

EXTERNAL QUALITY REVIEW ORGANIZATION (EQRO)

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PURPOSE OF EQRO

42 CFR 438 Subpart E requires that the Division of Medical Assistance (DMA) contract with an external quality review organization to conduct an annual external quality review of waiver programs

Current EQRO – The Carolinas Center for Medical Excellence (CCME)

REVIEW PROCESS

- Three mandatory activities occur during this review
 - Determining the Managed Care Organization (MCO)/ Prepaid Inpatient Health Plan's (PIHP) compliance with Medicaid Managed Care regulations
 - Determining Validation of Performance Measures produced by MCO/PIHP
 - Validation of Performance Improvement Projects (PIPs) produced by MCO/PIHP

REVIEW AREAS

- Compliance Review (Desk Review of Policies and Procedures)
- Information System Capabilities Assessment (ISCA)
- Performance Measures (PM's)
- Performance Improvement Projects (PIPs)

DESK REVIEW

The desk review occurs the first year of the review. The EQRO requests information from each Department within the MCO/PIHP.

Access/Utilization Management (UM):

- Information supplied as orientation to new members
- Recent report of annual appraisal of the UM Program
- Data collected that monitors the utilization of services
- Copies of the Appeal logs and reports

DESK REVIEW cont'd

Community Relations:

- Copy of Member newsletters, educational materials, mailings to general member population
- Cultural Consideration Plan and Policy

Consumer Affairs:

- Copy of the Statement of Member Rights and Responsibilities

Finance:

- Current Membership Demographics

Human Resources:

- Organizational Charts
- Current Staffing levels
- Copies of Job Descriptions

DESK REVIEW cont'd

Network Management/Provider Relations:

- Service availability and accessibility standards
- Current provider directory
- Documentation of Service and Provider Network planning activities (i.e., geographic assessments, provider network assessments, population needs assessment)

DESK REVIEW cont'd

Medical Director

- Committee Information for Continuous Quality Improvement (CQI), Credentialing, Utilization Management Committee, Clinical Advisory Clinical Management and Appeal Review Committee
- Clinical Practice guidelines developed by the Clinical Advisory Committee for use by practitioners
- Reports summarizing effectiveness of the Quality Assurance/Quality Improvement (QA/QI) Plan

DESK REVIEW cont'd

Quality Management (QM)

- Quality Assurance/Quality Improvement Plan (QA/QI) and its description
- Reports summarizing effectiveness of the QA/QI Plan
- Policies and Procedures
 - QI Program
 - Performance Improvement
 - Grievance/Complaint Policy
 - Provider/Practitioner Monitoring and Profiling

ISCA

The purpose of the ISCA is to evaluate the collection and processing of data for the MCO/PIHP.

Areas of consideration:

- General Information
 - Demographic information for the MCO/PIHP
- Information Systems: Data Processing Procedures and Personnel (programmers' years of experience, training, turnover rate).

ISCA

- Data Acquisition Capabilities
 - Administrative Data (Claims and Encounter data)
 - Eligibility files
 - Major system changes within past 3 years
- Enrollment System
- Performance Measure reporting
 - Report process
 - Data Repository (source of data, types of data, i.e., claims, grievances, incidents)
- Provider Data
 - Demographics (types of providers, specialties, etc.)

ISCA cont'd

Types of documentation requested for ISCA:

- Previous Medicaid Performance Measure Audit Reports
- Organizational Chart
- Data Integration Flow Chart
- Performance Measure Repository File Structure (if applicable)
- Program/Query Language for Performance Measure Repository Reporting (if applicable)
- Continuous Enrollment Source Code
- Medicaid Member Months Source Code
- Medicaid Claims Edits

Performance Measures

- Every MCO/PIHP is responsible for collecting and reporting Performance Measures (PMs) as part of the waiver contract with DMA.
- The EQRO uses the protocol developed by the Centers for Medicare & Medicaid Services (CMS) titled *Validating Performance Measures: A Protocol for Use in Conducting Medicaid External Quality Review Activities* to review the measures designated by DMA. It is broken down into six sections:
 - General Measure Elements
 - Denominator Elements
 - Numerator Elements
 - Sampling Elements
 - Reporting Elements
 - Validation Summary

Performance Measures

The following PMs were submitted by PBH for review during the 2009 EQR activities:

- PI #22: Inpatient Discharges and ALOS – Mental Health.
- PI #28: Follow-up after Hospitalization for Mental Illness.
- PI #29: Mental Health Utilization.
- PI #30: Identification of Alcohol and other Drug Services.
- PI #31: Follow-up after Hospitalization for Substance Abuse.
- PI #33: Initiation and Engagement of AOD.
- PI #36: Inpatient Discharges and ALOS – Substance Abuse.

Performance Improvement Projects (PIPs)

- Every MCO/PIHP is responsible for collecting and reporting PIPs as part of the waiver contract with DMA.
- Project topics will be determined jointly by the LME and DMA from the list of clinical and non-clinical focus areas
- Currently PBH is conducting four PIPs, of which at least one will be clinical and one will be non-clinical.

PIP Focus Areas

- Primary, secondary and/or tertiary prevention of acute mental illness conditions;
- Primary, secondary and/or tertiary prevention of chronic mental illness conditions;
- Care of acute mental illness conditions;
- Care of chronic mental illness conditions;
- High-volume services;
- High-risk services;
- Continuity and coordination of care;
- Availability, accessibility, and cultural competency of services;
- Quality of provider/patient encounters; or
- Appeals and grievances.

PIPs cont'd

The EQRO uses the protocol developed by the Centers for Medicare & Medicaid Services (CMS) titled

Validating Performance Improvement Projects: A Protocol For Use in Conducting Medicaid External Quality Review Activities

to review the projects designated by the MCO/PIHP

(PIPs) cont'd

The CMS protocol validates criteria for the following parts of each project:

- Study topic(s)
- Study question(s)
- Study indicator(s)
- Identified study population
- Sampling methodology
- Data collection procedures
- Improvement strategies

PIPs cont'd

PBH submitted the following four projects for review:

- Decreasing Prone Restraints as a Restrictive Intervention.
- Effectiveness of Technical Assistance for Providers to Manage their Claims Denials.
- Decrease Admission Rate to PRTF and/or Inpatient for Consumers Discharged from Residential Level III Placement.
- Improve Community Tenure for Enrollees with Multisystemic Therapy (MST) and Intensive In-Home Services (IIHS) Services Paired with Respite Services.

Accreditation

- National Committee for Quality Assurance (NCQA)
- Quality Improvement Activities (QIAs)

Lessons Learned

- Make sure your policies and procedures are approved and finalized.
- Keep documents clear and concise.
- Be organized and systematic with submissions of documents.
- Keep additional copies of submitted documents.
- Give enough time to plan accordingly.

Lessons Learned

- The first year is the most difficult year.
- Prepare to be humbled.
- Don't take feedback personally.
- Plans of Correction are inevitable.
- Identifying the question for the PIP topic was the most difficult part.
- Data, data, data.