made on these recommendations based on information gathered during the validation process

Technical Assistance Resources



Updated EQR Protocols

- The updated EQR protocols are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2023-eqr-protocols.pdf>
- Worksheets for the updated EQR protocols can be downloaded at <https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/quality-of-care-external-quality-review/index.html>

Network Adequacy Toolkits

The following toolkits provide additional information and resources for states and EQROs:

- “Promoting Access in Medicaid and CHIP Managed Care: A Toolkit for Ensuring Provider Network Adequacy and Service Availability.” States and EQROs can use this toolkit to learn more about the validation process. This toolkit is available at <https://www.medicaid.gov/medicaid/downloads/adequacy-and-access-toolkit.pdf>
- “Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit.” States and EQROs can use this toolkit to learn more about network adequacy and service availability standards for behavioral health. This toolkit is available at <https://www.medicaid.gov/medicaid/downloads/behavior-health-provider-network-adequacy-toolkit.pdf>

General TA Resources

Webpages:

- CMS Medicaid Managed Care Quality webpage:
<https://www.medicaid.gov/medicaid/quality-of-care/medicaid-managed-care/index.html>
- CMS Medicaid Quality of Care webpage:
<https://www.medicaid.gov/medicaid/quality-of-care/index.html>

Contacts:

- For TA related to EQR and the revised protocols, please submit your questions to the TA mailbox at ManagedCareQualityTA@cms.hhs.gov
- For TA related to the Child, Adult, and Health Home Core Sets measures, please contact MACQualityTA@cms.hhs.gov

Q&A

To ask a question, please use the Q&A panel in the bottom right corner of your screen.



Thank you for participating in the webinar!

Please email any questions to ManagedCareQualityTA@cms.hhs.gov



Appendix

Additional Background on EQR of Medicaid and CHIP Managed Care



EQR and EQR-Related Activities for Medicaid and CHIP

- **EQR** is the analysis and evaluation of aggregated information on quality, timeliness, and access to health services that a managed care plan or its contractors provide to Medicaid or CHIP beneficiaries (42 C.F.R. 438.320)
- **EQR-related activities** produce the data used to complete the annual EQR. EQR-related activities may be conducted by the state, its agent that is not a managed care plan, or a qualified External Quality Review Organization (EQRO) (42 C.F.R. 438.358)
- States that contract with any managed care plan to provide services for all or some of their Medicaid and/or CHIP beneficiaries must conduct an EQR
- States have flexibility regarding who can conduct the EQR-related activities:
 - If a state elects to contract with an EQRO to conduct the EQR-related activities, this can be the same EQRO that conducts the EQR for the state, or one or more additional EQROs
 - See 42 C.F.R. 438.356, cross-referenced at 457.1250 for CHIP, for information on state contracting options for EQR
- States cannot substantively revised the **EQR technical report** without evidence of errors or omission of key information

EQR Goals: Quality Improvement and Oversight

- The EQR-related activities are intended to:
 - Improve states' ability to oversee and manage the managed care plans (MCPs) they contract with for services
 - Help MCPs improve their performance with respect to quality, timeliness, and access to care
- Effective implementation of the EQR-related activities will facilitate state efforts to:
 - Purchase high-value care
 - Achieve a higher-performing health care delivery system for Medicaid and CHIP beneficiaries
- EQR technical reports are intended to help states:
 - Identify areas for quality improvement
 - Ensure alignment among an MCP's QAPI requirements, the state's quality strategy, and the annual EQR activities

EQR-Related Acronyms and Definitions

- **Access:** As it pertains to external quality review, the timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under § 438.68 (Network adequacy standards) and § 438.206 (Availability of services).
- **External Quality Review (EQR):** The analysis and evaluation by an external quality review organization (EQRO), of aggregated information on quality, timeliness, and access to the health services that an MCO, PIHP, PAHP, or PCCM entity (described at 42 C.F.R. 438.310(c)(2)), or their contractors furnish to Medicaid beneficiaries.
- **External Quality Review Organization (EQRO):** An organization that meets the competence and independence requirements set forth at 42 C.F.R. 438.354, and performs external quality review or other EQR-related activities as set forth in 42 C.F.R. 438.358, or both. An EQRO is the only entity which may conduct the annual EQR, that is, the analysis and evaluation of information generated by the EQR-related activities (or via nonduplication, if applicable) regarding the quality, timeliness, and access to the health care services that an MCP, or its contractors, furnish to beneficiaries
- **EQR-related activities:** The activities addressed in the protocols. EQR-related activities may be conducted by the state, its agent that is not an MCO, PIHP, PAHP, or PCCM entity (described at 42 C.F.R. 438.310(c)(2)), or an EQRO. See 42 C.F.R. 438.358.
- **EQR technical report:** The end product of the EQR, which summarizes findings on access and quality of care, and must be drafted by the EQRO.
- **Financial relationship:** (1) A direct or indirect ownership or investment interest (including an option or nonvested interest) in any entity. This direct or indirect interest may be in the form of equity, debt, or other means, and includes any indirect ownership or investment interest no matter how many levels removed from a direct interest; or (2) A compensation arrangement with an entity.
- **Health care services:** All Medicaid services provided by an MCO, PIHP, or PAHP under contract with the State Medicaid agency in any setting, including but not limited to medical care, behavioral health care, and long-term services and supports.
- **Managed Care Plans (MCP):** For the purposes of the EQR protocols, encompasses managed care organizations (MCOs), prepaid inpatient health plans (PIHPs), prepaid ambulatory health plans (PAHPs), and the subset of primary care case management (PCCM) entities described in 42 C.F.R. 438.310(c)(2).

EQR-Related Acronyms and Definitions

- **Mandatory and Optional Activities:** The EQR process includes a series of mandatory and optional EQR-related activities designed to provide a sound understanding of the strengths and weaknesses of Medicaid and CHIP MCP performance related to quality, timeliness, and access to care. Mandatory activities are Protocols 1-4; optional activities are Protocols 5-10.
- **Outcomes:** Changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services.
- **Prepaid Inpatient Health Plan (PIHP):** A prepaid health plan that provides services to enrollees under contract with the state and on the basis of capitation payments or other payment arrangements that do not use State plan payment rates; provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its enrollees; and does not have a comprehensive risk contract.
- **Prepaid Ambulatory Health Plan (PAHP):** An entity that provides services to enrollees under contract with the state and on the basis of capitation payments or other payment arrangements that do not use state plan payment rates; does not provide or arrange for and is not otherwise responsible for the provision of any inpatient hospital or institutional services for its enrollees; and does not have a comprehensive risk contract.
- **Primary Care Case Management (PCCM) Entity:** The term PCCM entity in the EQR protocols only applies to those PCCM entities whose contracts with a state provide for shared savings, incentive payments, or other financial reward for the PCCM entity for improved quality outcomes, as described at 42 C.F.R. 438.310(c)(2).
- **Quality:** As it pertains to external quality review, the degree to which an MCO, PIHP, PAHP, or PCCM entity (described in § 438.310(c)(2)) increases the likelihood of desired outcomes of its enrollees through: (1) Its structural and operational characteristics; (2) The provision of services that are consistent with current professional, evidenced-based-knowledge; (3) Interventions for performance improvement.
- **Validation:** The review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias, and in accord with standards for data collection and analysis.