

**MRMIB Competitive Negotiation
External Quality Review Organization Proposers' Conference
Questions and Responses
June 6, 2011**

A. General Questions

1. How frequently does the State Benefits and Quality Monitoring Division meet?
Are the meetings in person or conducted via conference call?

Answer: We expect that meetings between BQM and the contractor would occur at least bi-weekly, or as mutually determined, and conducted primarily by phone. However, the contractor is expected to attend Board meetings and other stakeholder meetings as described in the model contract.

2. For the contract period, will the number of Health, Dental and Vision plans remain constant?

Answer: For the first year of the contract, there will be 24 health, 6 dental and 3 vision plans. MRMIB and the plans negotiate contracts on an annual basis. Therefore, in years 2 and 3, the number of plans may change.

3. Is there a set aside requirement for contractors?

Answer: Yes, ten (10) percent.

4. Will the bidder's conference be available by teleconference?

Answer: Yes.
Call in number is (877) 322-9654
Participant number is 313636

B. Validation of Performance Measures (PMs)

1. Do the dental and vision plans report PMs and will they need to be validated by the contractor?

Answer: Dental plans report PMs to MRMIB, but they will not be validated by the EQRO. Vision plans do not reports PMs.

2. For the PMV activity, is the contractor expected to conduct a site visit to each health plan?

Answer: Yes.

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C. HEDIS Measures

1. Are the HEDIS measures reported using both the administrative and hybrid method?

Answer: Yes.

2. Does MRMIB anticipate eliminating the requirement for plans to have a HEDIS audit and instead have the EQRO conduct that activity?

Answer: No.

3. What is the annual submission date for the HEDIS data to MRMIB?

Answer: The month of June.

4. Do the plans use NCQA's IDSS to submit audited HEDIS data to MRMIB?

Answer: No.

D. Validation of Quality Improvement Projects (QIPs/PIPs)

1. It appears that the all QIPs (1 Statewide Collaborative QIP and 1 Individual QIP) will be new. Are there any existing QIPs underway? If so, how many and what are the topics and how long have they been active? What is the current PIP deliverable timeline?

Answer: There currently are no statewide or individual plan QIPs underway. A timeline should be proposed by the Proposers.

2. It appears that the health plans are also Medicaid Managed Care plans for Medicaid enrollees and therefore undergoing external quality review by another EQR vendor. In accordance with CMS protocols for monitoring plans, a contractor may use the output of other EQR or private accreditation reviews. Would this be acceptable to MRMIB?

Answer: MRMIB would consider this.

3. Will the contractor be allowed to use its established validation tools to validate the QIPs as long as the contractors worksheets and tools meet the intended requirements for QIP validation that are detailed in the CMS protocol, "Validation of Performance Improvement Projects?"

Answer: Yes.

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4. Please verify the total number of state wide collaborative QIPs the contractor will validate? That is, will there be one collaborative QIP per plan for 24 health plans?

Answer: One statewide collaborative QIP involving all 24 health plans.

5. Please verify that, in contract year 1, no plans will submit collaborative QIPs for validation. Please verify that QIP validation activities performed by the contractor will only occur in years 2 and 3.

Answer: That is correct.

6. Please verify that the collaborative QIP reports for years 2 and 3, will be one report for each year and will include information about all 24 health plans' collaborative QIPs.

Answer: That is correct.

7. Please verify that the statewide collaborative QIP status report will be one report that includes status information for all 24 plans' collaborative QIPs.

Answer: That is correct.

8. Please verify the total number of individual plan QIPs that the contractor will be responsible for validating for all plans. That is, will there be one individual plan QIP per plan for 24 health plans; therefore, the total number of individual plan QIPs submitted for validation each year will be 24 QIPs?

Answer: Yes.

9. Please verify that, in contract year 1, no plans will submit individual plan QIPs for validation. Please verify that QIP validation activities of individual plan QIPs performed by the contractor will only occur in years 2 and 3.

Answer: That is correct. In Contract Year 1, the contractor will assist plans in identifying their plan-specific QIP and establish the baseline measurement for the QIP.

10. For individual plan QIP status reports in the first year, please verify that contractor is required to produce a single report for each plan's QIP for the first year.

Answer: That is correct.

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11. For individual plan QIP status reports for year 2, please verify that the contractor is required to produce one annual status report for each plan that describes the status of the plan's respective QIP.

Answer: That is correct.

12. For individual plan QIP status reports for year 3, please verify that the contractor is required to produce one annual interim report for each plan.

Answer: That is correct.

E. Compliance Review

1. A full (on-site) compliance review will be completed in year 1. For years 2 and 3, would MRMIB approve of a desk audit for the partial compliance review as a mechanism to eliminate travel?

Answer: Yes. A full review is only required every 3 years.

2. Is it an option to conduct the MRMIB and HFP health plan information system via a desk review or must the review take place onsite?

Answer: MRMIB expects the EQRO to conduct the ISCA on-site so that real time answers to follow-up questions can be obtained from front-line staff and that on line demonstrations can be observed.

3. Does the State already have a compliance review tool or set of tools that the contractor could use and/or modify to complete compliance reviews? If so, will the State please provide a copy of that tool or set of tools?

Answer: The State does not have a compliance review tool.

4. How many of the health plans have had compliance reviews similar to the scope that is described in this solicitation? What was the date of the most recent review? How many of those health plans were required to submit corrective action plans?

Answer: Most, but not all, HFP health plans have been reviewed by Medi-Cal. Currently MRMIB does not have that data.

5. For plans that are required to produce a corrective action plan (CAP) as a result of the first year's compliance review activities, will the State consider an off-site follow-up for the CAP, if it is reasonable to do so?

Answer: Yes, if it is reasonable to do so.

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F. Validation of Encounter Data

1. Encounter Data Validation (EDV): Is this specific to the CHIP population? Do the Medicaid health plans undergo EDV? If so, can MRMIB provide sample reports?

Answer: Yes the data is specific to CHIP. MRMIB does not collect Medicaid EDV reports.

2. Please clarify whether all plan types (i.e., health plans, dental plans, and vision plans) will be included in each annual encounter data validation study?

Answer: Only health plans will be included in the encounter data validation study.

3. What data systems will be evaluated as part of the EDV study? Will the vendor be validating the MRMIB encounter data system, the HFP health plan encounter data system, or both?

Answer: The contractor will evaluate MRMIB's encounter data vendor's data collection process for collecting and validating health plan utilization data.

4. Is MRMIB able to provide any additional information regarding the structure and contents of the data stored in its data warehouse. Specifically,

a) Is a file layout available for MRMIB's or the health plan's member, provider, and claims/encounter data?

b) What is the preferred method (s) for transferring data from MRMIB's data warehouse and the vendor?

c) Is there a specific process (e.g., through a third party contractor) for requesting data from MRMIB's data warehouse or its vendor? What is the timeframe for the Contractor to receive data once requested?

Answer: Plans submit encounter data to the MRMIB encounter data vendor, using either the 837 or DHCS flat file formats. There is no preferred method for transferring data, as long as the method is secure. The process for requesting data and the timeframe for providing it will be determined by MRMIB and the vendor, in consultation with the contractor.

5. In Contract Year One, does MRMIB expect the assessment of procedures for processing and validating encounters be conducted via desk review of policies, procedures, and related documents or via an analysis of the State's encounter data?

Answer: Both.

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6. Section IV, Item G.2: This paragraph requests that during Contract Years Two and Three the Contractor shall perform a follow-up assessment based on previous year's assessment. Please clarify whether previous year's assessment refer to (1) Contract Year One assessment which only includes an evaluation of the State's encounter data vendor's procedures for processing plan data, or (2) the validation of data in accordance with bullets a-d under Item G.1, or any combination of these two tasks?

Answer: Any combination of the two.

7. Please define the encounter data validation outcomes MRMIB expects to evaluate (e.g., date of service, diagnosis code, procedure code, revenue code)?

Answer: MRMIB's encounter data vendor validates the data. The contractor will evaluate the process the vendor uses to validate the data.

G. Medical Record Review

1. For the medical record review component of the EDV activity, please describe any contract requirements that impact the procurement of records.

a) Is there a minimum required timeframe for providers/HFP health plans to submit medical records?

b) Is there a preferred source for procuring identified medical records—i.e., directly from the providers' offices, or from the health plans?

c) Is there a preferred method for procuring the identified medical records—i.e., direct submission electronically or hard copy, or by scanning onsite?

Answer: There currently are no contract requirements regarding procurement of medical records. Please price the EDV requirements in two ways: (1) including medical record review and assume medical records will be provided by the plans and (2) with no medical record review requirements.

2. Does MRMIB have a specific expectation regarding the final sample size for the medical record component of the EDV activity? Are there specific sub-groups that MRMIB is expecting to be included in this review—e.g., stratified by age groups, health plan, etc.?

Answer: MRMIB has no specific expectations regarding sample size. Base your proposal on CMS requirements, but MRMIB reserves the right to change the requirements.

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3. Please define whether specific encounter types should be evaluated as part of the EDV administrative- and medical record-based reviews—e.g., outpatient, inpatient, pharmacy, etc.?

Answer: All available HFP utilization data will be evaluated.

4. Is it expected that the medical record review is validated against MRMIB's encounter data system or the HFP health plans' encounter data system?

Answer: Medical records would be validated against MRMIB's encounter data system.

5. Does MRMIB have a preferred medical record sampling methodology for conducting audits/medical record reviews e.g. is it acceptable to create the sample on a statewide basis or should the samples be selected from each health and dental plan to allow for plan-to-plan comparison?

Answer: MRMIB would prefer samples from each health plan if MRMIB requests medical record reviews. There will be no medical record review of dental plans.

6. Does MRMIB have a preferred method for requesting medical records from providers?

Answer: No.

7. Historically what has been the medical record capture rate for focused studies?

Answer: There is no historical medical record capture rate.

8. Does MRMIB have a preferred method for reviewing records e.g. either at the provider office or reviewing copies at an alternate offsite location?

Answer: No.

9. If the focused study involves medical record review, will the contractor be responsible for the development of a medical record abstraction tool?

Answer: Currently, we do not anticipate extracting medical records for focused studies.

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10. For purposes of the focused studies and encounter data validation, is it an option for the HMOs to procure the requested medical records from their providers and then submit the records to the contractor? If it is required that the contractor procure the medical records, is it an option to scan the medical records at the provider offices or is it expected that the medical record data is abstracted while on-site at the provider's office? Is there a prescribed travel allowance for on-site medical record procurement?

Answer: If medical records are requested, most likely it would be up to the health plans to procure them. There is no prescribed travel allowance.

H. Conduct Consumer Satisfaction Surveys

1. If the current Medicaid EQRO already conducts a NCQA certified CAHPS survey, how would this task differ?

Answer: MRMIB has modified the CAHPS survey so it is slightly different than the NCQA certified survey. Additionally, MRMIB conducts the surveys in five languages (English, Spanish, Chinese, Vietnamese and Korean). Some questions are unique to the HFP population (children). MRMIB also conducts the D-CAHPS survey in the same five languages.

2. Are the dental plans included in all EQRO activities or just in the CAHPS surveys?

Answer: Just D-CAHPS.

4. Please confirm that the YAHCS survey will only be administered to the 24 health plans.

Answer: That is correct.

5. Please confirm that the vision plans will not be included in any of the consumer satisfaction survey activities.

Answer: That is correct.

6. How many supplemental questions are anticipated for the CAHPS and D-CAHPS surveys?

Answer: 2-4.

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7. Please confirm for the CAHPS and D-CAHPS surveys that a mixed-mode methodology (mail followed by telephone follow-up to non-respondents) will be employed.

Answer: That is correct.

8. Please confirm that the YAHCS survey will be administered via mail and Web only (i.e., no telephone follow-up).

Answer: That is correct.

9. Currently, NCQA has only approved the CAHPS survey in English and Spanish. If NCQA has not approved the additional languages noted in the RFP at the time of the survey administration, will the contractor be responsible for administering the CAHPS surveys in these additional languages?

Answer: Yes. MRMIB has the most recent version of the CAHPS survey already available in the 5 languages.

10. NCQA protocol for CAHPS surveys requires more than 900 members to be included in the sample. The RFP states that only 900 members will be sampled for each health plan/survey. The RFP also states that the contractor is responsible for achieving 405 completes and a 45 percent response rate. Have prior consumer satisfaction surveys for this population achieved similar response rates? Should the contractor over sample in order to ensure 405 completes?

Answer: Prior satisfaction surveys have achieved similar response rates. Based on the progress for the survey currently in the field, the contractor may want to over-sample some populations.

11. Please confirm that the contractor will not be required to submit CAHPS data to NCQA.

Answer: That is correct.

12. What are the anticipated timelines for each of the required surveys?

Answer: D-CAHPS-Spring 2012, YACHS-Summer 2012 and CAHPS-Fall 2012.

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I. Health Plan Report Card

1. Is the report card specific to the CHIP population? Or, can the methodology on current report card be used/modified with CHIP measures (instead of recreating the wheel)?

Answer: The contractor should plan to work with the Office of the Patient Advocate (OPA) and format a report card similar to the one used for commercial plans. More information can be found at:

http://www.opa.ca.gov/report_card/

J. Coordinate an Annual Quality Improvement Conference

1. In coordinating the Quality Assessment and Improvement Conference with CDHCS, would the contractor be responsible for coordinating the entire day's events or just a portion of the events? (Will the contractor identify/contract with speakers for the entire day or just a few breakout sessions? Will the cost of the conference be split?) Could the MRMIB provide a copy of last year's agenda?

Answer: Coordinating with DHCS may occur only if it is in the best interest of both parties. For the purpose of this proposal, assume the contractor will be responsible for coordinating the entire day conference (to be held the day before or the day after the DHCS conference). MRMIB has never held a quality improvement conference.

K. Conduct Focused Quality Studies as requested by MRMIB

1. Does MRMIB want just a single price per study as they have not determined in the SOW how many studies will be required?

Answer: Yes.

2. Are there specific MRMIB data interfaces for importing/exporting data?

Answer: No.

3. Are there statewide registries available for quality studies e.g. immunization registry?

Answer: Yes

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4. For the focused studies, is MRMIB interested in stratifying the study results by demographics (race/ethnicity, age groups etc.)? Should these sub-analyses meet a pre-determined level of statistical significance?

Answer: Assume yes to both questions. However, this will be discussed at the time MRMIB makes a request for a focused study.

5. For the focused studies, is MRMIB interested in plan to plan comparisons of the results or just statewide level results?

Answer: It depends on the study. However, for the purposes of this proposal, assume both.

L. Reports

1. Please verify the number of detailed technical reports to be produced by the contractor will be 24, that is, one for each health plan.

Answer: That is correct. The contractor will prepare and submit a detailed technical report for each HFP health plan.

2. What type of reporting, if any, is required? For example, are separate plan-specific reports required or is a state-wide aggregate report required?

Answer: Both. See Exhibit A, Section IV.P.1.(a) and (b).

3. Please clarify the expected content for the detailed technical reports for each HFP Plan – does each report include Validation of Performance Measures, Validation of Quality Improvement Projects, and Compliance Review findings?

Answer: The report shall describe the aggregation of data obtained during the completion of the activities and from other sources. The report shall describe the analysis of the data. After Contract year 1, the report shall include an assessment of the degree to which the plan has addressed the previous year's recommendations.

4. Does MRMIB expect to receive a summary report for the encounter data validation study with each Plan's results as an appendix?

Answer: In Contract year 1, MRMIB expects a report on the encounter data vendor's processes for validating plan encounter data and a summary of recommendations made to the plans. See Exhibit A, Section IV.P.d.

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5. Is the summary report the aggregated findings of the detailed technical reports that will be submitted to CMS?

Answer: Yes.

Note:

MRMIB is exempt from all provisions of state law related to competitive bidding. MRMIB has chosen to use BidSync solely for ease of communication. This is not a Request for Proposal.