**First Amendment to the Iowa Department of Human Services**

**External Quality Review Services Request for Proposal**

This Amendment to RFP Number MED-22-003 is effective as of April 23, 2021. The RFP is amended as follows:

**Revision 1.** Section 1.3.1.1.C.11 is hereby amended to read as follows:

1. The Agency may waive requirements (a) through (d) and (8) through (9), upon presentation of good cause by the Contractor. In those instances when good cause is granted, the Contractor commits to replacing key personnel within thirty days (30) of the departure of a key person and to providing temporary personnel in the interim that are capable of maintaining operational performance at acceptable levels.

**Revision 2.** Section 1.3.1.1.D.3 is hereby amended to read as follows:

1. The Contractor shall meet Agency and the State of Iowa's Enterprise security standards for data collection, storage, and secured electronic transmissions. This includes, but is not limited to use of at minimum 256-bit encryption for both authentication and data transmission. See Attachment G, Section 1.8.1 – General Terms for Service Contracts (Section 2.8.6).

**Revision 3.** Section 1.3.1.2.C is hereby amended to read as follows:

**C. Reporting**

1. For Section 1.3.1.3 Protocols 1-5 combined, and including each of Protocols 6-8 that are requested by the Agency as part of an External Quality Review of the MCP the Contractor shall:
2. For each MCP, provide preliminary results to the managed care organizations;
3. For each MCP, develop and submit a draft report to the Agency within a timeframe designated by the Agency;
4. For each MCP, develop and submit a final report to the Agency within a timeframe designated by the Agency; and
5. For each MCP, review and submit an updated MCP score card to the Agency within a timeframe designated by the Agency; and
6. Submit a comprehensive, aggregated summary report to the Agency of all MCP findings.
7. Ad Hoc Reports.
8. The Agency may request up to three (3) additional ad hoc reports that may utilize the data from the Agency’s data sources. The Contractor shall analyze the data and produce the report as requested by the Agency. The Agency shall work with the Contractor to establish the analysis and reporting requirements.
9. At the completion of any studies or analyses of MCP quality or performance, the Contractor shall work collaboratively with the Agency to present the final report to the MCP and may assist in development and monitoring of any resulting performance improvement plan.

**Revision 4.** Section 1.3.1.3.A is hereby amended to read as follows:

1. **Mandatory EQR-related activities.** The Contractor shall perform the following activities:
2. Protocol1:Validation of Performance Improvement Projects (PIPs)
	1. Annual Process for PIPs required by the Agency that were underway in year one and during the preceding twelve (12) months on an ongoing basis:
		1. Contractor shall assess the study methodology;
		2. Contractor shall verify PIP study findings and, if feasible:
			1. The Agency may elect to have the Contractor verify PIP findings on an ad hoc basis when the Agency has special concerns about data integrity; and
			2. Contractor shall validate the processes through which data needed to produce quality measures were obtained, converted to information, and analyzed;
	2. If the PIP uses HEDIS® measures that have been certified by a third party, this step is not needed.
		1. Contractor shall evaluate overall validity and reliability of PIP study results.
	3. The number of PIPs to be submitted per MCP is to be determined by the Agency, There will be a minimum of two (2) per MCO and two (2) per PAHP but more than two (2) PIPS may be required by the Agency.
	4. Contractor shall solicit input from MCPs in the identification of PIP topics and methodologies and propose MCP performance improvement projects, subject to Agency approval.
	5. Contractor shall include PIP outcome and trending information in the annual EQR technical report for submission to CMS.
	6. Contractor shall submit the validation report to the Agency. If a measure applies to children, the validation report shall break measures out by Medicaid and CHIP.
3. Protocol 2: Validation of Performance Measures
	1. The Contractor shall use national standards to validate and report findings on MCP performance measures and outcomes. The validation shall include the whole process from the initial source point through the final reporting.
	2. The Contractor shall develop an annual process to determine the accuracy of the performance measures reported by the MCP in year one and during the preceding twelve (12) months on an ongoing basis:
		1. The Contractor shall complete the following tasks prior to individual MCP review or analysis:
			1. Define the scope of the validation by confirming Agency-required technical specifications for each of the performance measures and Agency requirements for performance measure reporting;
			2. Assess the integrity of the MCP’s Information System;
			3. Select measures for detailed review;
			4. Initiate review of medical record data collection; and
			5. Prepare for the MCP onsite visit.
		2. The Contractor shall conduct individual MCP onsite visits to include follow up on findings from the pre-onsite information system assessment and validation of the production and reporting of performance measures through document review or direct observation, including:
			1. Review information system underlying performance measurement;
			2. Assess data integration and control for performance measure calculation;
			3. Review performance measurement production;
			4. Conduct detailed review of selected measures;
			5. Assess the sampling process; and
			6. Review preliminary findings and outstanding items
		3. The Contractor shall complete the following tasks after individual MCP onsite visits:
			1. Determine preliminary validation findings for each measure;
			2. Assess accuracy of MCP’s performance measure reports to the agency; and
			3. Submit validation report to the Agency. If a measure applies to children, the validation report shall break measures out by Medicaid and CHIP.
4. Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations:
	1. Contractor shall perform an annual EQR of each contracted MCP and any other capitated Medicaid and CHIP programs implemented during the contract period, pursuant to the requirements of 42 C.F.R 438 Subpart E. The EQR shall include the following:
		1. A detailed report that, at minimum meets the requirements of 42 C.F.R. §438.364(a)(1);
		2. An assessment of each MCP's strengths and weaknesses with respect to the quality, timeliness, and access to healthcare services furnished to Medicaid and Hawki recipients;
		3. Recommendations for improving the quality of healthcare services furnished by each MCP;
		4. Methodologically appropriate, comparative information about all MCPs; and
		5. An assessment of the degree to which each MCP has addressed effectively the recommendations for quality improvement made by an EQRO during the previous year's EQR.
	2. The Contractor shall conduct the annual EQR using the most current CMS protocols within timeframes established in the Agency-approved work plan. The Agency preference is for EQRs to be conducted no earlier than August of each year.
	3. The Contractor shall contact each participating MCP at least six (6) months in advance of the onsite review and work with the Agency and each MCP to select a date (or dates if necessary) for the onsite review.
	4. The Contractor shall annually review and update MCP score cards, as defined by the Agency.
	5. In collaboration with the Agency, the Contractor shall develop a MCP score card and report to the Agency the MCP’s performance compared to State-established benchmarks or performance standards. The purpose of the scorecard is to allow new members to easily compare health plans across quality domains when selecting a health plan during the enrollment process.
	6. The Contractor shall conduct a review that follows the standards contained in 42 C.F.R 438, Subparts D and E. The scope of the standards are:
		1. Availability of services §438.206;
		2. Assurances of adequate capacity and services §438.207;
		3. Coordination and continuity of care §438.208;
		4. Coverage and authorization of services §438.210;
		5. Provider selection §438.214;
		6. Confidentiality §438.224;
		7. Practice guidelines §438.236;
		8. Grievance and appeal process §438.228;
		9. Health information systems §438.242;
		10. Quality assessment and performance improvement program §438.330;
		11. Sub contractual relationships and delegation $438.230;
		12. Mechanisms to detect under- and over-utilization of services;
		13. Credentialing for long-term services and supports (LTSS) providers.
	7. The Contractor shall conduct annual interviews and onsite visits to determine MCP compliance with federal and state standards for access to care, structure and operations, and quality measurement and improvement (i.e., Administrative Interviews).
	8. Contractor shall perform an exit interview at the conclusion of the site visit with MCP staff to clarify the EQRO’s understanding of the information collected throughout the compliance review process.
5. Protocol4: Validation of Network Adequacy
	1. In accordance with the access standards set out in the MCP contract, the Contractor shall:
		1. Conduct an analysis that includes reviewing and determining the usefulness of the provider network files for each MCP provided by the Agency, determining the specific data submission requirements and parameters that MCPs must follow to submit data to the Contractor, determining the parameters of the study based on the data available, and determining the timeline for the completion of the study.
		2. Analyze the provider network files submitted by each of the MCPs. The analysis shall track the geographic distribution of providers and hospitals in comparison to the number of Medicaid and Hawki enrollees served in a particular coverage area by the MCPs as well as the distance and time needed to get to the provider. Any MCP that does not have adequate access to providers, including hospitals, in coverage area shall be identified.
		3. The Contractor shall conduct phone calls to a sample of primary care providers for each MCP to ascertain whether the providers are accepting new patients who are enrolled in the Medicaid and Hawki programs. The responses obtained from the phone survey calls shall be compared to the data provided by the MCPs on their provider file to validate the information. The Contractor shall work with the Agency to develop the appropriate statistically valid sample size for the survey and the timeframe for conducting the survey.
		4. Submit to the Agency a report using maps and written descriptions of the results of the analysis. The report shall contain a separate map of each provider group. The report shall contain the results of the phone survey.
		5. The provider network analysis activities to be performed will be done in accordance with appropriate federal requirements, including but not limited to 42 C.F.R Section §438.206.
	2. Contractor shall calculate and report Potentially Preventable Events (PPEs), to include admissions (PPAs), readmissions (PPRs), emergency room visits (PPVs), complications (PPCs), and ancillary services (PPSs).
	3. Contractor shall report the EQR results to the Agency. The provider network analysis shall be submitted separately as a stand-alone report.
6. Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP MCP
	1. The Contractor shall conduct an annual validation of encounter data submitted by each MCP, and any other capitated Medicaid programs implemented during the contract period. This validation shall occur concurrently with activities listed in Section 1.3.1.3 A. The Contractor shall utilize the CMS protocol for determination of the accuracy and completeness of MCP encounter data and prepare an annual encounter data validation report for all programs that includes medical record reviews to validate performance and compliance
	2. The Contractor shall complete on an annual basis the following tasks prior to examining data produced by the MCP’s information system:
		1. Review the state requirements for collection and submission of encounter data by the MCPs;
		2. Review the MCP’s capability for collecting accurate and complete encounter data
		3. Review the MCP’s Information Systems Capabilities Assessment (ISCA); and
		4. Interview MCP personnel
	3. The Contractor shall review or conduct an ISCA to determine where the MCP’s information systems may be vulnerable to incomplete or inaccurate data capture, integration, storage, or reporting:
		1. The Contractor shall determine if the MCP has already undergone such a review and if the review findings are current.
		2. If a recent ISCA has been conducted, the Contractor shall obtain a copy of the findings.
		3. If the MCP has not recently undergone an ISCA, the Contractor shall conduct one consistent with the EQR Protocols:
			1. The Contractor shall provide the MCP a copy of the ISCA to complete. The MCP will complete the ISCA and provide supporting documentation to the Contractor within thirty (30) days
		4. The Contractor shall review the completed ISCA and supporting documentation to assess the adequacy of the MCP’s policies and procedures. The MCP’s answers shall be evaluated against state standards for:
			1. MCP information systems;
			2. Calculation and reporting of specific MCP performance measures; and
			3. Collection and submission of encounter data to the Agency.
		5. If a MCP answer does not sufficiently answer the question or does not appear to sufficiently meet process requirements, the Contractor shall note for follow-up and review further during the onsite review.
		6. The Contractor shall conduct an onsite review of the MCP information system and interview MCP information technology staff. The review shall include, but is not limited to, processing of all HIPAA 837 Professional and 837 Institutional sample of cases.
		7. The Contractor shall conduct follow-up interviews with MCP staff responsible for completing the ISCA and additional staff responsible for the MCP’s information system functions. Contractor-facilitated interviews shall focus on topics outlined in the ISCA interview guide with additional topics covered as necessary.
		8. The Contractor shall analyze information obtained through ISCA and follow-up interviews and submit a written report of findings to the Agency about the MCP’s information system and implications of the information systems review. Analysis, in a format approved by the Agency, shall include:
			1. Completeness and accuracy of encounter data collected and submitted to the Agency;
			2. Calculation and validation of performance measures;
			3. Ability of the MCP to conduct quality assessment and improvement initiatives; and
			4. Ability of the MCP to oversee and manage the delivery of health care to plan enrollees.
		9. The Contractor shall analyze encounter data and perform a series of checks to assess whether the encounter data can be used for analysis. The review shall include:
			1. Encounter and enrollment data;
			2. A focus on finding missing and erroneous data;
			3. Comparison of the findings to state standards and comparison error rates;
			4. Analysis of the completeness of encounter data over time; and
			5. Calculation of utilization rates.
		10. The Contractor shall develop and implement a plan, subject to Agency approval, for assessing data quality and standard processes for analyzing electronic encounter data.
		11. The Contractor shall review medical records:
			1. If the Contractor is unsure of the quality of the encounter data at the completion of the previous activity, it should not proceed to the medical record review activity. Rather, the Contractor shall repeat the previous activity or seek additional information until the Contractor is able to determine quality and usefulness of the submitted encounter data.
			2. Consistent with the federal EQR Protocols previously cited, the Contractor must undertake annual medical record reviews as part of encounter data validation and for those HEDIS® measures that require medical record review to calculate performance and compliance rates.
			3. These reviews must be conducted in accordance with state and federal HIPAA privacy and confidentiality statutes and regulations. The Agency will utilize the expertise of the Contractor in determining the number of records (sample size) that must be reviewed with consideration to appropriate statistical models and the topic under review or study.
		12. The Contractor shall use data available, including the Medicaid provider master file for address and other information to generate correspondence and mail-outs for purposes of data validation.
		13. The Contractor shall track compliance with requests and accuracy of address information to improve the validation process.
		14. The Contractor shall submit findings of encounter data validation review including, but not limited to, the following elements:
			1. A narrative report of findings;
			2. Data tables illustrating findings;
			3. Summary of statistics for each activity of the review; and
			4. Highlighted issues related to the accuracy and completeness of the encounter data reviewed.

**Revision 5.** Section 1.3.1.3.B.2, title, is hereby amended to read as follows:

1. Protocol 7: Calculation of Additional Performance Measures

**Revision 6.** Section 1.3.1.3.B.3, title, is hereby amended to read as follows:

1. Protocol 8: Implementation of Additional Performance Improvement Projects (PIPs)

**Revision 7.** Section 4.3, Technical Proposal Components table, is hereby amended to read as follows:

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| --- | --- | --- | --- |
| **Technical Proposal Components** | **Weight** | **Score (0-4)** | **Potential Maximum Points** |
| **Bidder’s Approach to Meeting Deliverables (Section 3.2.4) and Special Submission (Section 3.2.4)** | - | - | - |
| **Scope of Work – Section 1.3**  | - | - | **-** |
| General Obligations – EQR qualifications Sections 1.3.1.1.B, C and D. | 110 |  | **440** |
| Transition Phase – Section 1.3.1.2  | 80 |  | **320** |
| EQR Key Deliverables – Section 1.3.1.3 | 125 |  | **500** |
| Readiness Review Key Deliverables and Content – Sections 1.3.1.4.A, B, and C.  | 130 |  | **520** |
| **Experience – Section 3.2.4** | - | - | **-** |
| Bidder’s Level of Technical Experience - Section 3.2.4.1 | 150 |  | **600** |
| Experience With Similar Services – Section 3.2.4.2 | 100 |  | **400** |
| References – Section 3.2.4.2 | 55 |  | **220** |
| **Personnel – Section 3.2.5** | - | - | **-** |
| Tables of Organization – Section 3.2.5.1 | 30 |  | **120** |
| Names and Credentials of Key Corporate Personnel – Section 3.2.5.2 | 40 |  | **160** |
| Information about Project Manager and Key Project Personnel – Section 3.2.5.3 | 60 |  | **240** |
| **Total**  | **880** |  | **3,520** |

**Revision 8.** Attachment F, Cost Proposal, is replaced with the new excel document titled “Amendment 1 Attachment F, Cost Proposal Form”.

**Revision 9.** TheRFP document, is hereby amended to contain page numbers.