

EQRO RFP 0704

Questions and Answers

1. Clarify the number of originals required. The RFP requires the bidder to submit four signed original technical proposals, four signed original business proposals, two signed original signature forms, and two signed original certification sheets, as well as five copies each of the technical and business proposals. Should bidders instead submit four signed original signature forms and four signed original certification sheets to correspond with the four original technical proposals?

No, it is not necessary. Please submit: four signed original technical proposals, four signed original business proposals, two signed original signature forms, and two signed original certification sheets, as well as five copies each of the technical and business proposals.

2. Clarify what needs to be done on the Bidders Signature Form for the lines F.O.B. and Terms. In the bidders' conference, reference was made to a form that should be left blank. Kindly clarify which form this is.

Indicate "Net" under F.O.B and Terms. The Office of Minority and Women Business Enterprise Form may remain blank if you do not qualify for that designation.

3. How many copies of the Quality Courier are mailed each quarter, and how are they distributed i.e., mail, web posting and/or email? If regular mail is used, how many copies are distributed? How many issues are produced annually? Is there a projected date for the next issue? Is the expectation to publish the QC quarterly? (RFP § II.4)

Published at least twice a year with web posting and limited hard copies for elected and appointed officials. However, we would like to move to quarterly issues in the future.

4. Is the Provider Survey currently being administered by mail, phone or web? Does the State have a preference of methodology? (RFP § II.2)

It is produced by web and by mail and by phone. All methods may be required to continue to achieve results.

5. Can bidders receive a copy of the last provider survey? How was it distributed to providers? *It was distributed by web and by mail. See the DMAP website at www.dmap.state.de.us/index.html.*

6. What is the expected timeframe for the provider survey of quality of care? How many providers will receive the survey? When is the survey analysis report due to DHSS?
It is an annual survey.

7. Are there specific numbers mandated in terms of staffing requirements? Is the number to be specified by the bidder? *The survey was sent to approximately 1500 primary care*

EQRO Questions and Answers
PSC 0704

providers who are enrolled as Delaware Medical Assistance Program (DMAP) providers. The survey was not sent to specialists the past year.

8. What is the approximate total number of Medicaid providers in the State's managed care program, broken down by number of primary care providers (PCPs) and number of specialists? *Approximately 1500 PCPs.*
9. Will all specialists be included in the survey, or only those serving a high volume of members? *See above.*
10. Will behavioral health providers be included in the survey? *See above.*
11. Does the State have a sampling strategy/methodology planned for the survey, or will the EQRO make recommendations regarding sampling? *No, EQRO will make recommendations.*
12. Does the State have any specific format in mind for the Provider Survey Report, or specific requirements regarding content? *See DMAP website.*
13. What is the value of the current contract? Is the scope of work comparable to that which is described in the RFP? If not, please describe the differences. What does the State want from the bidder for PERM? Please elaborate on the contractor's role in the PERM activities. *See attached scope of work for current year.*
14. Have there been Provider Surveys done in recent years? Will it be possible to obtain copies of previous survey reports (or) are they viewable on the State's Web site? If not, can you indicate the total number of questions? *It is completed annually.*
15. Does the State have a preferred mode for survey administration? Mail, Phone, Mixed Methodology (mail and phone), Web-based (could be combined with any of the above). *See above.*
16. With regard to provider education, does DHSS want the EQRO to contact the providers whose FFS claims are selected for review to advise them of the requirements of the PERM project and of the importance of submitting complete records to the CMS contractor timely? Does DHSS want the EQRO to follow-up with providers (in advance of deadline) who have not yet submitted records? *If this question is related to PERM specifics will be communicated as we have the information.*
17. Will the scope of support include PERM? *Yes. The current year scope is attached.*
18. Will the EQRO be expected to do PERM measurement? *This should be completed by the CMS contractor.*

EQRO Questions and Answers
PSC 0704

19. With regard to review of EDS claims data, at what point in the PERM process does DHSS want the EQRO to review the data (i.e. at the time of sampling, before submission to the statistical contractor to ensure completeness, or as a pre-review of claims accuracy before review by the review contractor?) Or, in the alternative, is Delaware asking the EQRO to re-review any claims determined to be in error by the review contractor to determine whether the state should file a difference, and, if so, prepare the difference appeal? *Not known at this time – the CMS contractor may complete this function.*
20. Should the EQRO assume that the reviewers will be seasoned quality control reviewers with extensive eligibility background? If so, should the EQRO assume that its role will be to train them on PERM documentation, reporting processes, and use of tools, etc.? *If PERM no, if compliance review, yes.*
21. In addition to drafting an appropriate and effective corrective action plan, does Delaware want assistance in implementing the changes and monitoring the effectiveness of the plan? *If PERM none necessary.*
22. How much provider education must the EQRO provide? For how many providers must the EQRO provide education? How often must the EQRO provide education to the providers? Where will the education be conducted? Will it be in multiple locations? *For PERM see scope below.*
23. What is the EQRO's role with regard to EDS? Please explain in detail.
EDS is the State's Fiscal Agent and processes FFS claims and managed care encounters. The EQRO may work through the State to obtain data from EDS.
24. Would there be any onsite communication required with CMS?
No.
25. Will the EQRO provide any reports or other deliverables?
Yes, see scope of work section. II.4
26. Under Section II.2, related to assistance with the Delaware Payment Error Rate Measurement Initiative, who are the eligibility reviewers, and what is the scope and content of the provider education component? *This is not known at this time.*
27. What are the specific parameters of PERM? *See below.*
28. When will DHSS know if Delaware is selected for PERM? Can you clarify how we should price this task in the proposal? Is PERM not to be included in the cost proposal? Should we provide a separate a budget for the PERM project? *We generally know if we are selected in the Fall when CMS publishes a list and notifies the States.*

EQRO Questions and Answers
PSC 0704

29. Re: the PERM initiative, what volume of detailed claims will need to be reviewed? *Not known.*

30. How many eligibility reviewers will need to be trained for PERM? *Not known.*

31. Clarify compliance reviews with MCOs? Are they annual? Are they on site?

Reviews are on-site and are annual. The first review is a full review, with two years of partial reviews to follow up on corrective action plans.

32. How often is the EQRO on-site in Delaware?

The EQRO is usually on-site monthly around the time of the Quality Improvements Initiative Task Force meeting.

33. Comment on the difference in approach between DPCI and DSP.

DPCI is a commercial managed care company. DSP is a State-operated enhanced fee for service program, operated under a managed care model.

34. The Diamond State Health Plan is described as Delaware's Medicaid managed care program contracting with one commercial MCO and a "State-operated enhanced fee-for-service plan, Diamond State Partners." Is it understood correctly that although DSP is a FFS program, the State holds it to the requirements of the managed care regulations of the BBA and the related EQRO review requirements?

It is at the State's discretion whether or not to require that DSP conform to the regulations.

35. Are we asking for a per plan rate for compliance review? If there are two managed care

plans, there will be two compliance reviews and the reviews will be full or partial

depending on the selected managed care plans. (If the plans are renewing their contract or

are new plans to Delaware.) *See answer to question 93 below.*

36. The RFP says that there will be one PIP at a minimum and four measures at a minimum. Should bidders assume validation of one PIP for the cost proposal? Should bidders assume validation of four measures for the cost proposal? *Yes.*

37. One of the three EQR mandatory activities - review of the MCOs'/PIHPs' compliance with standards - is not included as a task for the EQRO. Does the State perform that monitoring activity? What is the frequency and scope of the MCO monitoring

EQRO Questions and Answers
PSC 0704

performed? When would reports of this activity be available to the EQRO, as they are necessary for assessment of quality, timeliness, and access when developing the technical report, and for assessment of issues needing to be addressed in the QII Task Force? *This is stated on page 11 of 46 of the web version of the RFP, section I.1, the EQR Review.*

38. Is the EQRO going to be facilitating meetings or the lead for meetings?

Yes, the EQRO does sometimes facilitate or lead meetings.

39. Is attendance in-person at the QII Task Force's monthly meeting requested?

Yes, this should be an option.

40. Re: the QII Task Force, what is the expectation for "assistance with tasks related to monthly operations" of this meeting? Does the State request assistance with any/all of the following: Planning meeting agenda; Researching/presenting topics for discussion; Meeting facilitation; Documenting/taking minutes of meetings; Follow-up on agenda items; Other? *Yes.*

41. Who is the incumbent for the current contract and how long have they been performing these services?

Mercer Government Human Services Consulting has had the current EQRO contract initiated in November 2003 to the current November 2006.

42. Does DHSS anticipate the successful bidder providing technical assistance for the scope of work, because technical assistance is not currently listed as a deliverable?

I do not understand the question.

43. Does the State require that the successful bidder have an office in Delaware?

No.

44. What are the performance measures in this contract? Have they been selected? If specific performance measures cannot be identified, could you provide information concerning the extent to which the measures are administrative or hybrid? It would be helpful to our resource estimate to know if the measures rely solely on administrative data or use a mixture of medical records and administrative data. *The current performance measures are administrative.*

45. Will EQRO have to calculate the performance measures for DSP?

The EQRO will calculate measures for DSP and the commercial managed care plans.

The measures are administrative HEDIS or HEDIS-like.

46. Will HEDIS measurements be used for performance measures or will EQRO have to come with measures? *HEDIS measures or HEDIS-like measures.*

EQRO Questions and Answers
PSC 0704

47. Will the State require a HEDIS Compliance Audit to be performed by the contractor to satisfy the performance measure validation requirement? *No.*
48. Are the four measures mentioned either HEDIS measures, HEDIS-like measures or state-specific measures? Can you tell us what the four measures are? *We do not know which measure at this time.*
49. Will any of the measures follow the HEDIS hybrid methodology (administrative and medical record review)? Yes, possibly.
50. When does the State anticipate onsite audits to occur for the validation of performance measures? *During the annual compliance review.*
51. When are the current year's performance measure data available for review by auditors? *For the health plans, during the compliance year.*
52. If the measures selected for performance measure validation are not of strictly HEDIS but are HEDIS-like or state specific, are there written specifications on each of the measures? *No, not at this time.*
53. The scope of work includes the validation of performance measures and the validation of performance improvement projects. The deliverables section does not delineate that the EQRO has to provide reports on the performance measure and performance improvement project results. What are the deliverables with regard to these tasks? Does the DHSS only want the results reported as part of the EQRO Technical Report? *Yes, we would expect reports to summarize work completed.*
54. Can DMMA provide a list of the performance measures currently required from the plans? Are they based on HEDIS specifications? *No, and yes they are based on HEDIS. We have revamped our quality processes this year and our quality committee and our reporting for quality is an evolving process.*
55. When are plans required to report the measures to DMMA? *There is a reporting cycle currently being developed as part of the Quality Strategy.*
56. Do the plans currently undergo an information systems capabilities assessment? *The current MCO was assessed as part of the first year full compliance review.*
57. For the focus study, do you only anticipate one learning measure. *There could be up to four.*
58. Did the letter of interest have to be submitted by July 20? *The letter of interest is to be submitted with the response to the proposal.*

EQRO Questions and Answers
PSC 0704

59. Will the contractor be expected to conduct the mandatory activity of compliance review (Monitoring Medicaid Managed Care Organization – MCO) and Prepaid Inpatient Health Plans (PIHPs): A protocol for determining compliance with Medicaid Managed Care Proposed Regulations at 42 CFR parts 400,430, et. A.) as part of the scope of work?
Yes.

60. Can DHSS provide a list of attendees to the bidder's conference?

Yes, it is attached to this e-mail.

61. What are the names of the organizations that submitted bidder's questions? *Questions were submitted by the organizations on this distribution list.*

62. Must the Offeror be licensed to conduct business in Delaware prior to proposal submission or upon contract award? *A Delaware business license must be submitted. It can be obtained from the State Department of Finance, Division of Revenue and is a simple, inexpensive process.*

63. As a part of the EQR review, the contractor will "assist in the monthly operations of the Quality Improvement Initiatives Task Force (QII)." Could DHSS please clarify what type of assistance in operations the contractor will be expected to provide? *See above.*

64. Can you elaborate on the contractor's involvement in the QII Task Force? Are there specific tasks the contractor will be expected to complete? Approximately how many QII meetings is the contractor expected to participate in, broken down by face-to-face and teleconference? What is the EQRO's responsibility under "Assist in the monthly operations of the Quality Improvement Initiatives Task Force"? Could the State provide expectations for the vendor's assistance in the QII Task Force beyond attendance and participation in discussions? What is the role of the EQRO at the Quality Improvement Initiatives Task Force (QII) monthly meetings? (RFP § II.2) *The EQRO activities should be integrated into the quality reporting and education and monitoring that occur at the QII monthly meetings.*

65. **II.2 Task Requirements, fifth bullet:** Since the State has a separate budget for this task and it is unknown whether it will be required, should bidders include a cost for this task in their cost proposal? *The current budget for the PERM project for EQRO year November 2005 to October 2006 is \$50,000. See scope of work below.*

66. Can DHSS provide a sample of the most recent QII minutes? *Yes, attached.*

67. Is there a forum established to obtain enrollee and stakeholder input into activities?

EQRO Questions and Answers
PSC 0704

There are public advisory groups established for DHSS and DMMA and they could be used for these type of activities.

68. For the provider survey of quality of care, will the contractor be responsible for obtaining a list or database of aggregated provider data? *Yes, from EDS, the fiscal agent.*
69. For the provider survey of quality of care, who will be responsible for the random sampling? *The EQRO.*
70. Does the network include both primary care physicians and specialists? How many primary care physicians are in the network? *Yes, about 1500.*
71. For the provider survey of quality of care, does DHSS prefer descriptive information or statistical information in the final report? *Both.*
72. Can DHSS provide the most recent collaborative model used in focus quality study? *The scope is provided in the RFP.*
73. Will the contractor be validating CMS PERM contractor findings? *No..*
74. Please specify the number of providers in both the commercial managed care plan and Diamond State Partners. Also, please discuss your sampling expectations, i.e., do you wish to have a 95% confidence in your survey results or some other level of statistical confidence? Please comment on your preferred data collection method (mail, telephone, etc.). *Not available.*
75. In addition to the EQR activities outlined in the RFP, will the contractor perform any other additional EQR activities? *In Delaware, there usually are additional EQR activities that occur throughout the year according to State priorities.*
76. Will the contractor be allowed to submit a separate budget for the additional contract years? *The contractor may submit a separate budget.*
77. What is the estimated budget for this contract?
Greater than \$500,000.
78. Will a line item budget be required for the compliance review and the evaluation of quality strategy, if added to the scope of work? *See question 93.*
79. Can you point us to a specific source to obtain additional information about the NICHQ learning collaborative model? (RFP § II.2). *See the website for Nemours.org.*

EQRO Questions and Answers
PSC 0704

80. In the focus study, to what extent is the EQRO responsible for the performance and progress of NICHQ and NHPS? *The attached scope is the information we now have available.*
81. Attachment H to the RFP indicates that NICHQ will be responsible for developing and conducting one learning session for the project. Although the learning collaborative model does not specify a number of learning session-intervention iterations, most projects include more than one. Could you provide additional detail about DHSS' expectation for the collaborative project, or would DHSS accept a proposed approach to supporting the initiative as part of our technical proposal? *There could be up to four separate learning sessions but not more than four. Yes, it could be supported as part of the technical proposal.*
82. What is the current status of the childhood overweight initiative? *It has not been initiated.*
83. What portion of monthly meetings with DHSS staff is expected to be face-to-face? (RFP § II.3) *As many as are required to meet the scope of work.*
84. Will teleconference meetings meet the State's requirements for additional DHSS meetings, i.e., other than the monthly status meetings? (RFP § II.3) *Teleconference could meet the requirements.*
85. In the bidders' conference, an annual on-site Compliance Review component was mentioned. Is this part of the scope of work? If so, please indicate where the details for this task are referenced in the RFP or provide additional detail on the task. Should a separate budget be prepared for this task? *See above and question 93.*
86. How many commercial plans does the state anticipate the Contractor reviewing over the course of the contract? **Chapter I, I.1 Introduction, 4th paragraph:** The last sentence says that additional MCOs may be added. Should our cost proposal specify a "per MCO" fee or will that be negotiated as the plans are added? *See question 93.*
87. Under Section 1.1.3 of the Technical Proposal outline, the RFP indicates that "*the bidder must indicate current commitments that it maintains with any other contracts or work in progress and explain what effects these other commitments will have on the execution of the project.*" Does this requirement refer only to other Delaware contracts or work in progress? *No, any commitments that could affect the DE EQRO project.*
88. **IV.,1.2 Section 2 – Business Proposal:** The second paragraph requests an "amount per hour." Should this be a fully loaded hourly rate by position, or should we indicate other costs (like overhead, supplies/materials, etc.) in separate lines? *Fully Loaded.*
89. Section I.3 of RFP refers to Diamond State Partners (DSP) as an "enhanced FFS program." Can this you elaborate on the requirement for the external quality review organization (EQRO) to validate performance measures and performance improvement projects for DSP? For example, will the EQRO calculate the performance measures, and

EQRO Questions and Answers
PSC 0704

if so, how is validation performed? In addition, can you elaborate on the performance improvement projects conducted by DSP? *The EQRO will validate the PIP for DSP and calculate the performance measures.*

90. There is no mention of HIPAA requirements throughout the RFP. If the State of Delaware is requiring contractors to enter into a HIPAA Agreement, will a state form be provided? *The contractor enters into a business partner agreement with the State for data and privacy through the contract. .*
91. Section B.16 mentions four Appendices to be incorporated into the Contract; however, the Contract only lists Appendices A, B, and C. Is there a fourth appendix? If so, please provide details. *The boilerplate is for example only. The contract is comprised of the RFP, the answer to the RFP, the boilerplate contract and the Q & A and any other appendices.*
92. Section D: Miscellaneous Requirements discusses additional clauses to be incorporated in the Contract. It is clear that DHSS Policy Memorandum #46 is not applicable to this RFP; however, it is unclear whether the provisions of 29 Del. Code, Chapter 58: “Laws Regulating the Conduct of Officers and Employees of the State,” Section 5805 (d): “Post Employment Restrictions” and 19 Del. Code Section 708; 11 Del. Code, Sections 8563 and 8564 will apply to this RFP. Please clarify this section. *This is mandatory contract “boilerplate language” and these other two sections could apply.*
93. Could the State clarify how it would like bidders to develop their cost proposals. For example, would the State prefer bids on a per item basis (per PM, per PIP, per Compliance review, etc.), would the State like to see optional versus mandatory activities separated, or would the State prefer to have all costs combined by line item with documentation of assumptions.

We would like the bidders to price mandatory items separately:

- *Compliance review*
- *validating Performance Improvement Projects*
- *validating performance measures as part of compliance review*
- *per metric bid for calculating administrative HEDIS or HEDIS – like measures*
- *the Quality Improvements Initiatives Task Force support*
- *Provider quality of care survey*
- *PERM*
- *Focused quality study on childhood overweight*

Please include(and price separately if preferred) additional EQRO activities recommended for Delaware based on bidder’s knowledge of the State and recommendations for activities to assess and improve the quality of health care services furnished by MCOs and DSP.

94. What is the dollar amount of the current contract? *Greater than \$500,000.*

EQRO Questions and Answers
PSC 0704

95. What is the dollar amount of the proposed contract? *Greater than \$500,000.*
96. With regard to the eligibility reviewers: How much education must the EQRO provide? For how many eligibility reviewers must the EQRO provide education? How often must the EQRO provide education to the eligibility reviewers? Where will the education be conducted? Will it be in multiple locations? *If we are selected for a PERM project in 2007 and there is an eligibility component, we will complete it in-house or contract it out. If it is contracted out the State will derive a way to fund the activity and could possibly solicit implementing the activity through the EQRO contract as an amendment to the contract.*
97. The RFP states that the EQRO is to conduct meetings with the enrollees and their advocates. Who will convene the enrollees? Who are the advocates/who has the DHSS convened in the past? How many enrollees will be involved in the meetings? Are the meetings held onsite in a specific location? What is the suggested frequency? *The DHSS advisory groups are available to solicit this input for use in EQRO activities.*
98. The fourth bullet in this section (15/II.4 List of Deliverables), discussing the detailed technical report, lists four sub-bullets and then proceeds with six additional bullets. In closer reading, shouldn't the first four of six additional bullets also be sub-bullets under the detailed technical report? The language seems to refer to the contents of the technical report rather than stand-alone documents/reports. Please clarify. *The compliance review report is separate from other reports produced by the EQRO as a result of data collection and measurements.*
99. Should meetings and the technical report be tasks included in our proposal response priced as individual scope of work tasks, or allocated across the II.2 Task Requirements? *They should be allocated across tasks.*
100. How is the summary of EQR activity and results to be distributed and how many will be distributed? *To be determined. Probably electronically with a small number of hard copies for distribution.*
101. The RFP states that the EQRO is to conduct meetings with the MCOs. Can DHSS please specify which of these meetings are to be conducted on-site versus by teleconference? *To be determined. We adjust our needs for face-to face meetings based on schedules and the issue to be resolved or the project to be developed.*
102. According to the directions for the proposal format, "The bidder shall submit separate technical and business proposals." It is HSAG's understanding that this means separate binders that are separately packaged. A subsequent sentence, in the same paragraph, states that the "bid response proposal shall be clearly divided into two easily identified sections, i.e. technical proposal and business proposal..." Can DHSS please clarify whether two separate binders in separate packaging is required or simply one binder that is tabbed for the technical proposal and

EQRO Questions and Answers
PSC 0704

business proposal? *Any format that separates the business and technical proposal for review is acceptable. Separating the proposals by tabs in the same binder is an acceptable method.*

103. The RFP states that the bidder should provide the names and resumes of other people who will be advising on the project. What does DHSS anticipate there? If the bidder is providing names, positions and resumes of all those staff working on the project, how does this differ from “advising on the project?” Do you want resumes for more than the key staff? *Yes.*
104. The RFP states, “The bidder must provide documented experience of the bidder in successfully performing work on projects of a similar size and scope that are required in the RFP.” What is the state looking for with regard to “documented?” *This is self evident. Cite studies completed with references or include studies if relevant.*
105. Should the Summary Business Proposal be completed for years 2 & 3? *Yes.*
106. Is there a recommended format to provide the line item budget, including amount per hour and time per task? *No.*
107. Should the line item budget include loaded labor rates or should direct and indirect costs be shown separately? *Yes, loaded.*
108. What information should be included in the Budget Narrative? *Please use the guidelines in question 93.*
109. Since there is one MCO in year 1 and there may be two MCO’s in year 2, should the budget specify a price per MCO? *Yes. See question 93.*
110. With regard to NICHQ and NHPS, what does the DHSS expect that the relationship would be? Should the bidder be directly contracting with NICHQ and NHPS as subcontractors? With regard to the Focused Study, the RFP indicates the activity conducted by the EQRO will primarily be oversight and technical assistance for NICHQ and NHPS. The NICHQ will provide a draft document of the focused study methodology to the EQRO for review. Does this mean the NICHQ will also collect their own data, conduct analysis, and then write a report of the findings? Assuming the NICHQ does write the report, we would expect the EQRO to be required to review the report provided by NICHQ. Is this also an expectation of the State? This type of focused study normally requires medical record review. Does the State anticipate requiring medical record review? If medical record review is conducted, what will be the contractor’s role in this process? For example, will the EQRO be required to conduct medical record over-reads to ensure accuracy, or will the EQRO instead be allowed to review the process performed by NICHQ, including their inter-rater reliability process and results? *This entire process will need to be clarified with Nemours and NICHQ as part of the contract.*

PERM scope of work for current year EQRO:

CMS has decided to use a team of sole-source contractors to perform various components of the future PERM initiative for Medicaid and State Children's Health Insurance Program (SCHIP) for a random sample of an estimated 18 states annually. can assist the State with the following tasks:

Preliminary Phase

- Provider education – Coordinate with EDS to field preliminary letters to all Delaware providers. Partner with the State on any additional education efforts.
- Quality – Review detail claim data provided by EDS to ensure that universe definitions were applied correctly and data are ready for CMS contractor sampling. Generate Data Quality Assessment Report and review with State.

Interim Phase

- Eligibility Reviews – Assist in the interpretation of CMS guidance in this area and training of eligibility reviewers.
- Tools – Assist the State in the use of any mandatory CMS tools.
- Communications – Support communications (attend any conference calls or meetings with CMS or CMS contractors) to ensure all parties have a mutual understanding of requirements and processes for implementation. Serve as peer review and additional consultative support at the State's discretion.

Closure Phase

- Strategy – Support the State in negotiation of results to ensure accurate reporting. Work with the State to ensure results are documented appropriately. Assist the State with the required strategic corrective action plan.

Based on historical perspective from both the PAM Year 3 and PERM pilot studies, estimates the budget required to perform the tasks defined to be \$50,000.

EQRO Questions and Answers
PSC 0704

List of Vendor's participating at pre-bid meeting or submitting Questions after pre-bid:

Carissa Krauss	Permidion
Carrie Spunar	EMPRO
Bonnie L. Hallman	HSAG
Amy McCurry	Performance Management Solutions Group
Cynthia Weinmann, Chester Strongy	APS Public Programs
Julie Tyler, Linda Oliver	Delmarva Foundation
Nitin Kotin	Deloitte Consulting
Evan Kaplan	EP& P Consulting
Sam Espinosa, Jennifer Truscott	Mercer
Jill Yonowitz	Kepro
Ana Sajja	IPRO

**Quality Improvement Initiatives Task Force
11:00 – Noon Meeting Minutes**

Privileged and Confidential

<p>Date: 05/25/06 Place: Lewis Building Time Presiding: 11:00 a.m. – noon Mary Marinari</p>	<p>Members Present: See attached sign-in sheets Members Excused: Mary Anderson, Dr. Brazen, MaryAnn Connell, Sam Espinosa, Kay Holmes, Nancy Kling, Willa Langdon, Pam Tyranski, and Glyne Williams Members Absent: Scott Ponaman, Dr. Waldor, and Kay Wasno</p>
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<i>TOPIC FOR DISCUSSION</i>	<i>DISCUSSION / ISSUE</i>	ACTIONS	FOLLOW-UP RESPONSIBILITY
Introduction Mary Marinari	<p>Introduction to meeting and welcoming of additional participants.</p> <p>Purpose of today’s meeting:</p> <ul style="list-style-type: none"> • To have follow up presentation on Synagis • To complete three quality presentations • To have discussion on reporting content for QII meetings – On Hold <p>The minutes were reviewed and the group will email Mary Marinari or Kelly Dove any changes.</p>	Timekeeper established to be Pat Emeigh.	Group
Presentations	<p>Quality Presentation: Division of Medicaid and Medical Assistance, Long Term Care</p> <p>Lisa Zimmerman presented information regarding the SRI</p>		

EQRO Questions and Answers
PSC 0704

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	<p>(supervisory review instrument). An example of the SRI was distributed. This instrument is used by all supervisors in the financial units. Each LTC case is reviewed using the instrument. The review must be completed prior to the eligibility worker taking action on the case. An action could be an opening, denying, or closing of the case. Last FY Quality Control completed a pilot program reviewing one of the Aid Categories in LTC. QC was able to randomly review a total of 377 cases. LTC had a zero percent error rate. This error rate is a reflection on the SRI process.</p> <p>LTC is creating a tracking process for the errors that are identified by the supervisors. LTC has a timeliness indicator. They use the SRI date and application date to determine timeliness. The timeliness is reported in the eligibility workers' performance review.</p> <p>Quality Presentation: Division of Substance Abuse and Mental Health</p> <p>Harris Taylor presented information regarding the High End User Program. This data pertains to involuntary</p>	<p><u>Suggestions:</u> at the next reporting cycle to follow up with information regarding the timeliness indicators for the SRI, volume and types of errors identified over time and corrective actions taken, impact of corrective actions.</p>	

EQRO Questions and Answers
PSC 0704

<i>TOPIC FOR DISCUSSION</i>	<i>DISCUSSION / ISSUE</i>	ACTIONS	FOLLOW-UP RESPONSIBILITY
	<p>commitments. Harris provided a hand-out regarding the HEU Program.</p> <p>Target group for this program: members who experience frequent and acute hospitalizations, and are determined to be SPMI</p> <p>Goal: To provide a more appropriate and responsive system of care for individuals with SPMI and frequently , co-occurring substance abuse disorders, who experience frequent psychiatric emergencies and hospitalizations</p> <p>Objective: reduce hospitalizations</p> <p>Results:</p> <ul style="list-style-type: none"> • Number of graduates (one year without inpatient admission: - 34 • Average number of inpatient days in year before placement on HEU: - 17.1 • Average number of inpatient days while on HEU: - 11 • Number of graduates returned to HEU: - 0 <p>DPCI offered to identify the clients that meet the HEU criteria also. If it would be determined that they were chronic but did not have enough benefits, a request is submitted for the member to be carved out of DPCI and get CCCP (Community Continuum of Care Program) support. In the current process after 6 or 7 months of intervention, the DPCI member can be carved back into DPCI.</p>	<p>Follow up at next meeting to solicit any additional metrics.</p>	

EQRO Questions and Answers
PSC 0704

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	<p>Pharmacy history accompanies the member upon being enrolled back into DPCI.</p> <p>In a collaborative effort between DSAMH and DPCI, the two organizations are reviewing processes in handling the HEU. For members about to transfer back to DPCI, a treatment services history is completed. DPCI has some members that were enrolled with DPCI and then within 3 days the patient goes back to the inpatient program. Analysis is being done to determine best approaches for criteria to carve members out as well as criteria for carving members back into DPCI. They are determining the reasons to be carved in could be because of redetermination closure or non-compliance. If the assessments show the member to be non-compliant, it may not make sense to carve them out at all. DPCI looks at the complete treatment history. In September they will look at the first 3 months to begin a quarterly study.</p> <p><u>Harris requested suggestions for metrics for this program:</u></p> <ul style="list-style-type: none"> • Receive indicators from the consumers. • Keep track of readmission within 30 days. That way DSAMH does not have to wait for 1 year to pass to calculate the graduates' statistics. 		

EQRO Questions and Answers
PSC 0704

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	<ul style="list-style-type: none"> • Cost of using the services versus not using services could be used as an effectiveness indicator. <p>Quality Presentation: DPCI and DSP</p> <p>DPCI, DSP, and EDS coordinated efforts to create a study regarding Synagis. Synagis is an RSV preventive drug for high risk children. Vicki Hinson presented information for DSP.  en Holt presented information for DPCI. Julie Essig presented information for EDS. DPCI and DSP provided data in the report format called A Quick Glance.</p> <p><u>Study objective:</u> Synagis is authorized for a period of 6 months for children with an increased risk of contracting RSV and is given as an injection that can be administered in a variety of locations. EDS provided a report of the authorization and usage of Synagis for the time period of 2004 to 2005. In this report, it appeared that a high volume of prescriptions for Synagis were not fully administered to the member and may indicate a quality issue.</p> <p><u>Analysis DPCI:</u></p> <ul style="list-style-type: none"> • EDS data indicated that 69.3% of the authorizations were fully utilized. • DPCI analysis indicated 95.4% of authorizations fully utilized. 		

EQRO Questions and Answers
PSC 0704

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	<ul style="list-style-type: none"> • The percentage of members who received all doses of the Synagis according to DPCI data was 91.3%. • The percentage who received all but one dose of Synagis was 2.5%. • Another 3.8% received anywhere from 1 to 4 doses dependent upon the amount authorized. • There were 2.5% of our eligible members who did not receive any of the Synagis authorized. <p>Barriers were identified and future plans to linking authorization processes with claims</p> <p>Note: DPCI eliminated the outliers</p> <p><u>Analysis DSP:</u> EDS's data shows that 81% of the members included in the study started treatment</p> <ul style="list-style-type: none"> • <u>EDS data reflected 81% of DSP members started appropriate treatment.</u> • DSP found that 100% started when we combine EDS data and vendor information. • Members who received all authorized injections was 67% • Members received all but one dose were 14% • Members who received 1 to 4 doses accounted for 19% <p><u>Plan DPCI:</u> We plan to ask EDS to provide the same information at the end of the 2005- 2006 Synagis season to do a comparison study.</p>		

EQRO Questions and Answers
PSC 0704

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	<p><u>Plan DSP:</u> With assistance from the subject matter experts in QII, redesign the study so team consideration would be given to data collection and methods of review. Request data for the 2005 – 2006 RSV season and apply the new study design. In the 2005 – 2006 study, consider reviewing for emergency room usage and inpatient admissions.</p>		
Old Business	<ul style="list-style-type: none"> • Reviewed feedback on dates on the Quality Activity Reporting Schedule. <ul style="list-style-type: none"> ○ Division of Developmental Disabled Services/ Mary Anderson will report in the September meeting • Reviewed reporting schedule and highlight changes or updates from last month. • Brief discussion related to data for inclusion in quality reporting so results can be trended over time. 		
New Business	<ul style="list-style-type: none"> • New Business- will discuss next meeting • EQRO Update- will discuss next meeting 		
Agenda Items for Next Meeting	<ul style="list-style-type: none"> • Quality presentations <ul style="list-style-type: none"> ○ Assisted Living ○ Diamond State Partners ○ 3rd presentation slot is open 	<p>Quality presentation</p> <p>EQRO update.</p>	<p>MaryAnn Connell Glyne Williams</p> <p>Linda Thompson</p>

EQRO Questions and Answers
PSC 0704

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	<ul style="list-style-type: none">• EQRO update- Perinatal Focused Study		
Next Meeting	June 22, 2006, Lewis Building, 11:00-Noon for all external members.		

Respectfully submitted,
