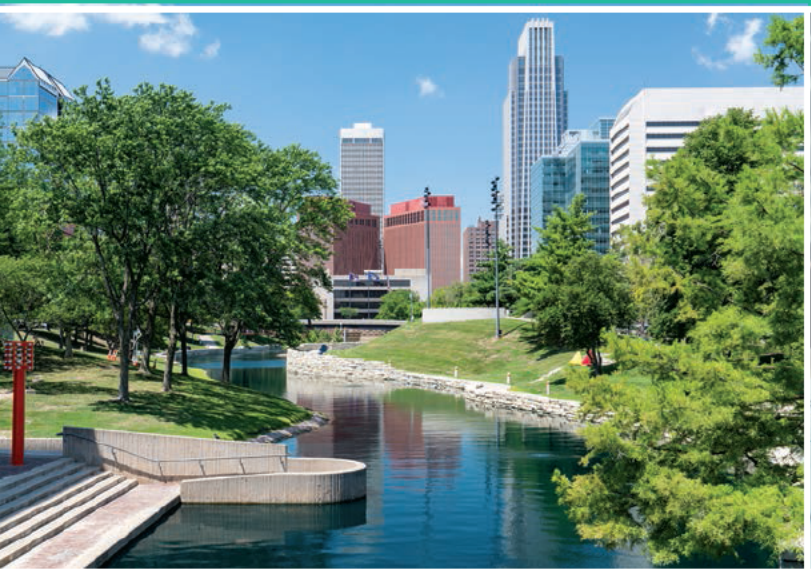
Prepared for State of Nebraska
Department of Health and Human Services

Technical Proposal

External Quality Review Services

RFP# 6303 Z1

October 30, 2020



Submitted by:

IPRO
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Corporate Headquarters
1979 Marcus Avenue
Lake Success, NY 11042-1072
(516) 326-7767
http://ipro.org

PROPRIETARY INFORMATION

This proposal and any appendices referenced herein contain trade secrets and/or other confidential information, the public disclosure of which would cause substantial injury to IPRO's competitive position. IPRO requests that the government use the information herein only for the purpose of evaluating this proposal and limit disclosure to the extent necessary and proper under state and federal law.

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ISO 9001:2015 CERTIFIED

October 27, 2020

Keith Roland
Nebraska Department of Health and Human Services (DHHS)
301 Centennial Mall S.
Lincoln, NE 68509
Submitted via: https://nebraskastategov.sharefile.com/r-r4058b5be7e64e798

Re: Request for Proposal (RFP) 6303 Z1 External Quality Review (EQR) Services

Dear Mr. Roland:

On behalf of IPRO, I am pleased to submit our proposal to continue to serve as Nebraska's External Quality Review Organization (EQRO) in response to the above-referenced RFP. In compliance with the RFP instructions, we have uploaded electronic copies of our Technical Proposal, Redacted Technical Proposal (with the information IPRO claims as confidential or proprietary), and Cost Proposal to your ShareFile portal.

Our Experience

As prime contractor, IPRO currently holds 12 active EQRO contracts in 11 states and Puerto Rico. We also serve as a subcontractor to the EQRO in North Carolina. We have been successfully conducting the full array of mandatory and optional EQR tasks for more than 30 years—including 13 in Nebraska—in full compliance with the protocols issued by CMS.

Currently working with 159 managed care plans across the country, IPRO successfully performs all of the activities outlined in Nebraska's upcoming scope of work (SOW) and will continue to suggest innovative solutions and best practices to help Nebraska monitor and improve managed care organization (MCO)/dental benefits manager (DBM) performance. Our multi-state EQR experience, combined with our in-depth knowledge of the Medicaid program, ensures the high quality of services IPRO will continue to bring to the Nebraska Medicaid program.

As Nebraska's Medicaid Managed Care program has expanded, IPRO has met all requirements on time and to the satisfaction of DHHS. For example, as we move into the next contract term, we are fully prepared to conduct all of the activities associated with network adequacy validation. Our extensive history in conducting surveys means there will be minimal startup time and resources required. Further, IPRO has already developed a database to house survey response data, which can be easily modified to accommodate the specific validation categories required by DHHS; permanent staff trained in conducting these surveys; a defined policy and procedure protocol; existing scenarios used to replicate the experience of members; and reporting templates that can be modified to meet Nebraska's requirements.

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In addition to its extensive EQRO portfolio, IPRO also serves as a Quality Improvement Network-Quality Improvement Organization (QIN-QIO) in 12 states, under contract to the Centers for Medicare & Medicaid Services (CMS). We have successfully completed 11 CMS QIO SOWs—we recently started our 12th—evidence of our expertise in evaluating performance across healthcare delivery platforms and supporting initiatives to improve care. We also understand the impact of the federal healthcare agenda on managed care, particularly as it relates to provider accountability for and alignment of payment incentives with the provision of high-quality healthcare.

Our People

IPRO employs more than 350 highly skilled clinical and non-clinical professionals with advanced academic credentials and expertise in quality improvement methodology, and draws on this expansive pool of knowledge to address our customer's needs.

Our Vice President of Managed Care, Virginia Hill, RN, MPA, who will continue to serve as the Executive Sponsor of the Nebraska EQRO contract, served on the CMS expert panel that advised on the development of the mandatory and optional EQR protocols and was a member of the NCQA/CMS Medicare subcommittee whose work contributed to HEDIS 3.0. She is now a member of the Technical Expert Panel of distinguished experts and stakeholders working with CMS to establish the proposed Medicaid Managed Care Quality Rating System.

Anne Koke, MPH, MBA, who will continue in the role of Nebraska EQRO Project Manager, has four years of experience leading the project and team and has established working relationships with representatives at DHHS and the managed care plans.

Our Approach

IPRO's business model is built around close, collaborative partnerships with our clients. We know from experience that the needs of each of our clients are unique, and while we are able to bring a broad array of standardized tools, proven processes, and best practices to each engagement, the key to our approach is focusing on the specific opportunities and challenges confronting the agencies and organizations we serve.

In independent surveys, our clients have continuously expressed their satisfaction with our services and have demonstrated this by re-awarding and extending our contracts to their full terms. We attribute our success largely to the personal and professional commitment of our staff, backed by the strength of IPRO's resources and practices.

Should you have any questions about our proposal, please contact me at (516) 209-5563 or cbradley@ipro.org. I am authorized to negotiate and execute on IPRO's behalf any contract that may result from this RFP.

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Assertions and Acknowledgments

IPRO has a thorough understanding of, will comply with, and takes no exception to the terms and conditions set forth in the RFP. IPRO also understands and will comply fully with the SOW specifications and requirements described in the RFP. IPRO also acknowledges receipt of Addenda 1–3 and Addenda 4 (dated 9/17/2020 and 10/26/2020) and will comply with all specifications therein.

Sincerely,

[redacted]

Clare B. Bradley, MD, MPH
Chief Medical Officer

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1. Signed Request for Proposal for Contractual Services Form

As required, IPRO's signed Request for Proposal for Contractual Services form is provided immediately following this page. (Per response to Question 24, issued via RFP Addendum 2, this form has been signed and scanned.)

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

By signing this Request for Proposal for Contractual Services form, the contractor guarantees

CONTRACTOR MUST COMPLETE THE FOLLOWING

compliance with the procedures stated in this Solicitation, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that contractor maintains a drug free work place.

Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

_____ NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this Solicitation.

_____ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

_____ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Island Peer Review Organization (IPRO)
COMPLETE ADDRESS:	1979 Marcus Avenue, Lake Success, NY 11042-1072
TELEPHONE NUMBER:	(516) 209-5563
FAX NUMBER:	(516) 326-7791
DATE:	October 20, 2020
SIGNATURE:	[redacted]
TYPED NAME & TITLE OF SIGNER:	Clare B. Bradley, MD, MPH, Chief Medical Officer

2. Clarity and Responsiveness of the Proposal

Provided throughout this proposal are the details of IPRO's clear and responsive approach to meeting and exceeding Nebraska's expectations for its External Quality Review Organization (EQRO), in the upcoming contract term.

IPRO will provide all of the resources needed to complete the new statement of work (SOW) in compliance with the appropriate Centers for Medicare & Medicaid Services (CMS) protocols for external quality review (EQR), tailored to address Nebraska's priorities, interests and goals. Full details of our technical approach to each task are provided in Section 6. In summary, IPRO will perform:

- ✓ ***Validation of Performance Improvement Projects (PIPs) –*** *IPRO will assess the methodology used by the managed care organizations (MCOs)/Dental Benefits Manager (DBM) to conduct the PIPs, monitor their PIPs quarterly, and verify the study findings annually.*
- ✓ ***Validation of Performance Measures (PMs) –*** *Annually, IPRO will assess the accuracy and reliability of the PM rates reported by the MCOs/DBM and will determine the extent to which they meet established specifications.*
- ✓ ***Network Adequacy –*** *IPRO will perform validation of MCO and DBM network adequacy during the preceding calendar year, to comply with federal managed care requirements.*
- ✓ ***Compliance Review –*** *In the second calendar quarter of each year, IPRO will conduct an onsite compliance review to assess MCO/DBM compliance with federal managed care regulations and state contract requirements.*
- ✓ ***Technical Report –*** *IPRO will submit detailed MCO/DBM-specific annual technical reports (ATRs) describing our assessment of each MCO/DBM's compliance with the EQR federal protocols. We will evaluate MCO/DBM strengths and opportunities for improvement relative to timeliness, access, and quality of services and will provide concrete recommendations to guide their future actions and facilitate sustainable improvements in care. We will additionally provide an aggregated statewide report to compare MCO/DBM performance with statewide averages, goals, and national benchmarks, as appropriate.*

IPRO has experience through our EQRO contracts in other states in performing all of the optional activities. We are prepared to conduct any or all of the optional EQR activities that the state may assign, including validating encounter data; administering or validating consumer or provider surveys of quality of care; calculating PMs, in addition to those reported by an MCO or DBM and validated by an EQRO; conducting PIPs, in addition to those conducted by an MCO or DBM and validated by an EQRO; and conducting focused studies that address a particular aspect of clinical or non-clinical services at a certain point in time.

IPRO has been conducting EQR services for Nebraska since 2007, and has established effective ways of working with the state and plans. As the state's Medicaid managed care (MMC) Program has expanded, IPRO has met all requirements. For example, as we move into the next contract term, we are fully prepared to conduct network adequacy validation of Nebraska's MCOs/DBM.

Some important characteristics of IPRO's approach are as follows:

- Provide ample and highly responsive technical support and training to facilitate all EQR activities.
- Make recommendations for improving performance relative to all assessment activities that are realistic, evidence-based, and reflect our understanding of the Medicaid landscape, in addition to our extensive experience in conducting EQR and quality improvement activities.
- Work cooperatively with the MCOs/DBM to avoid operating disruptions and help them achieve compliance with regulatory and contractual requirements.

2.1.1. Benefits of Working with IPRO

2.1.1.1. IPRO Has National Expert Standing

IPRO's managed care and other quality experts are routinely asked by the federal and state governments to contribute their expertise to key program initiatives that may ultimately affect millions of Americans. Having ground-floor involvement in such efforts gives IPRO an opportunity to share our customers' needs and perspectives toward shaping new policies and programs.

For example, IPRO NE EQRO Executive Sponsor and Vice President for Managed Care, Virginia Hill, RN, MPA, is a member of the Technical Expert Panel working with distinguished experts and stakeholders under CMS' auspices to establish the Medicaid Managed Care Quality Rating System (MMCQRS). She also served on the CMS expert panel that advised on the development of the mandatory and optional EQR protocols.

2.1.1.2. IPRO Has Exceptional Medicaid Expertise

IPRO understands that states strive to create the right balance between the quality, availability, and value of the Medicaid services they deliver. Based on our experience as EQRO in 13 states (one as a subcontractor), our staff have insight into solutions that work, as well as lessons learned from those that don't.

With more than half of IPRO's 350+ staff devoted to improving Medicaid quality of care through healthcare assessment and quality improvement, utilization management, compliance monitoring, public reporting, fraud detection, and other activities in several states, IPRO staff have an exceptionally well-rounded understanding of the Medicaid program and the challenges faced by states in administering managed care programs.

2.1.1.3. IPRO's Commitment to DHHS

IPRO's success and steady growth derive largely from our core value of commitment to our customers. This is borne out by our customer satisfaction ratings, which consistently exceed the national average for same-sector businesses. Using customer feedback generated from our annual survey as a performance benchmark, IPRO implements strategic actions to improve business processes, which provides for a culture of continual learning and continuous quality improvement in all aspects of our work.

Our commitment to our customers is also evidenced by our pursuit of and ongoing certification to, since 2003, the International Organization for Standardization (ISO) 9001 business standard. To maintain ISO certification, currently 9000:2015, IPRO undergoes rigorous independent audits to assess quality and compliance with established business processes. IPRO is one of only a handful of similar types of service organizations to achieve ISO certification, which assures our customers that a

quality management system is in place, ensuring responsiveness to their needs and cost-effective management of our contracts.

Through its EQRO relationship with IPRO, DHHS is partnering with an organization that will work diligently to help the state's MCOs/DBM improve care while meeting required performance standards, while simultaneously maximizing the value of the state's Medicaid dollars.

2.1.1.4. IPRO Understands Nebraska's Healthcare Challenges

States prioritize healthcare issues based on how they impact their healthcare objectives in terms of health outcomes, access to quality care, and cost. The Nebraska Quality Strategy for Heritage Health and the Dental Benefit Program (2020) aims to improve health outcomes by enhancing integration of physical and behavioral healthcare services, emphasizing person-centered care management services, and expanding access to high-quality, evidenced-based care. Healthcare status indicators such as a low drug death rate and high pediatric immunization coverage are favorable for Nebraska compared to other states; however, health status is less favorable among some of Nebraska's most vulnerable subpopulations.

Nebraska ranks 48 out of 50 states for disparities in health status. Asthma prevalence is 21.8% among black or African American Nebraskans, but only 12.3% among white Nebraskans. Diabetes prevalence is 12.5% and 12.3% among American Indian and black Nebraskans, respectively, compared to 6.3% of white Nebraskans. Nebraska's prevalence of excessive drinking is higher than most other states, and the ratio of alcohol-related mortality per 100,000 American Indian to white Nebraskans is three to one. Disparities in preventive care access are evident for oral health visits among Nebraskan Hispanics or Latinos (56.9%) relative to non-Hispanic/Latinos (70.2%). The routine check-up rate is also lower among Hispanics/Latinos (58.6%) compared to other Nebraskans (67.0%). It is notable that the five counties with the highest COVID-19 case rates per 100,000 (Dakota, Colfax, Saline, Dawson, Hall) are also disproportionately represented by the Hispanic/Latino population.

Nebraska's preterm birth rates per black (13.1%) and American Indian (13.5%) live births exceed that of white live births (9.4%). Comparing health rankings to other states, Nebraska's women and children face important health challenges, including maternity practices in infant and nutrition care (48th), missed school days (47th), and cervical cancer screening (46th). Relative to other states, health challenges for Nebraska's seniors include obesity (41st), SNAP reach (38th), as well as access to geriatricians (38th), cancer screenings (38th), and home healthcare workers for seniors with a disability (35th). Nebraska seniors also face disparate risks of social isolation by county.

Additional health status disparities are revealed when comparing children with public health insurance to children with private health insurance in Nebraska. Almost one third of parents of publicly-insured children (32.3%; 95% CI=21.5-45.4) report that their child has one or more mental, emotional, developmental or behavioral problems compared to privately-insured children (14.1%; 95% CI=11.2-17.5). Publicly-insured children experience more than twice the prevalence of two or more current or lifelong health conditions (25.4%; 95% CI=16.5-36.9) compared to privately-insured children (10.7%; 95% CI=8.6-13.3), with twofold greater prevalence of special healthcare needs, as well (28.1%; 95% CI=18.8-39.6 vs. 14.1%; 95% CI=11.5-17.1). Moreover, the prevalence of

two or more functional difficulties among publicly-insured children is 24.9% (95% CI=15.5-37.3), compared to 5.6% (95% CI=3.5-8.9) of privately-insured children in Nebraska.

Despite these health status disparities and consequent greater healthcare needs, a significantly lower proportion of publicly-insured children (42.9%; 95% CI=32.0-54.4) receives coordinated, ongoing, comprehensive care compared to privately-insured children in Nebraska (62.1%; 95% CI=57.2-66.7). Further, a significantly greater proportion of parents of publicly-insured children compared to privately-insured children in Nebraska report that their child does not receive care in a well-functioning system (87.4%; 95% CI=78.5-93.0 versus 69.7%; 95% CI=64.3-74.6). Children in Nebraska face disparate challenges to accessing quality dental care, as well, as, almost one third (32.7%; 95% CI=22.2-45.3) of publicly-insured children in Nebraska had no preventive dental visit, compared to only 16.9% (95% CI=13.3-21.2) of those with private insurance.

Through our EQRO, Quality Innovation Network-Quality Improvement Organization (QIN-QIO), and other Medicaid and Medicare contracts, IPRO is already working with our clients to address issues designated as priority areas by Nebraska and is fully prepared to partner with the State to achieve its healthcare improvement goals. In Section 4.8, we discuss some of the many projects that demonstrate IPRO's understanding of and experience in EQR.

The sources used to develop this section are as follows:

Child and Adolescent Health Measurement Initiative. 2017–2018 National Survey of Children's Health data query. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved 6/25/20 from www.childhealthdata.org.

Centers for Disease Control and Prevention. COVID-19 Cases and Deaths by County. https://www.cdc.gov/coronavirus/2019-ncov/cases-updates/county-map. [29 June 2020].

March of Dimes. 2019 March of Dimes Report Card. Nebraska. . http://dhhs.ne.gov/Pages/HDHE-Reports.aspxhttps://www.marchofdimes.org/peristats/tools/reportcard.aspx?frmodrc=1&reg=31 [29 June 2020].

Nebraska Department of Health and Human Services (DHHS), Division of Medicaid and Long-Term Care. Quality Strategy for Heritage Health and the Dental Benefit Program, 2020. http://dhhs.ne.gov [26 June 2020].

Nebraska Office of health Disparities & Health Equity. Socioeconomic and Health Disparities Report Card, Health Indicators, 2006-2010 [29 June 2020].

United Health Foundation. America's Health Rankings. 2019 Annual State Health Rankings. https://www.americashealthrankings.org/ [26 June 2020].

United Health Foundation. America's Health Rankings. 2020 Senior Report. https://www.americashealthrankings.org/ [26 June 2020].

United Health Foundation. America's Health Rankings. 2019 Health of Women and Children Report. https://www.americashealthrankings.org/ [26 June 2020].

U.S. Census Bureau. Quick Facts. https://www.census.gov/quickfacts/fact/table/hallcountynebraska,dawsoncountynebraska,salinecountynebraska,colfaxcountynebraska,dakotacountynebraska,NE/PST045219? [29 June 2020].

U.S. Department of Health and Human Services, Office of Minority Health (2018). State and Territorial Efforts to Reduce Health Disparities, Findings of a 2016 Survey by the U.S. Department of Health and Human Services Office of Minority Health. Washington, DC: U.S. Department of Health and Human Services.

2.1.1.5. IPRO Delivers Customer-Focused Solutions

Despite the use of standard protocols in conducting EQR, we know that every state has unique demographics, issues, interests, and ways of working that drive its EQR program goals. IPRO avoids taking the cookie-cutter approach to EQRO. Instead, we work with each state to understand its particular Medicaid population and objectives, and we tailor our solutions, accordingly, to reflect state-specific priorities and our collective insight.

IPRO will continue to apply the knowledge, practical know-how, and lessons we have learned from conducting EQR and related quality assessment and improvement activities to help enhance the quality of managed care for Nebraska's Medicaid beneficiaries.

As an example of our capacity to customize our solutions, IPRO's extensive experience with analyzing characteristically diverse populations has helped us address the needs of rural populations, the underserved, the ethnically and racially diverse, the chronically ill, persons with diabetes, persons with AIDS, the mentally ill, children with special healthcare needs (CSHCN), the aged, individuals with long-term care needs, the developmentally disabled, and others. This experience has allowed us to help states pinpoint and address healthcare issues by population.

2.1.1.6. IPRO Offers Innovation in Data Aggregation, Analysis and Reporting

A champion of public performance reporting and performance data aggregation, IPRO has a reputation for being able to apply technology to improve performance data capture and reporting. For example, our Clinical Data Portal, developed by IPRO's Digital Health Team, was the first online real-time physician-performance-assessment portal, allowing physicians to upload performance data—abstracted or via electronic health record (EHR)—and immediately obtain a performance report. High-scoring physicians are automatically added to a provider recognition system and can begin receiving incentive payments.

Pellucid is IPRO's universal public performance reporting data framework and the first database to combine US census data with federal and state healthcare provider and issuer performance data to enable regional and provider-level performance data to be mapped relative to public health data.

2.1.1.7. Automated Reporting Powered by Tableau

IPRO employs a mix of Tableau Desktop and Tableau Server to allow the easy, low-cost sharing of data, analyses, reports and dashboards with any authorized third party, including CMS, providers, other stakeholders. The Digital Health Team at IPRO has been advancing its use of Tableau to develop standardized and repeatable reports that update in real-time. Using Tableau Desktop to develop reports and Tableau Server to share these reports, we have been able to revitalize our visualizations and improve the functionality of our reports, informing quality improvement and decision support. IPRO's automated reporting capabilities are powered by Tableau and stored in IPRO's secure data warehouse.

IPRO builds reports that automatically update and generate revised visual data over time by connecting Tableau to other tools such as Microsoft Excel, REDCap (a data survey and collection tool), Matillion (a graphic Extract/Transfer/Load program), and the Pellucid Amazon Redshift database (IPRO's secure data warehouse). In addition, IPRO

identifies target ar eas for research and study, and develops internal reporting tools such as cust omer satisf action survey reports and standardized tool s for selecting key process indicators. Tableau allows report users/viewers to spend far less time building and interpreting report and more time using data to improve healthcare.

See Figure 2-1 for an example of how IPRO us ed Tableau to demonstrate regions with highest rates of emergency department (ED) visits and h ospitalizations for a focused study pop ulation.

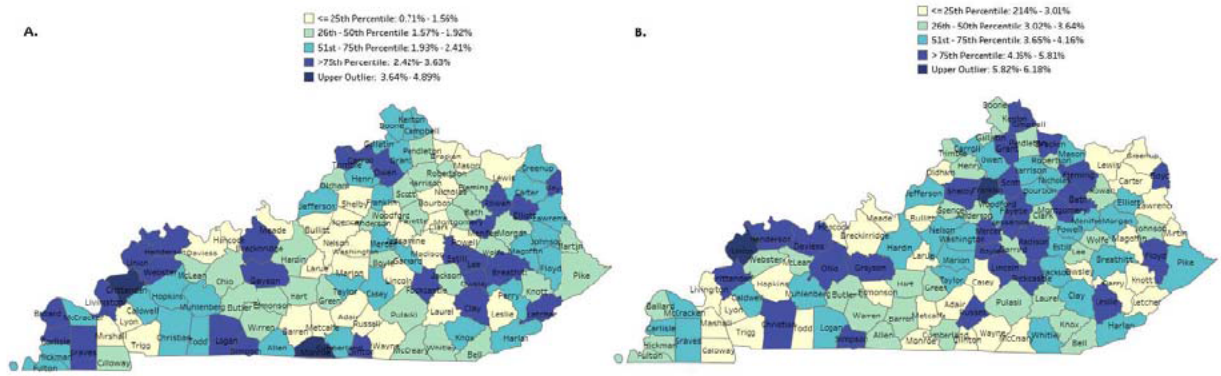
For Nebraska, IPRO suggests using Tableau to demonstr ate:

- racial/ethnic/ge ographic disparities in access to care and/or in health outcomes,
- non-emergency medical transportation utilizatio n rates acr oss counties/regions, and/or
- MC /DBM and statewide performance on quality payment program and quality measures, annually and trended over time.

Figure 2-1. Kentucky Focus Study FY 2018: Potentially Preventable Inpatient Hospital Admission and ED Visits

A represents otentially preventable hospitalizations across Kentucky (KY) counties among the ambulatory care sensitive co ditions (A CSC) study population.

B represents otentially preventable treat-and-release E visits across KY counties among the ACSC study population. The colors repr esent quartile ranges of county rates.



3. Completed Form A – Contractor Proposal Point of Contact

As required, IPRO's Form A - Contractor Proposal Point o Contact form is provided immedi ately follow ng this page.

Form A
Contractor Proposal Point of Contact
Request for Proposal Number 6303 Z1

Form A should be completed and submitted with each response to this solicitation. This is intended to provide the State with information on the contractor's name and address, and the specific person(s) who are responsible for preparation of the contractor's response.

Preparation of Response Contact Information	
Contractor Name:	IPRO
Contractor Address:	1979 Marcus Avenue Lake Success, NY 11042-1072
Contact Person & Title:	Clare B. Bradley, MD, MPH, Chief Medical Officer
E-mail Address:	cbradley@ipro.org
Telephone Number (Office):	(516) 209-5563
Telephone Number (Cellular):	(516) 994-1608
Fax Number:	(516) 326-7791

Each contractor should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the contractor's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

Communication with the State Contact Information	
Contractor Name:	IPRO
Contractor Address:	1979 Marcus Avenue Lake Success, NY 11042-1072
Contact Person & Title:	Virginia Hill, Vice President, Managed Care
E-mail Address:	ghill@ipro.org
Telephone Number (Office):	(516) 209-5518
Telephone Number (Cellular):	(914) 656-4508
Fax Number:	(516) 326-7791

4. Corporate Overview

4.1. Contractor Identification and Information

Company Name: Island Peer Review Organization, dba IPRO
Headquarters: 1979 Marcus Avenue, Lake Success, NY 11042-1072
Type of Entity: Not-for-profit 501(c)(3) corporation
State of Incorporation: New York
Year First Organized: 1983
There have been no changes in the name or form of the organization since it was first organized.

4.2. Financial Statement

A copy of IPRO's most recent financial statement is provided as Appendix A. Our banking reference is provided below:

Jenson Kurien, Vice President, Long Island/Queens Middle Market, Commercial Banking, JP Morgan Chase and Co.	
395 N. Service Road, Melville, NY 11747	
Office	(631) 755-5033
Mobile	(914) 562-8218
E-mail	jenson.x.kurien@chase.com

IPRO is dedicated to improving the quality and value of the healthcare provided to consumers. Our oversight activities, conducted under contract to federal, state, and local government agencies, address the needs of consumers nationwide. A not-for-profit 501(c)(3) corporation, IPRO has no owners or shareholders. It is governed by a 15-member Board of Directors that includes clinicians, consumers, and representatives from stakeholder groups, such as medical societies, provider associations, consumer groups, and business. IPRO's Chief Executive Officer (CEO), Theodore O. Will, FACHE, reports to the Board and oversees day-to-day operations.

IPRO NE EQRO Team Benefits
✓ 30+ year experience in state and federal EQRO program management
✓ Incumbent since 2007, ensuring consistency, no immediate start-up delays, and in-depth experience in all Nebraska EQRO goals
✓ Appropriately credentialed IPRO staff, all with managed care expertise, ready to start on day one of the upcoming contract
✓ Work with diverse populations and plan types (physical health, behavioral health, dental, MLTSS, dual-eligible, special needs)
✓ A HEDIS-licensed organization, IPRO's staff includes two Certified HEDIS Compliance Auditors and subject matter experts in physical/behavioral health integration, MLTSS
✓ Team members formally trained in and regularly use Lean and IHI rapid-cycle improvement
✓ At the forefront of working with states to assist them in developing value-based payment programs by helping to select measures and develop report cards
✓ Expertise in Quality Rating System methodology and reporting; Managed Care VP is a member of MMCQRS Workgroup
✓ Have worked with CMS to develop and update EQR protocols
✓ Program monitoring and evaluation expertise, beneficiary summaries for focused studies, state policy reports for focused studies
✓ Use of visualization tools, such as Tableau, and risk analysis matrix, and organizational tools, such as Smartsheet, with Nebraska DHHS access
✓ Develop and implement collaborative PIPs, resulting in demonstrated improvement
✓ EQRO in 13 states and QIN-QIO in 12 states, we leverage our nationwide experience and knowledge of emerging trends and bring these experiences to Nebraska's Medicaid program
✓ Develop and conduct experience of care surveys for subpopulations with chronic diseases and beneficiary experience with specific services
✓ Extensive COVID-19 monitoring, testing, and quality improvement experience
✓ Expert in assisting states and the federal government with alternative payment programs

IPRO's corporate and governance structure consists of our Board of Directors and a Senior Management Team comprising the CEO, Chief Medical Officer, Chief Financial Officer, Chief Operating Officer, Chief Strategy Officer, Vice Presidents, and Assistant Vice Presidents. IPRO has five high-level divisions:

- Executive Group: Executive oversight and management of day-to-day operations;
- Quality Improvement Group: Managed Care programs, QIN-QIO activities, and End-Stage Renal Disease (ESRD) Networks;
- Program Operations Group: Medicaid, External Appeals/Independent Review Organization (IRO), and Hospital Compliance programs;
- Administrative Services Group: Financial and administrative (including office operations and human resources) support activities for the company;
- Strategy Solutions Group: Strategic planning, quality measurement, research, business and proposal development, quality management, social marketing, and communications.

Currently, IPRO has one active litigation case: An Article 78 Petition, Justin R. Meyer vs. New York State Department of Financial Services, IPRO Corporate Management Department, Monty M. Bodenheimer, MD, Medical Director, Health Care Assessment IPRO Corporate Management Department, Index No. 05946-19, was filed on August 8, 2019. A Motion to Dismiss was filed in November 2019 and a Reply Brief was filed in January 2020. Case adjourned in March 2020 due to COVID-19. A decision on the motion and reply brief is pending.

4.3. Change of Ownership

IPRO anticipates no change in ownership or in control of the organization during the 12 months following the proposal due date.

4.4. Office Location

IPRO maintains its headquarters in Lake Success, NY, 11042-1072 at 1979 Marcus Avenue. This is the office from which the Nebraska EQRO contract work will continue to be managed.

4.5. Relationships with the State

IPRO has served as EQRO for Nebraska since 2007: Initially, under subcontract to Qualis Health (contract number 1961Z1). Currently, under a direct contract with the Nebraska Department of Health and Human Services (contract number 58013 O4), which runs through 3/31/2021.

4.6. Contractor's Employee Relations to State

No party named in IPRO's proposal response is or has been an employee of the State of Nebraska. No employee of any agency of the State of Nebraska is employed by IPRO or is a subcontractor to IPRO.

4.7. Contract Performance

IPRO has held one contract that was mutually terminated for convenience on July 31, 2020. Under IPRO's Independent Medical Review contract (No. 18MC-SA007) with the California Department of Managed Health Care, clinicians conducted second-level and third-level clinical reviews of health plan denials, changes, or delayed requests for medical services, denied payments for emergency treatment and/or refusals to cover experimental or investigational treatment for serious medical conditions. This information can be verified with Ms. Rachel Long, Chief of the Independent Medical Review & Complaint Branch in the Help Center of the California Department of Managed Health Care. Ms. Long can be contacted by mail at 980 9th Street, Suite 500, Sacramento, CA 95814, by telephone at (916) 639-9529, or by sending an email to rachel.long@dmhc.ca.gov.

4.8. Summary of Contractor's Corporate Experience

IPRO has served as an EQRO continually for more than 30 years, starting in 1989, in New York, which has the second largest MMC population in the country. This experience predates the issuance of the federal EQR protocols by 15 years, making IPRO the most experienced and qualified EQRO in the nation.

IPRO is currently the EQRO in 12 states and territories: Nebraska (since 2007), Alabama (since 2019) Kentucky (since 2005), Louisiana (since 2011), Minnesota (since 2013), New Jersey (since 2011), New Mexico (since 2018), New York (since 1989), Ohio (since 2019), Pennsylvania (since 1999), Puerto Rico (since 2011), and Rhode Island (since 2003). We also conduct EQR activities under subcontract in North Carolina (since 2016). These contracts have all been extended to the maximum term and have been competitively re-awarded to IPRO on contract end, demonstrating the high quality of our work products and our capacity to satisfy our clients' expectations.

In Figure 4-1 we present an overview of all of our contracts and our experience relative to state and federal EQR requirements. The required narrative descriptions are provided in the sections that follow.

Figure 4-1. IPRO's experience relative to state and federal EQR requirements is extensive and longstanding.

EQRO Experience	NE	AL	KY	LA	MN	NC*	NJ	NM	NY	OH	PA	PR	RI
Contract Award Year	2007	2019	2005	2011	2013	2016	2011	2018	1989	2019	1999	2011	2003
Number of MMC Entities	4	7	5	7	8	7	9	3	66	6	23	11	3
Programs Covered**	1,2,4	8	1,2	1,2,4	1	2	1,2, 3,5	1	1,2, 3,5,6	1, 5	1,2, 3,7	1,2,5	1,3,4
Mandatory Activities													
Assessment of Compliance with MMC Regulations	✓	✓	✓	✓		✓	✓	✓		✓		✓	
Network Adequacy Validation			✓	✓			✓	✓	✓	✓			✓
Validation of PMs Reported by Managed Care Plans	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	

Figure 4-1. IPRO's experience relative to state and federal EQR requirements is extensive and longstanding.

EQRO Experience	NE	AL	KY	LA	MN	NC*	NJ	NM	NY	OH	PA	PR	RI
PIP Validation	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	
Optional Activities													
Validation of Encounter Data Submitted by Managed Care Plans	✓		✓				✓	✓	✓	✓	✓		
Survey Validation & Implementation	✓		✓	✓			✓		✓	✓			
PM Calculation			✓	✓			✓		✓	✓	✓		
PIP Implementation			✓				✓		✓		✓		
Clinical and Non-clinical Focused Studies			✓	✓			✓		✓		✓		✓
Other Tasks													
Annual Technical Report	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Technical Assistance and Training	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Readiness Reviews	✓			✓					✓	✓			
Managed Care Plan Report Cards/QRS			✓						✓	✓	✓		
Individual Case Review			✓				✓	✓	✓	✓			
EPSDT Services Validation			✓										
Pharmacy Program Reviews	✓		✓										
State Quality Strategy	✓		✓										
Quality Companion Guide		✓	✓	✓									
Medical-Loss Ratio Calculation Review				✓									
Value-based Purchasing									✓	✓			
Care/Case Management Audits and Reviews	✓	✓	✓	✓			✓	✓		✓		✓	
PCP Ratio Survey									✓				
Functional									✓	✓			

Figure 4-1. IPRO's experience relative to state and federal EQR requirements is extensive and longstanding.

EQRO Experience	NE	AL	KY	LA	MN	NC*	NJ	NM	NY	OH	PA	PR	RI
Assessment Measurement Data Validation													
Provider Network Submissions Validation			✓						✓				

*IPRO is subcontractor

**Key to Programs: (1) Physical Health, (2) Behavioral Health, (3) Managed Long-Term Care/Long-Term Services and Supports (LTSS), (4) Dental, (5) Dual Eligible/Fully Integrated Dual Eligible (FIDE), (6) Special Needs Plan (SNP), (7) Prepaid Inpatient Health Plan (PIHP), (8) Primary Care Case Management (PCCM)

With more than 30 years of experience conducting managed care assessment, currently working with 159 managed care plans across the country, IPRO successfully performs all of the activities detailed in the RFP and will continue to suggest innovative solutions and best practices to help Nebraska monitor and improve MCO/DBM performance. Our multi-state experience, combined with our in-depth knowledge of the Medicaid program, ensures the high quality of services IPRO will continue to bring to the Nebraska Medicaid program.

Notably, IPRO helped Nebraska, Alabama, Louisiana, New Mexico, New York, and Pennsylvania establish their EQR programs, and has worked with them throughout their transitions to new managed care models, remaining flexible and supportive. IPRO understands the importance of preparing managed care plans for an effective EQR program by providing ample technical assistance to ensure maximum cooperation while simultaneously holding managed care plans accountable for complying with all EQR requirements.

IPRO has also conducted EQR work at the federal level, having served, for example, as a CMS Medicare Advantage Quality Review Organization, under which we monitored over 100 Medicare Advantage Organizations across the country.

IPRO is National Committee for Quality Assurance (NCQA) -licensed to conduct HEDIS Compliance Audits for government entities. IPRO's HEDIS services are delivered through our certified in-house Certified HEDIS Compliance Auditors (CHCAs), augmented by a network of IPRO-trained independent consultants. IPRO is also URAC-accredited to conduct independent review of consumer-appealed health plan decisions and does so under our 18 state IRO contracts.

Examples of other state-level experience that provides evidence of the depth and breadth of our Medicaid knowledge include managing one of the largest Medicaid utilization and quality assurance review programs in the country, under contract to the New York State Department of Health (NYSDOH). We also hold multiple major healthcare program oversight contracts in New York involving diverse delivery platforms (e.g., MCOs, hospitals, intermediate care facilities for the developmentally disabled, nursing homes, home care service providers, diagnostic treatment centers, early intervention service providers) and special needs populations (e.g., patients with chronic

care needs, developmentally disabled toddlers, persons with AIDS). IPRO also works with New York county agencies to detect Medicaid provider fraud.

IPRO has been actively involved in helping New York State unveil alternate provider payment programs, such as the federally funded Delivery System Reform Incentive Payment (DSRIP) Program and the Advanced Primary Care (APC) Program, by developing and calculating statewide metrics, aligned with the NCQA Patient-Centered Medical Home (PCMH) Program. These metrics can be used to evaluate care at the practice and system levels and can help to determine pay-for-performance rates. These and similar contracts have contributed to our knowledge of Medicaid programs from a variety of different perspectives and add depth to the value of our findings and recommendations.

IPRO staff have worked with states across the country to promote continuous quality improvement as the most effective strategy for achieving better health outcomes for Medicaid recipients and Medicare beneficiaries. Our experience includes leading quality improvement projects with demonstrated impact addressing high-cost, high-volume clinical issues.

IPRO is also a CMS Medicare QIN-QIO for 12 states. We have held the New York QIO contract with CMS for more than three decades, working with providers across the healthcare continuum to measure and improve the quality and value of care for Medicare beneficiaries.

4.8.1. Narrative Project Descriptions

Below is an overview of the services we provide under three of IPRO's current EQRO contracts, in addition to the required reference information.

4.8.1.1. [redacted]

Prime or Subcontractor	**Prime**	
Period of Performance	**Total:** [redacted]	**Current:** [redacted]
Completion Date	**Original:** [redacted]	**Planned:** [redacted]
Budget (current term)	**Original:** [redacted]	**Planned:** [redacted]
Contact Name, Title	[redacted]	
Contact Info	[redacted]	

[redacted]

[redacted]

4.8.1.2. [redacted]

Prime or Subcontractor	Prime	
Period of Performance	Total: [redacted]	Current: [redacted]
Completion Date	Original: [redacted]	Planned: [redacted]
Budget (current term)	Original: [redacted]	Planned: [redacted]
Contact Name, Title	[redacted]	
Contact Info		

[redacted]

[redacted]

4.8.1.3. New York EQRO

Prime or Subcontractor	Prime	
Period of Performance	Total: [redacted]	Current: [redacted]
Completion Date	Original: [redacted]	Planned: [redacted]
Budget (current term)	Original: [redacted]	Planned: [redacted]
Contact Name, Title	[redacted]	
Contact Info	[redacted]	

[redacted]

4.9. Proposed Personnel/Management Approach

IPRO exceeds the requirements for competence, independence, and related resources set forth in 42 CFR 438.354 and possesses all required physical,

technological, and financial resources needed to conduct EQRO activities. IPRO has more than 35 years of experience working with government agencies to assess and improve Medicaid programs, which includes 31 continual years as an EQRO. As evidence of our competence, IPRO is currently an EQRO in 13 states (including one as a subcontractor); our clients have exercised all available contract extensions. In addition to EQR, IPRO holds other contracts requiring substantive knowledge of Medicaid, e.g., Medicaid integrity auditing, UM, program evaluation, and quality studies.

4.9.1. IPRO meets or exceeds all requirements to be an EQRO Contractor.

4.9.1.1. Staff with demonstrated experience and knowledge of Medicaid beneficiaries, policies, data systems, and processes.

IPRO's proposed staff for this engagement have participated successfully in Nebraska and/or multiple other state EQRs and possess extensive knowledge of Medicaid populations, policies, data systems, and processes. Figure 4-5 (in Section 4.9.5) summarizes credentials and experience by team member, and their detailed resumes are provided in Appendix B. IPRO has successfully conducted Nebraska EQR activities since 2007, demonstrating our staffs' capabilities. Also, our multiple Medicaid contracts in New York (e.g., UM, program evaluation, and grievance resolution) require our staff to understand Medicaid policies, data systems, and processes from a variety of perspectives.

4.9.1.2. Staff with demonstrated experience and knowledge of managed care delivery systems, organizations, and financing.

IPRO's Managed Care staff have conducted all mandatory and optional EQR protocols and related activities in multiple states and some have experience working directly for managed care plans. Our Nebraska team includes individuals with extensive knowledge of how managed care plans operate (see staff resumes in Appendix B). Further, as mentioned above, IPRO has successfully conducted Nebraska EQR since 2007.

4.9.1.3. Staff with demonstrated experience and knowledge of quality assessment and improvement methods.

IPRO is a longstanding, multi-state (12 states) QIN-QIO and ESRD Network (13 states) under contract to CMS, and an EQRO under contract to 12 state agencies (plus one under subcontract). Healthcare quality improvement is a core competency for IPRO. Our staff work directly and indirectly with providers (e.g., managed care plans, nursing homes, hospitals, individual practices, renal facilities, diagnostic facilities, pharmacies, and others) toward improving care and sustaining these improvements by applying sound quality improvement methods and interventions. Again, IPRO has successfully conducted the Nebraska EQR activities for the last 13 years.

4.9.1.4. Staff with demonstrated experience and knowledge of research design and methodology, including statistical analysis.

IPRO's Managed Care department employs professional biostatisticians and healthcare data analysts with strong academic credentials and firsthand experience in designing and conducting studies and in collecting and analyzing healthcare data using sophisticated statistical analysis techniques. See Appendix B for Nebraska EQRO staff resumes. IPRO has successfully conducted the Nebraska EQR activities since 2007.

4.9.1.5. Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities.

IPRO has the full range of physical, technological, and financial resources required to conduct the proposed EQR activities for Nebraska efficiently and on schedule. We possess more than adequate office space that is equipped with the latest secure network and computer systems, fully trained Managed Care staff, and a positive financial standing to ensure the success of this and other EQR projects. We also have full-service Information Systems and Digital Health departments that support our staff.

4.9.1.6. Other clinical and non-clinical skills necessary to carry out EQR or EQR-related activities and to oversee the work of any subcontractor.

IPRO senior staff are required to manage all projects professionally, using appropriate tools to schedule and coordinate activities with the client. All projects are managed by a senior staff member (Director or above) and are overseen by a Vice President. IPRO's administrative departments—Finance, Human Resources, Communications, Information Services, Digital Health, Compliance, Office Operations, and Strategy Solutions—provide all necessary support. IPRO is not proposing to use any subcontractors for the NE EQRO Project.

4.9.2. Management Approach

To conduct EQR for the Nebraska MCOs/DBM, IPRO will assign managed care professionals who possess all required experience, skills, and knowledge needed to conduct the tasks outlined in the SOW. Our project team will include individuals who have been conducting EQR of Nebraska managed care plans under contract to the DHHS over the past 13 years.

The Nebraska EQR contract will be a component of IPRO's Quality Improvement Division, which is headed by IPRO's Chief Medical Officer, Clare B. Bradley, MD, MPH. Dr. Bradley oversees IPRO's managed care EQRO activities in 13 states, and our Quality Improvement activities (12-state QIN-QIO and four ESRD Networks, across 13 states) under contracts with CMS.

Virginia Hill, RN, MPA, IPRO's Vice President of Managed Care and member of IPRO's Senior Management team, has contract oversight responsibility for IPRO's federal and state managed care initiatives, including all of our EQRO activities. Ms. Hill will continue to serve as Executive Sponsor for IPRO's NE EQRO Project, addressing escalated issues requiring her attention, and taking appropriate action on behalf of the NE EQRO contract to procure all necessary corporate resources so that all NE EQRO tasks are completed on time and to the full satisfaction of DHHS.

Anne Koke, MPH, MBA, will continue as Project Director, providing strategic guidance and consulting support; acting as primary liaison to DHHS; ensuring the timeliness and quality of all contract deliverables in compliance with the agreed-upon NE EQRO Project Work Plan; managing day-to-day contract activities; and supervising IPRO's NE EQRO team. Ms. Koke will also co-lead the Program Evaluation and Improvement Team. To ensure there is no interruption in services, IPRO has identified Melina Bowdwin, MPH, to serve as Backup Project Director. Ms. Bowdwin will also serve as Lead Data Analyst.

Medical Director, Sarah Johnson, MD, MPH, will lead all clinical aspects of the project and co-lead the Program Evaluation and Improvement Team. Four Team Leads are currently working on the NE EQRO Project and include: Charles Merlino, MBA, CHCA, Data Validation and Reporting Team Lead; Steven Fogel, MA, Compliance Review Team Lead; and Dana Green Bennett, MPH, Network Validation Team Lead.

To round out our team of experts, Thomas LoGalbo, MBA, CHCA will serve as Managed Long-Term Services and Supports (MLTSS) subject matter expert (SME), and Stephan Brown, PhD, will serve as Behavioral Health SME.

A summary of all project team members, project organization, reporting structure, and member skills, expertise, roles, and responsibilities are provided in the sections that follow. Relevant staff qualifications and three references are provided in their resumes, which can be found in Appendix B.

4.9.3. Project Organization

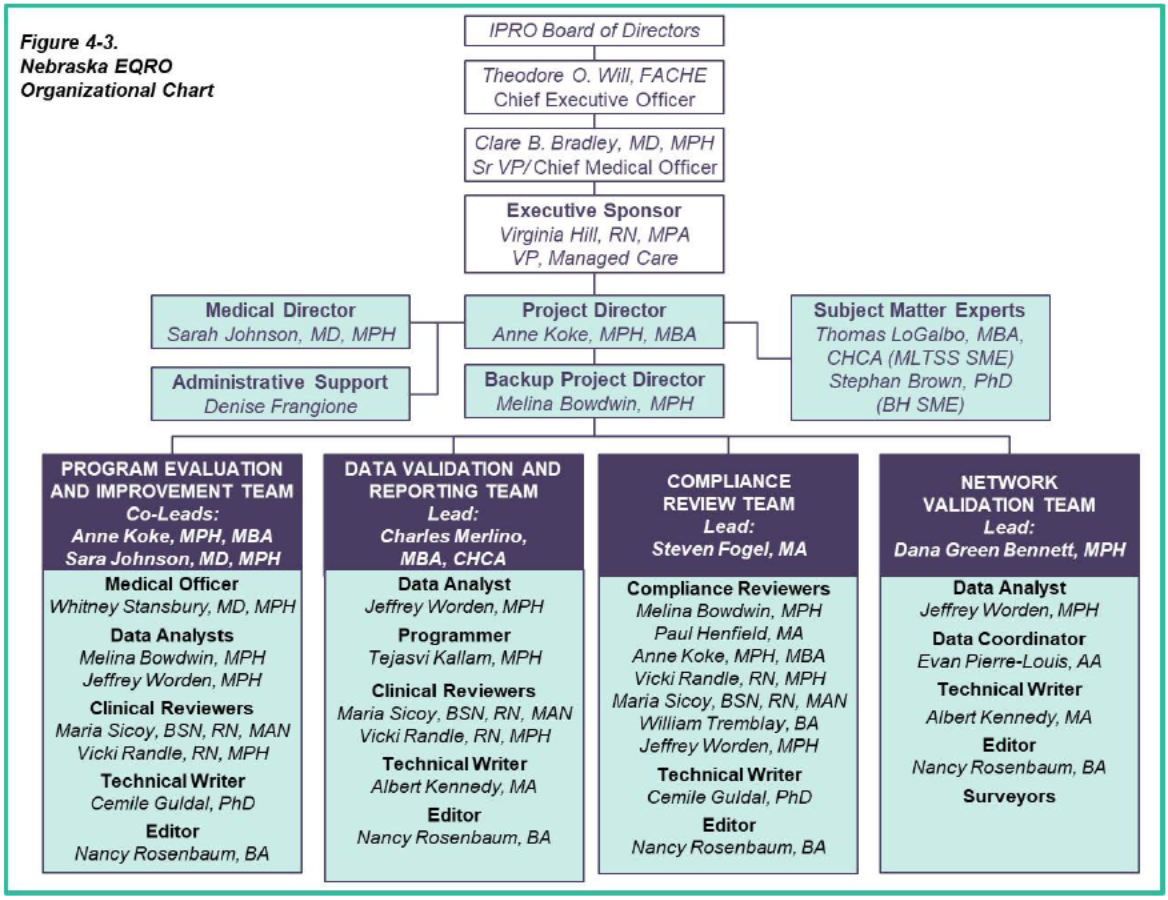
Our proposed project organization comprises four key Task Teams led by highly qualified and experienced staff, as well as a lean management structure that ensures accountability at every level. Figure 4-2 details the teams and their associated tasks.

Figure 4-2. NE EQRO Four Teams and corresponding Tasks.

Team	Tasks	
Program Evaluation and Improvement Team	• Annual Technical Report • PIP Validation • Conduct PIPs • Focus Studies	• Administer or Validate Consumer or Provider Surveys • Assist with QRS
Data Validation and Reporting Team	• PM Validation • Encounter Data Validation • ISCA • PM Calculation	
Compliance Review Team	• Compliance Reviews	
Network Validation Team	• Network Adequacy Validation	
All Teams	• Technical Assistance/Guidance • Ad Hoc Studies and Reports	

IPRO's expert lead staff can most effectively and efficiently accomplish tasks, compared with lower-level staff who require more oversight and time. IPRO's project staff will continue to be headed by a dedicated Project Director who will allocate tasks, coordinate activities, and supervise staff. Team Leads will be responsible for task planning, reporting progress to the Project Director, and timely completion of all deliverables. NE EQRO Project SMEs will provide on-demand expertise, as needed, in the areas of MLTSS and BH. Our project organizational chart depicting relationships, teams, and lines of authority is provided in Figure 4-3 below. (See also Figure 4-6, which lists all proposed project roles, staff selected to fill each role, and the primary responsibilities for each role.)

Figure 4-3.
Nebraska EQRO
Organizational Chart



4.9.4. Project Structure Benefits

Some of the benefits of our project structure are summarized in Figure 4-4.

Figure 4-4. IPRO's project structure supports cost efficiency, quality control, and program integrity.

Features of IPRO's Organization Structure	Benefits to DHHS
Senior-management-level Executive Sponsor with 13 years' experience on Nebraska EQRO contract	▪ IPRO employee since 1986, immediately available ▪ Maximum responsiveness and quick issue resolution ▪ Knowledge of unique state-specific requirements; ability to develop customized solutions ▪ Existing and established positive working relationship with Nebraska ▪ SME in CMS managed care regulations and CMS EQR protocols

Figure 4-4. IPRO's project structure supports cost efficiency, quality control, and program integrity.

Features of IPRO's Organization Structure	Benefits to DHHS
Project Director reports directly to IPRO's Vice President, Managed Care, and NE EQRO Executive Sponsor; 4 years' experience on Nebraska contract	▪ IPRO employee since 2013, immediately available ▪ Primary point of contact for DHHS ▪ High project visibility to IPRO's Senior Management team ▪ Quick allocation of IPRO corporate resources ▪ Existing and established positive working relationship with Nebraska
Account teams of highly dedicated and involved Team Leads, task specialists, and SMEs who have experience in conducting EQR for Nebraska	▪ All IPRO employees, all immediately available ▪ Existing relationships with Nebraska managed care plans and stakeholders are established and well maintained ▪ Hit the ground running on day one of the contract ▪ Insight into project requirements and state operating culture; improved decision-making

4.9.5. Strategy and Qualifications

The NE EQRO contract team will continue to be staffed with professionals with demonstrated skills that precisely match contract requirements. All team members have experience conducting EQR activities—most within the Nebraska Medicaid environment—possess advanced degrees, and have multiple years of experience working in managed care.

In Figure 4-5, we provide an overview of Nebraska EQRO Project staff credentials and experience. More detailed information about their skills, experience, and knowledge, as required to ensure a successful EQR of the Nebraska Medicaid program, are provided in their resumes, which can be found in Appendix B.

Immediately following Figure 4-5 is Figure 4-6, which lists all proposed project roles, staff selected to fill each role, and the primary responsibilities for each role.

Figure 4-5. Staff assigned to the NE EQRO Project possess the appropriate credentials and experience needed to fulfill all project and business requirements. See also Appendix B, Resumes.

NE EQRO Project Staff	Academic credentials/ professional certifications	Years with IPRO	Years healthcare experience	Years EQR experience	Nebraska EQR experience
Hill	RN, MPA	34	40	34	✓
Koke	MPH, MBA	7	12	7	✓
Bowdwin	MPH	4	5	4	✓
Johnson	MD, MPH	1	18	1	✓
Stansbury	MD, MPH	1	11	1	✓
Merlino	MBA, CHCA	15	29	15	✓
Fogel	MA	7	7	4	✓
Green Bennett	MPH	13	13	13	
LoGalbo	MBA, CHCA	19	19	19	
Brown	PhD	6	20	6	
Worden	MPH	1	2	1	✓
Kallam	MPH	1	2	1	
Henfield	MA	25	25	25	✓
Randle	RN, MPH	9	45	8	✓
Sicoy	BSN, RN, MAN	2	24	2	✓
Tremblay	BA	1	11	1	
Guldal	PhD	7	13	7	✓
Kennedy	MA	5	13	5	✓
Rosenbaum	BA	1	1	1	✓
Pierre-Louis	AA	20	11	11	

The table below, Figure 4-6, lists all proposed project roles, staff selected to fill each role, and the primary responsibilities for each role.

Figure 4-6. Nebraska EQRO team members understand their roles and responsibilities in assuring the quality and timeliness of services provided.

EQRO Project Role Name, Credentials	Job Responsibilities
Executive Sponsor *Virginia Hill, RN, MPA*	▪ Provide executive oversight of the project ▪ Represent the contract to IPRO Senior Management team ▪ Secure and allocate IPRO corporate resources as required ▪ Address escalated issues as needed ▪ Provide guidance on methodology development ▪ Provide expert EQR consultation to team, DHHS, and MCOs/DBM ▪ Review and approve Work Plan and reports ▪ Supervise and confer with Project Director ▪ Participate in select tasks
Project Director and Program Evaluation and Improvement Team Co-Lead *Anne Koke, MPH, MBA* **Back-up Project Director and Lead Data Analyst** *Melina Bowdwin, MPH*	▪ Day-to-day responsibility for NE EQRO Project operation, including quality and timeliness of deliverables ▪ Direct EQR contract activities ▪ Serve as primary liaison to DHHS and MCO/DBM leaders and attend meetings as appropriate ▪ Manage project team members ▪ Co-lead Program Evaluation and Improvement Team and tasks ▪ Develop and maintain Work Plan in conjunction with team leads ▪ Develop Communication Plan ▪ Track and communicate project progress to DHHS in reports and meetings ▪ Lead preparation and submission of the ATRs ▪ Provide technical assistance, training, and presentations ▪ Coordinate ad hoc reporting task ▪ Report progress to Executive Sponsor ▪ Address escalated issues as needed
Medical Director and Program Evaluation and Improvement Team Co-Lead *Sarah Johnson, MD, MPH*	▪ Co-lead Program Evaluation and Improvement Team and tasks (Dr. Johnson) ▪ Oversee clinical aspects of EQR activities ▪ Provide expert clinical consultation to inform EQR activities ▪ Allocate and coordinate clinical staff as needed

Figure 4-6. Nebraska EQRO team members understand their roles and responsibilities in assuring the quality and timeliness of services provided.

EQRO Project Role Name, Credentials	Job Responsibilities
Medical Officer *Whitney Stansbury, MD, MPH*	▪ Attend meetings as appropriate ▪ Provide expert consultation in quality improvement strategies ▪ Perform internal quality control of clinical reviewers ▪ Contribute to ATRs ▪ Provide technical assistance, training, and presentations ▪ Report progress and issues to Project Director ▪ Assure quality and timeliness of all deliverables ▪ Track and communicate progress on tasks
Data Validation and Reporting Team Lead *Charles Merlino, MBA, CHCA*	▪ Lead Data Validation and Reporting Team ▪ Lead PM validation task, including ISCA ▪ Lead PM calculation and EDV tasks ▪ Prepare findings and reports ▪ Contribute to Work Plan development and maintenance ▪ Contribute to ATRs ▪ Report progress and issues to Project Director ▪ Assure quality and timeliness of all deliverables ▪ Track and communicate progress on tasks ▪ Provide technical assistance, training, and presentations
Compliance Review Team Lead *Steven Fogel, MA*	▪ Lead Compliance Review Team and compliance review activity ▪ Develop and maintain compliance review processes, tools, worksheets, and reports ▪ Conduct ongoing research for updates in government regulations and MCO/DBM contract requirements ▪ Prepare findings and reports ▪ Contribute to Work Plan development and maintenance ▪ Support project management using Smartsheet software ▪ Contribute to ATRs ▪ Provide technical assistance, training, and presentations ▪ Report progress and issues to the Project Director ▪ Assure quality and timeliness of all deliverables

Figure 4-6. Nebraska EQRO team members understand their roles and responsibilities in assuring the quality and timeliness of services provided.

EQRO Project Role Name, Credentials	Job Responsibilities
	▪ Track and communicate progress on all tasks
Network Validation Team Lead *Dana Green Bennett, MPH*	▪ Lead Network Validation Team and tasks ▪ Validate network adequacy ▪ Prepare findings and reports ▪ Contribute to Work Plan development and maintenance ▪ Contribute to ATRs ▪ Provide technical assistance, training, and presentations ▪ Report progress and issues to the Project Director ▪ Assure quality and timeliness of all deliverables ▪ Track and communicate progress on tasks
Subject Matter Experts **MLTSS SME** *Thomas LoGalbo, MBA, CHCA* **BH SME** *Stephan Brown, PhD*	▪ Provide SME related to MLTSS (Mr. LoGalbo) ▪ Provide SME related to BH (Dr. Brown)
Data Analysts and Programmer **Lead Data Analyst and Back-up Project Director** *Melina Bowdwin, MPH* **Data Analyst** *Jeffrey Worden, MPH* **Programmer** *Tejasvi Kallam, MPH*	▪ Serve as backup Project Director, as needed (Ms. Bowdwin) ▪ Data Analysts o Support PM and EDV tasks o Perform analytic and statistical validation of PIPs o Support optional tasks for Program Evaluation and Improvement Team and Data Validation and Reporting Team as needed o Provide quantitative and qualitative data analysis to support EQR activities o Prepare reports, including narrative, tables, graphs, and charts o Develop and maintain databases, data entry screens, and spreadsheets o Perform analysis using appropriate software tools, such as SAS and SPSS ▪ Programmer o Support PM and EDV tasks o Support optional tasks for Program Evaluation and Improvement Team and

Figure 4-6. Nebraska EQRO team members understand their roles and responsibilities in assuring the quality and timeliness of services provided.

EQRO Project Role Name, Credentials	Job Responsibilities
	Data Validation and Reporting Team as needed o Coordinate transfer of electronic data and other external information required for EQR o Provide SAS programming to develop code as required for EQR tasks
Compliance Reviewers *Melina Bowdwin, MPH* *Paul Henfield, MA* *Anne Koke, MPH, MBA* *Vicki Randle, RN, MPH* *Maria Sicoy, BSN, RN, MAN* *William Tremblay, BA* *Jeffrey Worden, MPH*	▪ Participate in compliance review activities ▪ Conduct onsite visits ▪ Provide technical assistance to MCOs/DBM during pre-onsite and onsite activities ▪ Prepare written reports
Clinical Reviewers *Maria Sicoy, BSN, RN, MAN* *Vicki Randle, RN, MPH*	▪ Conduct MRR as required ▪ Conduct compliance review activities ▪ Support PIP validation task ▪ Provide clinical review to support PM validation task ▪ Provide technical assistance as needed
Technical Writers *Cemile Guldal, PhD* *Albert Kennedy, MA*	▪ Work with Project Director and Team Leads to develop and produce technical, activity, and other reports ▪ Design data-collection tools and reporting templates ▪ Verify facts, dates, and statistics using standard reference sources ▪ Report progress and issues to the Project Director and/or appropriate Team Lead
Editor *Nancy Rosenbaum, BA*	▪ Support Technical Writers including editing, formatting, and report preparation for all tasks ▪ Proofread documents to detect and correct errors in spelling, punctuation, and grammar ▪ Verify facts, dates, and statistics using standard reference sources
Data Coordinator *Evan Pierre-Louis, AA*	▪ Conduct network validation tasks ▪ Train surveyors

Figure 4-6. Nebraska EQRO team members understand their roles and responsibilities in assuring the quality and timeliness of services provided.

EQRO Project Role Name, Credentials	Job Responsibilities
Administrative Support *Denise Frangione*	▪ Provide administrative support for all activities ▪ Manage documents including medical records ▪ Schedule meetings and conference calls ▪ Provide typing, reproduction, and distribution support

4.9.6. Resumes

Resumes, including references and detailed qualifications and experience, of IPRO's NE EQRO staff, are included in Appendix B.

4.10. Subcontractors

IPRO will not subcontract any portion of the proposed work on the Nebraska EQRO Project.

5. Sections II through IV

IPRO's completed Sections II through IV are provided in Appendix C. IPRO takes no exception to any of the provisions contained therein. IPRO's current Certificates of Good Standing for both Nebraska and New York, our domicile state, are both provided in Appendix D.

6. Attachment 1 – Technical Approach Narrative

Our completed Attachment 1 – Technical Approach Narrative, using the required format, is provided immediately following this page.

V.C. Business Requirements	
Section	Description
V.C.1.	Describe how Bidder meets or exceeds the independence requirements of this section. [Independence]

Bidder Response:

Maintaining independence from the entities assessed is prerequisite to conducting valid, effective, and objective EQR. We can assure DHHS that our organization meets or exceeds and will continue to meet or exceed all requirements for independence to conduct EQR activities in Nebraska. As an independent not-for-profit corporation with 501(c)(3) tax-exempt status, IPRO does not have any stockholders or bondholders. Neither IPRO nor its affiliate organizations (IPRO does not have subsidiaries) delivers healthcare services to Medicaid recipients, nor has common management with any MCO/DBM entity.

Figure 6-1 below provides our rationale for asserting our independence relative to the individual federal independence requirements and as shown in the RFP. IPRO has no contracting or subcontracting relationship that may result in a conflict of interest in performing the upcoming NE EQRO scope of work. (IPRO will not be using any subcontractors to conduct the NE EQRO SOW.)

Figure 6-1. IPRO is a valid, effective, objective, and independent EQRO.

§ 438.354 Qualifications for EQROs*	IPRO Qualifications
INDEPENDENCE. The EQRO must meet the competence and independence requirements as specified in 42 CFR §438.354(b) and 42 CFR §438.354(c).	
a. If the Contractor is a State Agency, Department, University, or other State entity, the Contractor i. May not have Medicaid purchasing or managed care licensing authority; and ii. Must be governed by a Board or similar body the majority of whose members are not government employees.	IPRO is not a state agency, department, university, or other state entity.

Figure 6-1. IPRO is a valid, effective, objective, and independent EQRO.

§ 438.354 Qualifications for EQROs*	IPRO Qualifications
INDEPENDENCE. The EQRO must meet the competence and independence requirements as specified in 42 CFR §438.354(b) and 42 CFR §438.354(c).	
b. The Contractor may not: i. Review any MCO or DBM entity or a competitor operating in the State, over which the EQRO exerts control or which the exerts control over the EQRO ("control" has the meaning given the term in 48 CFR 19.101) through: a) Stock ownership, b) Stock options and convertible debentures, c) Voting trusts, d) Common management, including interlocking management, and e) Contractual relationships.	IPRO ensures its impartiality through compliance policies administered by our Compliance Officer and overseen by a Vice President. Our policies prohibit us from reviewing any entity that presents any of the situations described at left.
c. The Contractor may not deliver any healthcare services to Medicaid beneficiaries.	IPRO does not /will not deliver healthcare services of any kind to Medicaid recipients.
d. The Contractor may not conduct, on the State's behalf, ongoing MMC program operations related to oversight of the quality of MCO or DBM entity services, except for EQR-related activities specified at 42 CFR § 438.358.	IPRO does not/will not conduct, on behalf of Nebraska or any other state, Medicaid ongoing managed care program operations related to oversight of the quality of MCO or DBM services, except for EQR-related activities.
e. The Contractor may not review any MCO or DBM entity for which it is conducting or has conducted an accreditation review within the previous three years.	The Contractor does not/will not review any MCO/DBM entity for which it is conducting or has conducted an accreditation review within the previous three years.

f. The Contractor may not have a present, future, direct, or indirect financial relationship with an MCO or DBM entity that it will review as an EQRO. i. Financial relationship means a direct or indirect ownership or investment interest, including an option or non-vested 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 a compensation arrangement with an entity.	IPRO does not have a present or known future direct or indirect financial relationship, as defined at left, with an MCO or DBM that it will review as the Nebraska EQRO.

*Title 42, Part 438, Subpart E, Section 438.354

Exceeding Expectations

✓ *On employment or engagement with IPRO and as part of their continuing education, all employees and consultants receive instruction on the management of confidential information. All IPRO employees, board members, and consultants must initially sign an affidavit of agreement with IPRO's Confidentiality, Privacy, and Security Policy. Upon beginning employment and at least annually thereafter, employees and board members reaffirm their agreement to safeguard proprietary information. In addition to our Confidentiality, Privacy, and Security Policy, IPRO's Code of Ethics and Business Conduct reinforces the confidentiality policy, holding IPRO employees to the highest standard of conduct. All IPRO employees are required to sign an affidavit of acknowledgment of the Code of Ethics and Business Conduct.*

V.C.2.	Describe how Bidder meets or exceeds the non-duplication requirements of this section and ensures mandatory activities with Medicare or accreditation review are not duplicated.

Bidder Response:

In accordance with the CMS protocol, IPRO may use information about an MCO/DBM obtained from Medicare or private accreditation reviews to provide information that would otherwise be obtained from the mandatory EQR-related activities. Consistent with this practice, the Compliance Review Activity Lead uses the current private accrediting organization standards crosswalk and accrediting organization MMC toolkit, to identify standards comparable to the EQR protocols and found to meet or exceed the federal regulatory requirements. IPRO's review methodology is then revised to incorporate the "deemable" standards and requirements. As part of the pre-onsite documentation request, IPRO will request the MCO/DBM's accreditation results/findings and the compliance review team will use this information when completing the compliance review of the MCO/DBM. Only results that fully met the standards are deemed. Standards that were found less than fully compliant with the standards and standards not addressed by these results will be included in the team's compliance review of the MCO/DBM.

Exceeding Expectations

✓ *IPRO will provide DHHS with a crosswalk of the most current accreditation standards, CMS regulations, and Nebraska MCO/DBM contract requirements to inform the non-duplication process.*

V.D. Project Requirements

V.D.1.	Describe the Bidder's use of the required protocols of this section and Bidder's approach to ensure current protocols are utilized in performance of duties under this contract.

Bidder Response:

As Nebraska's incumbent EQRO since 2007, IPRO has continually demonstrated its ability to successfully use the required EQR protocols and perform the activities detailed in the RFP. We will continue to work closely with CMS and receive updates to the protocols and federal regulations. And, we will continue to work with Nebraska, consulting the state's website on an ongoing basis to remain current about state standards.

In conjunction with our EQR of Nebraska MCOs/DBM, IPRO will comply fully with 42 CFR §438.352, which requires EQROs to define and document, for each protocol being implemented:

- The data to be gathered;
- The sources of the data;
- The activities and steps to be followed in collecting the data to promote its accuracy, validity, and reliability;
- The proposed method or methods for validly analyzing and interpreting the data once obtained; and
- Instructions, guidelines, worksheets, and other documents or tools necessary for implementing the protocol.

Our history of working to improve managed care service delivery through EQR activities predates the adoption of CMS' final protocols by 15 years. Our Vice President of Managed Care served on the expert panel that contributed to the development of the inaugural protocols. The performance validation protocol was directly based, in part, on IPRO's tools for conducting HEDIS validation. Since then, IPRO has participated on EQRO advisory panels and work groups to update the protocols to align with federal healthcare reform legislation and regulations, reflect advancements in quality improvement and measurement science, and improve their utility for EQR stakeholders. Most recently, IPRO participated in the technical work groups designing the CMS protocol for the new optional activity – Assistance with Quality Rating System and is consulting with CMS' contractor developing the validation of network adequacy mandatory activity protocol.

With our longstanding experience in implementing EQR, IPRO has developed and maintains standardized procedures and tools to guide our processes. We customize these tools to meet the needs of each client, while ensuring consistency with the CMS protocols. Our expertise translates into efficiencies in implementing EQR activities and best value for our

clients.

Prior to implementing each EQR activity, IPRO will meet with DHHS to obtain agreement on each aspect of the methodology proposed for conducting that activity. The agreed-upon approach will be documented and submitted to DHHS for approval.

Approach to Using Protocols for Required and Optional Activities

We have addressed our approach to using protocols for required and optional activities throughout this proposal. To avoid duplicating information already provided, we direct the state to the following subsections.

Required Activities

For use of protocols to perform required activities, see the following sections:

- V.C.2. Non-Duplication
- V.D.2.a. Annual External Quality Review
- V.D.2.b. Performance Improvement Project Validation
- V.D.2.c. Performance Measure Validation
- V.D.2.d. Compliance
- V.D.2.e. Network Adequacy
- V.D.3. Technical Assistance
- V.D.4.a–e. Annual Technical Reports
- V.D.4.f. Ad hoc Reports

Optional Activities

For use of protocols to perform optional activities, see the following sections:

- V.D.7.a. Encounter Data Validation
- V.D.7.b. Administration or Validation of Consumer or Provider Surveys
- V.D.7.c. Performance Measure Calculation
- V.D.7.d. Conduct Performance Improvement Projects
- V.D.7.e. Focused Studies
- V.D.7.f. Quality Rating System

See also:

- Section 4.8., Summary of Contractor's Corporate Experience
- Section 4.8.1., Narrative Project Descriptions

- Draft IPRO's Work Plan (Appendix E)
  - Includes all activities and deliverables under the SOW
  - Ensures all activities are conducted timely and in accordance with 42 CFR 438 Subpart D and all applicable laws, statutes, regulations, and protocols
  - Will be modified, as necessary, should there be any changes to the protocols and regulations

Exceeding Expectations

- ✓ *In addition to using current protocols to conduct EQR and meet expectations, we exceed requirements by taking into consideration each state's unique demographics, issues, interests, and ways of working. As such, we will continue to collaborate with Nebraska to further understand its particular Medicaid population and objectives, and tailor our solutions to reflect our insight. See also Section 2.1.1.4, IPRO Understands Nebraska's Medicaid Issues.*
- ✓ *A HEDIS-licensed organization, IPRO maintains a staff of HEDIS compliance auditors, well-equipped to help design and validate PMs.*
- ✓ *IPRO has been a leader in developing projects to assess network adequacy, having conducted projects as part of our EQRO work for more than 20 years.*

V.D.2.a.	Describe the Bidder's approach to conducting an annual external quality review of the MCOs and PAHP in Nebraska, and how the approach meets or exceeds the requirements of this RFP

Bidder Response:

Our approach to the annual EQR is guided by the following principles:

- Provide ample and highly responsive technical support and training to facilitate all EQR activities.
- Make recommendations for improving performance relative to all EQR activities that are realistic, evidence-based, and reflect our extensive experience in conducting EQR and quality improvement activities and our understanding of the Medicaid landscape.
- Work cooperatively with the MCOs/DBM to avoid operating disruptions and help them achieve compliance with regulatory and contractual requirements.
- Provide technical assistance regarding the EQR activities to MCO/DBM and DHHS staff to help them improve the quality of care they deliver to their Medicaid beneficiaries.
- Work collaboratively and transparently with DHHS.

"Our IPRO team is very knowledgeable regarding EQR requirements. IPRO is also very knowledgeable surrounding Medicaid. Staff update us [about] what other states have experienced related to initiatives we are currently doing and/or thinking about implementing." – ***Pennsylvania State Representative***

As an independent assessor, we will develop a profile of each MCO/DBM with respect to its performance across quality indicators, including any special populations, identify trends over time and provide constructive recommendations for improving care. Nebraska's reports will synthesize data from all EQR activities as appropriate and will integrate information from other sources as appropriate.

MCO/DBM reports will be developed under the direction of our team of clinical, quality improvement and data analytic managed care experts, supported by our writing team. To ensure that the reports are understandable to and accepted by all stakeholders, including providers and beneficiaries, they will be clearly and concisely written and will use rigorous statistical methodology.

Additional details of our approach to complete all reports, perform all activities, and produce all deliverables as required and requested by DHHS are provided throughout our Technical Proposal.

NE EQRO Project Work Plan

IPRO's draft NE EQRO Work Plan, provided in Appendix E, is a comprehensive document that guides our work and will serve as a communication tool between IPRO and DHHS. It includes all activities and deliverables under the SOW, broken down by task and sub-task and tailored to the needs and preferences of DHHS, and will ensure all activities are conducted timely and in accordance with state requirements, federal regulations, and CMS EQR protocols. The Work Plan was created using Smartsheet, a web-based work management tool used to assign tasks, track project progress, manage calendars, share documents, and manage other work. We have found it to be a valuable communication tool, and will provide DHHS access to the Work Plan via a shared website throughout the contract so that DHHS can monitor the status of each task.

NE EQRO Project Team

DHHS has defined six major EQR tasks, six optional activities, technical assistance, and ad hoc studies/reports for the upcoming contract term. We have grouped the activities under four functional teams, with each team headed by an Activity Lead who is an expert in his or her assigned tasks and will lead other project team members with the required skills in completing each task. The EQRO Project Director will coordinate all project activities and will serve as the primary liaison to DHHS. The proposed teams and related activities are summarized in Section 4.9.3., above.

Exceeding Expectations

- ✓ *For several of our state clients, we go beyond what's required for the content of the ATRs and include information that is useful to both the state and other interested parties, such as provider network information.*
- ✓ *IPRO can draw upon its experience working with its 13 (one as a subcontractor) EQR clients and include best practices in the reports it prepares for DHHS, such as preparing reports that are directed specifically toward*

consumers and lay audiences that are brief, clear, and include tables and graphs to present complex data visually.

V.D.2.b.	Describe the Bidder's approach to performing validation of PIPs, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO's approach to PIP validation is presented below.

*"The IPRO staff are very easy to work with and very collaborative, especially on our PIP process." – **Kentucky MCO Representative***

Overview

As required by 42 CFR 438.330(b) (1) and 438.358(b)(i), each calendar year, IPRO will review and validate all of Nebraska's PIPs underway during the preceding 12 months to ensure continuity of quality improvement efforts. IPRO will validate both PIPs that are currently in progress as well as PIP proposals to ensure that the MCOs/DBM design, conduct, and report PIPs in a methodologically sound manner that allows for real, sustainable improvements and gives confidence in the reported changes. Our validation process adheres to *EQR Protocol 1: Validation of Performance Improvement Projects.*

In its Quality Strategy, Nebraska requires the MCOs to conduct a minimum of two clinical and one non-clinical PIP. At least one clinical topic must address an issue of concern to the MCO's population, which is expected to have a favorable effect on healthcare outcomes and enrollee satisfaction. A second clinical PIP must address a behavioral health concern. The MCO must participate in a minimum of one joint PIP with the other MCOs; the topic is identified by DHHS or its designee. Further, the DBM must conduct a minimum of one clinical and one non-clinical PIP. IPRO has experience in the development of PIP topics across various clinical and non-clinical areas, including physical health, behavioral health, dental health, and topics addressing social determinants of health, member satisfaction, and access to care. Further, IPRO is well versed in facilitating MCO/DBM improvement efforts, with an emphasis on continuous quality improvement and proven quality improvement science techniques.

IPRO recently validated Nebraska PIPs addressing follow-up after ED visit for mental health illness (MHI) or substance-use disorder (SUD); diabetes screening for those with schizophrenia/bipolar disorder on an antipsychotic medication; Tdap vaccination for pregnant women; and annual and preventive dental visits. The topics were chosen by DHHS in collaboration with the MCOs/DBM, and in partnership with IPRO. Common indicators were established across MCOs, in order to facilitate collaboration and benchmarking. IPRO reviewed MCO/DBM proposals and interim reports and provided technical support throughout the process. The IPRO PIP review team, consisting of a clinician and a healthcare data analyst, analyzed all submissions and made recommendations to optimize the effectiveness of the PIP using IPRO's Reviewer Evaluation Tool and presented our findings to DHHS and the MCOs.

Approach

IPRO will implement all activities and steps specified in the CMS protocol, applying sound qualitative and quantitative

assessment methods. Our evaluation will assess, at a minimum, topic selection, study questions, population identified, indicator construction, sampling, data collection procedures, analysis and interpretation of data, use of statistical analyses, barrier analyses, improvement strategies, and the PIP's viability and sustainability. As per the CMS EQR protocol, at the conclusion of the validation, IPRO will issue a statement that assesses the credibility of the PIP's findings and whether there are methodological issues that impact interpretation of results.

Each year, IPRO reviews and validates more than 150 PIPs, including PIPs implemented by physical health and behavioral health MCOs, and PAHPs such as dental MCOs, PIPs implemented by both Medicaid and FIDE SNP MCOs, and PIPs implemented for the LTSS population. IPRO tailors its PIP services to the needs of our customers. When requested by our clients to help propose topics, we use results of state-sponsored focused studies and analyze state and national trends that address state-identified needs. IPRO is proficient at developing and implementing PIP scoring methodologies, and is also proficient in implementing collaborative PIPs, which promote knowledge sharing among MCOs and increase the impact and sustainability of improvements by addressing a common topic, involving common partners, and incorporating the same metrics to measure improvement.

For the Nebraska EQRO contract, IPRO has assigned a PIP review team under the direction of the Program Evaluation and Improvement Team Leads, which includes population health, clinical, statistical and analytical experts with quality improvement experience, supported by our technical writer and editor.

IPRO's customized and collaborative approach for Nebraska seamlessly integrates quality improvement science with the PIP validation process, as described in Figure 6-2.

Figure 6-2. PIP validation process.

1. Project Initiation
1.1. As requested, DHHS and IPRO identify PIP topic based on state and Medicaid priorities and data analysis findings indicating low MCO/DBM performance e.g., HEDIS PMs below the 50th Quality Compass percentile. Problematic areas identified by the MCOs/DBM can also inform PIP topics. **1.2.** IPRO conducts research on the proposed topic (e.g., relevant evidence-based practice/key intervention strategies, gaps in care/barriers identified in the scientific literature, 3-8 annual performance indicators, Nebraska Quality Strategy priorities) and submits PIP guidance to DHHS for possible collaboration with the MCOs/DBM. **1.3.** IPRO has developed a PIP template based on a company-wide Lean initiative that has been tailored to meet the needs of DHHS. This template is used by the MCOs/DBM to report their findings in a standard manner. The template was created to reflect all of the PIP elements included in the CMS protocol and provides a standardized framework for the MCOs/DBM to ensure that all steps in the PIP process are conducted. The template includes examples of process and outcome measures, intervention tracking measures, barrier analysis methods and results, and interventions linked

to barriers and includes quality improvement tools such as a Fishbone diagram, Priority Matrix, SWOT diagram, Driver Diagram, PDSA cycle worksheet. The template serves as a "living" (e.g., continually updated) document for the MCOs/DBM to document their PIP steps throughout the project.

1.4. IPRO develops PIP training materials to include how to conduct barrier analysis, how to determine interventions that will yield the most success, how to measure progress and gain, and how to select annual performance indicators with baseline data and benchmarks, including examples of quality improvement tools and strategies with PIP content (e.g., PDSA cycles) for DHHS feedback/refinement.

1.5. IPRO can assist DHHS and the MCOs/DBM in developing aim statement(s) that incorporate annual performance indicators and driver diagrams with drivers that build on key intervention strategies for DHHS feedback.

1.6. IPRO initiates a PIP Charter to determine SMEs required, DHHS staff to include and EQRO roles and responsibilities regarding the PIP process (e.g., SME provides clinical and quality improvement leadership by identifying key intervention strategies, DHHS approves final topic selection and oversees MCO/DBM compliance, IPRO validates PIPs and provides ongoing technical assistance).

2. IPRO Reviews MCO/DBM PIP Proposals

2.1. IPRO reviews MCO/DBM barrier analysis and driver diagrams, shares findings and recommendations with DHHS and provides preliminary feedback to guide MCO/DBM PIP proposal development.

2.2. IPRO reviews MCO/DBM PIP proposals and sends PIP validation review findings using Lean-customized PIP checklist to DHHS and the MCOs/DBM for review that focuses on robust interventions (e.g., informed by barrier analysis, guided by driver diagram, and measurable with Intervention Tracking measures [ITMs]).

2.3. IPRO integrates DHHS recommendations into PIP validation findings and transmits checklist with comments/recommendations to the MCOs/DBM.

2.4. IPRO (and DHHS) hold teleconferences with the MCOs/DBM to discuss the PIP validation review findings, comments, and recommendations.

2.5. MCOs/DBM submit revised proposals with baseline data for IPRO review.

2.6. IPRO provides guidance to MCOs/DBM and DHHS on setting bold and feasible performance improvement goals based upon robust interventions and sound methodology.

3. PIP Monitoring and Evaluation

3.1. MCOs/DBM submit Interim PIP Reports with baseline and re-measurement Year 1 data on performance indicators. IPRO conducts PIP validation and feedback for quality improvement, including recommendations to set goals higher if original goals are attained. The PIP review team examines the completed elements for PIP interim reports, prepares MCO/DBM-specific findings and recommendations and submits its findings to DHHS (and the MCOs/DBM, as directed)

at intervals defined by DHHS. The MCOs/DBM may revise and resubmit their interim reports based on IPRO's suggestions.
3.2. MCOs/DBM submit Final PIP Reports with annual performance indicator results for baseline, re-measurement Year 1 (Interim) and re-measurement Year 2 (Final).
3.3. IPRO conducts PIP validation as per the CMS protocol and makes a final determination regarding the credibility of the PIP. For final reports, IPRO assesses the project topic, relevance, quality indicators, study design and analysis, study population, interventions and achievement of demonstrable and sustained improvement and prepares our findings and recommendations. Once finalized and approved by DHHS, IPRO shares the evaluation with the MCO/DBM. Our findings and recommendations are incorporated into the EQR ATR.
3.4. If of interest to the Department, IPRO can create a "PIP Highlights" document to shine a spotlight on MCO/DBM accomplishments, as well as to serve as a summary document of the PIPs conducted that year. This document can be posted on the state's website.

If of interest to DHHS, IPRO can provide a PIP training program to assist MCO/DBM staff who may be relatively new to conducting PIPs (and for any DHHS staff interested). Our PIP training can be conducted via a webinar or in person and includes, but is not limited to, the following:

- PIP process, PIP components and PIP Report Template
- Tutorial on how to align barriers, interventions and intervention tracking measures
- Rationale for selecting topics
- Barrier analysis exercise
- Driver diagram exercise
- PM selection and development
- Implementing interventions that are effective and efficient
- Demonstration of how to conduct PDSA cycles to test new ideas for change, with Institute of Healthcare (IHI) run chart example of how to monitor and interpret progress of interventions using monthly intervention tracking measure data

Our PIP Report Checklist (excerpted below in Figure 6-3) can be adapted and distributed to the MCOs/DBM when a PIP topic is introduced as a tool to assist them in providing all required information during each phase of the PIP process. The checklist is used by IPRO reviewers as part of the validation process to document their findings and recommendations for improvement.

Figure 6-3. PIP Report Checklist.

PIP Validation

PIP Phase: Choose an item.

Plan Name:

PIP Topic:

PIP Period:

MCO Contact:

Name: Tel: E-mail:

IPRO Reviewer:

Name: Tel: E-mail:

Review Element	Determination from Prior PIP Phase	Review Determination	Determination Comments
1. Attestation signed & project identifiers completed.			
Project Topic			
2. Project topic impacts the maximum proportion of members that is feasible.			
3. Potential for meaningful impact on member health, functional status or satisfaction.			
4. Topic reflects high-volume or high risk-conditions			
5. Topic supported by MCO member data (e.g., historical data related to disease prevalence).			
6. Aims, objectives, and interventions are in alignment.			
7. Goal sets a target improvement rate that is bold, feasible, and based upon baseline data and strength of interventions. The rationale for target rate is provided.			
General comments related to project topic.			
Methodology			
8. Study uses objective, clearly defined, measurable, time-specific indicators to track performance and improvement outcomes.			

In an effort to further facilitate improvement, IPRO encourages our MCO/DBM partners to carry out rapid cycle plan-do-study-act (PDSA) testing of interventions. This technique promotes small scale testing that evaluates an intervention for efficacy and ability for sustained improvement. We have worked closely with various state partners to assist the

MCOs/DBMs in developing and refining their tests of change, to support a project that leads to a meaningful improvement in member outcomes.

Proposed Activities

IPRO suggests the following clinical and non-clinical PIP topics for Nebraska to consider.

- Recent statewide expansion of MMC (effective October 2020) may be associated with primary care access challenges. The state may wish to implement a project that focuses on access for Medicaid beneficiaries, which seeks to evaluate member experience with accessing their PCP for care, for instance. A PIP on this topic would study access and availability, and could be complemented with a survey.
- Child and adolescent measures were identified as opportunities for improvement in the recent Nebraska ATR. For instance, the MCOs would develop a project geared toward the health outcomes of children, wherein they would work with parents, children, and PCPs to convey the need for weight assessment and counseling for nutrition and physical activity, and to develop toolkits and resource lists.
- Healthcare disparities noted for select conditions/diseases (see Section 2.1.1.4), such as asthma, diabetes, alcohol use, oral health, COVID-19 could also be considered when developing a PIP topic.

Work we have done related to these topics for our other clients, include:

- diabetes management PIPs (and experience of care surveys)
- engagement and treatment for members with alcohol and other drug conditions PIPs
- ED visits for non-traumatic dental problems (focused study to quantify prevalence of and risk factors associated with ED visits for sub-populations)
- dental (access and availability surveys)
- Asthma (experience of care survey evaluating access to care and satisfaction with care for asthma, and/or survey of members with asthma who appear to be using less than optimal medications based on their records of prescriptions filled). For another state, IPRO surveyed these members as well as the primary care provider associated with each member and subsequently developed targeted interventions.

Exceeding Expectations

- ✓ *Use of "living" PIP template (See 1.3, above.)*
- ✓ *PIP training and checklist (See 1.4, 2.2, 2.3, and Figure 6-3, above.)*
- ✓ *PIP highlights document (See 3.4, above.)*
- ✓ *Rapid-cycle improvement using PDSA (See paragraph immediately following Figure 6-3, above.)*
- ✓ *PIP topic ideas (See Proposed Activities, above.)*

- ✓ *IPRO has experience in developing PIP PMs when a standard measure does not exist to help assess the effectiveness of the PIP process (e.g., Tdap for Prenatal PIP).*
- ✓ *NE EQRO Project Director and other IPRO staff are experienced in the IHI rapid-cycle quality improvement methodology, which we have adapted to enhance the PIP process.*

V.D.2.c.	Describe the Bidder's approach to providing validation of MCO and PAP performance measures, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO's approach to PM validation is shown below.

Overview

IPRO has validated, developed, modified, and calculated hundreds of PMs under EQRO and other contracts, tailoring our approach to address each state's priorities for its MMC population. Our validation process meets all requirements of 42 CFR 438.330 (b)(2) and 438.358 (b)(1)(ii) and is consistent with *EQR Protocol 2: Validation of Performance Measures*.

IPRO's PM expertise is notable. IPRO was instrumental in developing the EQR PM validation protocols issued by CMS, and has been licensed since 1997 to conduct the NCQA HEDIS Compliance Audit, which includes essentially the same component activities as the federal protocols for PM validation. Additionally, IPRO clinical staff are sought out to participate in key national and state PM projects. Our Managed Care Vice President Virginia Hill is a member of the work group working with distinguished experts and stakeholders under CMS' auspices to establish the MMCQRS. Further, IPRO Managed Care Medical Officers have been invited to serve on and co-chair state PM advisory committees.

Our Approach to Performance Measure Validation

IPRO conducts PM validation to assess the accuracy and reliability of PMs reported by the Nebraska MCOs/DBM and determine the extent to which the PMs calculated by the MCOs/DBM follow established measure technical specifications and are in accordance with the specifications in 42 CFR §438.330(b)(2). The CMS protocol for validating PMs includes reviewing the data management processes of the MCO/DBM, evaluating algorithmic compliance (the translation of captured data into actual statistics) with HEDIS Technical Specifications (for HEDIS measures) and with DHHS specifications (for non-HEDIS measures) and verifying PMs to confirm that the reported results are based on accurate source information. IPRO will discuss with DHHS the state's selected PMs for the upcoming contract year and propose a subset for validation.

IPRO will conduct an annual review of PMs reported by Nebraska MCOs/DBM. Our PM validation team for Nebraska will be led by our Data Validation and Reporting Team Lead, a Certified HEDIS Compliance Auditor and IPRO's HEDIS Practice Lead, and will include our programmer/analysts and clinical staff with HEDIS and other PM reporting experience. Our technical writer and editor will support report production.

The Project Director and Data Validation Reporting Lead will confer with DHHS to define the scope of the validation including identifying the measures for validation; obtaining measure specifications and state reporting requirements; and discussing the validation methodology (including any modifications to the ISCA) and timeline.

The performance measures required as part of the Heritage Health contract includes process (e.g., Breast Cancer Screening), outcome (e.g., Diabetic Blood Pressure Control), survey (e.g., CAHPS), and behavioral health (e.g., Initiation and Engagement of Alcohol and Other Drug Dependence Treatment) measures as well as HEDIS measures and measures maintained by other measure stewards (e.g., CDC, U.S. Office of Public Affairs). IPRO will propose that the different types of measures noted above as well as both HEDIS and non-HEDIS measures be selected for validation. The same measures will be selected for all MCOs. Performance measures required for DBM reporting include the HEDIS measure Annual Dental Visit (ADV), the Oregon Health Authority preventive dental services measure, and four Dental Quality Alliance measures. IPRO proposes that all six measures be selected for validation.

The type of validation activity we conduct will depend on the type of measure under review. For example, validation of a HEDIS measure may require an evaluation of the NCQA Final Audit Report, the NCQA Roadmap and the Interactive Data Submission System (IDSS) submission. A non-HEDIS measure may require a review of the ISCA, which contains similar information collected in the NCQA Roadmap and other source documentation such as a review of claims output. For every measure under review, IPRO's approach will be tailored to the measure specification and the data source used to produce the measure.

For HEDIS measures, IPRO validates PMs using the information from the MCO/DBM's NCQA-mandated audit. IPRO requests and reviews each MCO/DBM's audited HEDIS PM results reported via a downloadable Excel file from NCQA's IDSS Tool, the NCQA Roadmap, and the Final Audit Report to determine IS integrity and the MCO's/DBM's capability to report PMs.

To validate the reportability of PMs that were not audited by an external entity, IPRO conducts a comprehensive review that includes all aspects of PM data collection and review. IPRO evaluates information collected in the ISCA, source code and programming logic and conducts data review for the administrative measures.

IPRO prepares the MCOs/DBM for PM validation by providing the procedures and timeline for conducting validation activities, including instructions for submitting the information needed. The MCOs/DBM submit the source code used to generate eligible populations, denominator requirements, and numerator compliant hits for each PM along with related flowcharts, software documentation, input and output file record layouts and field descriptions, input and output record counts, and job logs. For non-HEDIS measures, MCOs/DBM complete and submit the ISCA. When necessary, IPRO will modify the ISCA to ensure that Nebraska-specific information is captured. IPRO sends the ISCA to the MCOs/DBM at least one month prior to the start of the validation process to ensure that they have adequate time to provide comprehensive and thorough responses.

Onsite/Offsite Activities

If MCOs/DBM have undergone a certified HEDIS compliance audit, an onsite visit to the MCOs/DBM to observe their systems and processes for calculating PMs may not be necessary since the results of the HEDIS audit can be used in conjunction with a completed ISCA (or modified ISCA to meet Nebraska's specific needs) to provide the information IPRO requires to make a determination of whether the MCOs'/DBM data collection processes are compliant. An offsite validation expedites the validation process and is less costly while also reducing redundancy of effort on the part of the MCOs/DBM who will not need to prepare for two reviews (i.e., one conducted by NCQA certified auditors and one conducted by the EQRO team). IPRO will recommend whether an onsite review is needed but the final determination will be made by DHHS.

If an onsite review is warranted, IPRO applies a variety of assessment methodologies during the visit, including, but not limited to, interviewing staff who are responsible for aspects of the MCO/DBM's IS and follow-up on any issues raised in the ISCA; conducting primary source verification to verify that the information from the primary source matches the information reported; reviewing documents that describe MCO/DBM processes with respect to the collection, storage, and reporting of data; reviewing the MCO/DBM's systems and programs governing the entry, transfer, editing, and manipulation of the data; and conducting walkthroughs to directly observe entry of claims and encounters, as well as the MCO/DBM's enrollment systems, provider data warehouses, and repository files and programs. As appropriate, IPRO also reviews vendor data.

Regardless of whether an onsite is conducted, IPRO assesses over- and under-reporting of data with the help of various audit techniques such as data review, benchmarking analysis, comparison with previous year's PM rates, etc. IPRO also reviews claims lag reports and provider encounter data submission results and evaluates any studies on data completeness that the MCO/DBM may have conducted.

For HEDIS measures, the scope of the review depends on the findings of the certified HEDIS auditor. If findings were fully compliant and there were no measures that received a designation of *Not Reportable*, IPRO accepts the auditor's findings and considers the MCO/DBM to have adequate capacity to produce accurate HEDIS measure results in compliance with HEDIS reporting guidelines. For any measure that received a *Not Reportable* designation, IPRO reviews the Roadmap to obtain information about the MCO/DBM's systems for collecting and processing data to produce HEDIS PMs, including the process it used to calculate each numerator, denominator, and subsequent HEDIS PM rates.

We also review the HEDIS Final Audit Report prepared by the NCQA-licensed organization to ensure that appropriate audit standards were followed, in accordance with *HEDIS Volume 5: HEDIS Compliance Audit: Standards, Policies and Procedures*. Using the findings of the Final Audit Report, IPRO evaluates the MCO/DBM's information systems capabilities, audit designation findings and any issues that may have precluded accurate reporting.

IPRO conducts a source code and data review to validate state-required non-HEDIS PMs. This review includes a

review of source code, source documentation, and validation of member-level data against reported rates and measure specifications. Source code review occurs prior to final rate submission by the MCO/DBM. If the measure requires abstraction of medical record information, IPRO will conduct an over-read of a sample of medical records to ensure that the abstraction process was conducted appropriately, following the methodology described on the next page. The MCO/DBM is permitted to address and correct any issues identified in the code review.

IPRO uses standardized validation tools (a sample of the tool is provided as Figure 6-4) to document IPRO's validation findings related to the source code and data files, the MCO/DBM's responses to IPRO's questions, and other review activities.

IPRO's validation team integrates the information collected and documents its findings and preliminary validation designations for each measure for each MCO/DBM, and submits its findings to each MCO/DBM. The findings also describe any issues that may impact the reporting of PMs, follow-up actions recommended and the timeline for finalizing the validation. The validation team re-validates selected PMs and the measurement processes used by the MCO/DBM to make corrections.

Figure 6-4. IPRO employs standard validation tools to document its findings for each measure.

PERFORMANCE MEASURE	TOTAL ELIGIBLES WHO RECEIVED PREVENTIVE DENTAL SERVICES REPORTING PERIOD 2019							
Changes From Last Reporting Period:	▪ Updated measure name (previously Total Eligibles Who Received Dental Treatment and Preventive Dental Services). The indicator to access treatment services has been removed. ▪ Updated date parameters. ▪ This is the CHIPRA Core Set Measure 'PDNT-CH.' ▪ The measure steward is the Centers for Medicare & Medicaid Services (CMS). ▪ The steward's measure has been adapted for implementation by MCOs. ▪ This measure uses the steward's description for the eligible population as 1 year to 20 years of age. ▪ The file layout has been updated to reflect the measure changes.							
Health Plan:								
Plan Submission:	First or Second (F/S):							
Submission Date:		Data Compliant			Source Code Compliant			
Component:	Review Element	Yes	No	N/A	Yes	No	N/A	Comments
Denominator								
Product Line:	Medicaid mandatory enrollees							
Age/DOB:	All enrollees age one year as of January 1, 2018 and no older than 20 years of age as of December 31, 2018 (date of birth between January 1, 1998 and January 1, 2017)							

Continuous Enrollment:	Ninety days continuous enrollment in calendar year 2018							
Anchor Date:	None							
Gap:	None							
Event:	None							
Separate row for every member identified as meeting denominator requirements?								
Race Frequency:	'01'=African American '03'=American Indian or Alaskan Native '04'=Asian '05'=White '06'=Other or Not Volunteered '07'=Native Hawaiian or other Pacific Islander '08'=Not Available							
Ethnicity Frequency:	'01'=Non-Hispanic '02'=Hispanic '03'=Missing or Not Available							
File Layout								
	Were all required files submitted?							
	Were all required data fields present?							
	File submitted contains correct layout?							
	Were all required elements for validation present in code?							
Numerator								
DOS:	Date of service between January 1, 2018 through December 31, 2018							
HCPCS/CDT Codes:	The unduplicated number of children receiving at least one preventive dental service by or under the supervision of a dentist as defined by HCPCS codes D1000 – D1999 – (CDT codes D1000 – D1999).							
Other:								

PM Medical Record Review Validation

For PMs with a MRR component, IPRO validates medical record data by reviewing the MCO/DBM's medical record data collection tools and abstraction processes and by conducting a physical review of a sample of records from each MCO/DBM. To ensure that each MCO/DBM's abstraction tools collect all required information and that abstraction processes and staff credentials are appropriate, IPRO reviews the following components:

- MRR team's qualifications and experience;
- MRR training sessions;
- MRR abstraction forms (electronic or paper) and instruction materials;

- inter-rater reliability processes, standards and results; and
- MRR data entry process, verifying that the data transfer to the PM repository maintains the integrity of the MRR.

We request numerator listings from each MCO/DBM for cases identified as numerator positive from the MCO/DBM MRR. IPRO randomly selects and requests copies of a sample of medical records for each measure to be reviewed. We examine the medical records and MCO-/DBM-completed abstraction tools to determine if we are in agreement with the MCO/DBM's determinations.

IPRO notifies the MCOs/DBM of our findings and allows them to provide additional documentation if appropriate. If, after receipt of the additional information, the agreement rate is less than 100%, IPRO assesses the need for corrective action or will deem the measure reportable if the reported rate is within 5% of the true rate.

PM Validation Reporting

IPRO presents our PM validation findings and recommendations for each MCO/DBM to DHHS in a final validation report. The report details all activities of the PM validation, including the validation process, our rationale for selecting the PMs to be validated, our assessment methodology, the analysis of performance, our findings, corrective actions taken by the MCO/DBM to eliminate errors found during the validation process, initiatives taken by the MCO/DBM to address findings, recommendations, and corrective action steps from previous review periods, and our recommendations for future PMs and reporting.

Each MCO/DBM's PM validation report will be submitted to DHHS within 30 calendar days of completing the assessment. For each state-specific measure, we assign a determination of *Reportable* or *Not Reportable* and detail the related rationale.

When possible, statewide averages will be calculated, and each MCO/DBM is statistically compared to the statewide average. IPRO typically uses the most current Quality Compass benchmarks from NCQA for statewide-to-national/regional comparisons. Statistical comparison against prior years' PM rates and year-to-year trending is presented.

See also Section V.D.4.c, Recommendations for Improving the Quality of Healthcare Services furnished by each MCO/DBM.

PMs Calculated by the State

IPRO has experience in assisting states in using their encounter databases to calculate PMs. Should the state decide to undertake this activity, IPRO can either review the source code prepared by the state to calculate the measures or help create the source code. One of the strategies, IPRO has used is to calculate a sample of the measures using our own software and comparing our results to the results reported by the state. Any differences can then be researched and corrected if necessary.

Exceeding Expectations

- ✓ *Our Risk Analysis Matrix distills PM results and provides actionable information. See Section V.D.4.a. for more information.*
- ✓ *IPRO is an NCQA HEDIS-licensed organization with CHCAs on staff.*
- ✓ *Based on our experience, one of the major hurdles states confront in calculating PMs is in mapping state-specific coding systems to the requirements of the measures. For example, some states use their own DRG coding systems, place of service, rate codes, and other internally developed coding systems. Depending on the measure, failure to capture and map these codes to codes required for HEDIS and other standard PMs can impact the rates. As an organization that has experience in crafting proprietary measures and in validating standard measures, such as HEDIS and PQI (prevention quality indicators) measures, IPRO could assist by working with the state to ensure that all necessary data sources are captured by helping to develop mapping schemes and business specifications.*
- ✓ *Since we are a licensed HEDIS audit organization with certified auditors on staff, we have insight into problematic measures, up-to-date information on revisions to measures, and access to NCQA to pose questions raised by plans when calculating/reporting HEDIS measures. We've also worked with other states and plans to address issues in calculating adult and child core measures, outside from other measure stewards. We have provided feedback to CMS, particularly on measures originally intended for reporting by entities other than MCOs.*
- ✓ *As the state approaches MLTSS implementation, we have developed and implemented a series of measures that address MLTSS members' experience with care management, measures evaluating transitions of care, service utilization, and the delivery of services.*

V.D.2.d.	Describe the Bidder's approach to performing a review to determine the MCOs and PAHPs compliance with the standards set forth in 42 CFR 438, subpart D and the quality assessment and performance improvement requirements described in 42 CFR § 438.330, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO's approach to perform MCO/DBM compliance with standards set forth in 42 CFR 438 subpart D and quality assessment and performance improvement requirements described in 42 CFR § 438.330 is presented below.

"The IPRO team is always very thorough in their audits and freely shares best practices as well as opportunities for improvement." – ***New Jersey MCO Representative***

Overview

IPRO has conducted several hundred compliance reviews pursuant to 42 CFR 438.358, consistent with CMS *EQR Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations* (formerly *EQR Protocol 1: Assessment of Compliance with Medicaid Managed Care Regulations*) under

multiple EQRO contracts. These include compliance reviews for traditional MCOs as well as long-term care, dental, dual eligible, behavioral health, and special needs plans in multiple states. As an EQRO that works closely with CMS, we receive updates to the protocols and federal regulations routinely. Our office remains in close contact with the appropriate federal agencies to ensure that our information is up-to- date.

Our Approach to Compliance Review

IPRO will assess Nebraska's MCOs' and DBM's compliance with federal requirements and state contract standards through an annual review consistent with the most current CMS EQR protocol.

Each compliance review is conducted by a qualified and experienced review team that includes analytical staff, clinical and non-clinical compliance reviewers, and a technical writer working under the direction of our Compliance Review Team Lead.

The onsite compliance reviews will take place in the second calendar quarter of each year, in accordance with a schedule to be finalized in discussions with DHHS and the plans. Under IPRO's existing contract, the onsite compliance reviews are conducted in May.

IPRO's assessment considers three aspects of compliance:

- **Structure.** Structural components include items such as policies, procedures, processes and program descriptions
- **Communication.** Once a structure is verified, IPRO evaluates how the information is communicated to members, providers, staff, subcontractors and the community, e.g., member and provider handbooks, resource guides, newsletters
- **Implementation.** Documented evidence of implementation including outcomes, e.g., committee minutes, reports, file reviews, program evaluations

Each assessment includes a review of MCO/DBM documentation (desk audit), file reviews, MCO/DBM staff interviews, and, as appropriate, direct observation of key program areas and walkthroughs of MCO/DBM systems and web portals. Our review process is detailed below and defines IPRO's CMS-compliant methodology to plan, prepare for and execute the federally mandated compliance reviews. IPRO provides DHHS, for its review and approval, the proposed methodology, tools, and report template.

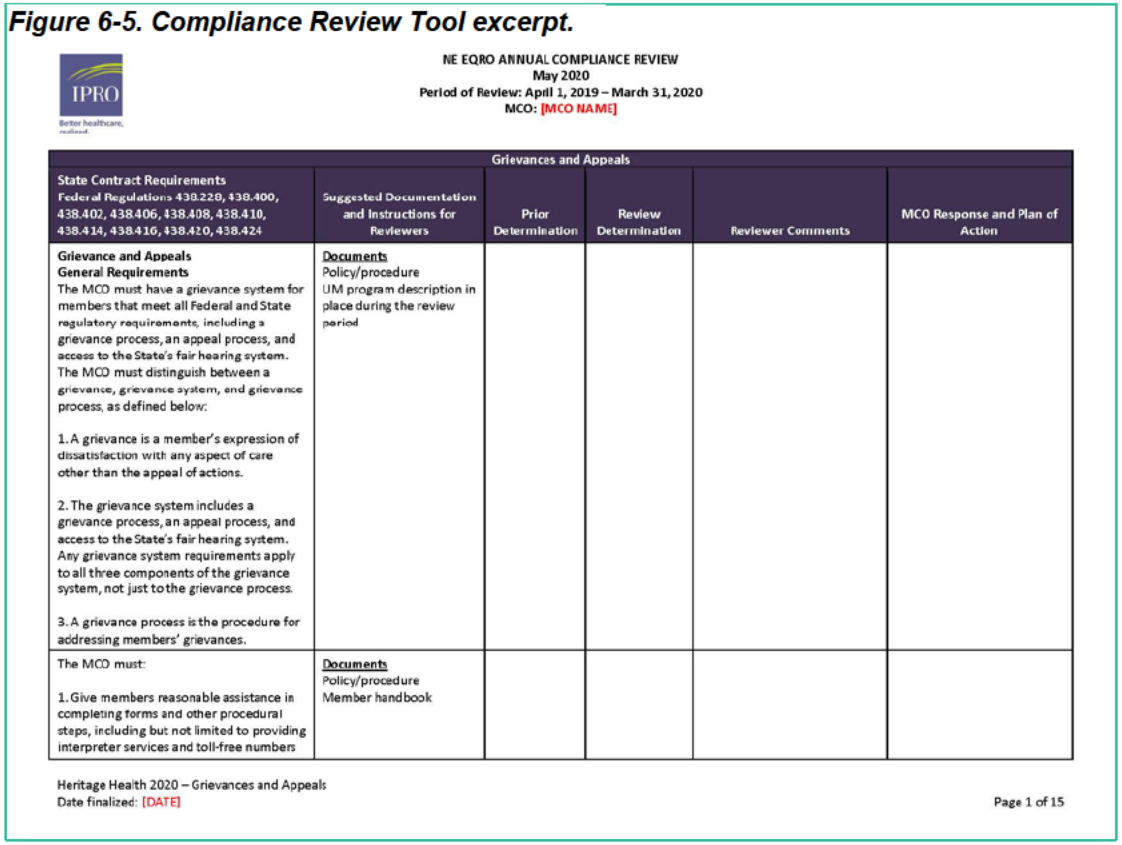
Pre-Onsite Activities

Define the Scope of the Review. Each year, the Project Director and Compliance Review Team Lead confer with DHHS to define the scope of the review including identifying the standards for review; obtaining contractual documents and regulatory requirements; and discussing the review methodology, sampling methodology (types and sample size of files to be reviewed) and timeline. The scope of the review and schedule will take all deemed standards into account so that activities are not duplicated.

Prepare the Annual Crosswalk of Requirements Subject to Review. The Compliance Review Team Lead prepares a crosswalk using prior review results, accreditation findings (if applicable), and the MCO/DBM contract and amendments effective during the review period. The draft crosswalk is provided to DHHS for review and approval.

Establish Compliance Thresholds. The existing compliance thresholds are described in Figure 6-6 and include review determinations of full compliance, partial compliance, and non-compliance. Compliance thresholds and any scoring methodology preferred by DHHS will be considered and finalized in collaboration with DHHS.

Figure 6-5. Compliance Review Tool excerpt.



NE EQRO ANNUAL COMPLIANCE REVIEW
May 2020
Period of Review: April 1, 2019 – March 31, 2020
MCO: [MCO NAME]

Grievances and Appeals					
State Contract Requirements Federal Regulations 438.228, 438.400, 438.402, 438.406, 438.408, 438.410, 438.414, 438.416, 438.420, 438.424	Suggested Documentation and Instructions for Reviewers	Prior Determination	Review Determination	Reviewer Comments	MCO Response and Plan of Action
Grievance and Appeals General Requirements The MCO must have a grievance system for members that meet all Federal and State regulatory requirements, including a grievance process, an appeal process, and access to the State's fair hearing system. The MCO must distinguish between a grievance, grievance system, and grievance process, as defined below: 1. A grievance is a member's expression of dissatisfaction with any aspect of care other than the appeal of actions. 2. The grievance system includes a grievance process, an appeal process, and access to the State's fair hearing system. Any grievance system requirements apply to all three components of the grievance system, not just to the grievance process. 3. A grievance process is the procedure for addressing members' grievances.	**Documents** Policy/procedure UM program description in place during the review period				
The MCO must: 1. Give members reasonable assistance in completing forms and other procedural steps, including but not limited to providing interpreter services and toll-free numbers	**Documents** Policy/procedure Member handbook				

Heritage Health 2020 – Grievances and Appeals
Date finalized: [DATE]
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Create/Update Review Tools and File Review Worksheets. IPRO develops and updates standardized review tools that are aligned with state and federal requirements. A sample tool developed for another state is provided as Figure 6-5.

Tools are structured for maximum clarity and incorporate, at a minimum, reference to relevant federal regulations, state-specific contract requirements and standards, suggested evidence, reviewer instructions (noting specific elements that must be reviewed), reviewer comments (to document findings related to any requirements that are not fully compliant), and prior results and follow-up (pre-populated with the prior year's findings for any requirements that were less than fully compliant). In addition, corrective actions taken by the MCO/DBM in response to the prior year's findings are documented so the reviewer can validate their implementation.

For standards that require file review, IPRO creates an electronic worksheet for our reviewers to document their findings.

Preparing the MCOs/DBM for Onsite Review. Eight weeks before the review, IPRO contacts each MCO/DBM to schedule the onsite visit in accordance with the DHHS-approved schedule. The review is conducted at each MCO/DBM's office by IPRO's experienced compliance review team. IPRO expects that one five-to-six person team will conduct the compliance review for each MCO/DBM; however the final composition will depend upon the scope of each annual review.

IPRO sends the MCOs/DBM the pre-onsite documentation request describing the onsite process and requesting the documentation needed to conduct the review, including, but not limited to, MCO/DBM policies and procedures, sample contracts, program descriptions, work plans, committee minutes, and various program reports. At DHHS's discretion, the compliance review team conducts an orientation via conference call to help MCO/DBM staff prepare for the review and onsite visit, and to answer any questions they may have.

A list of eligible populations (file listings) is also requested for select standards under review (e.g., grievance files). From these listings, IPRO selects a random sample of files for onsite review, in keeping with scientifically sound sampling practice. The selected files are requested electronically approximately six-to-eight weeks prior to the scheduled onsite review, and the request letter details the file components to be provided.

MCOs/DBM are given ample time (typically 30 days) to collect and submit the requested documentation. IPRO's secure, HIPAA-compliant FTP site, which meets Nebraska's security requirements, is provided for MCOs/DBM to transmit the requested documentation. The IPRO review team assesses these documents prior to the onsite visit and documents their findings on the appropriate review tool. This process expedites the onsite evaluation and minimizes disruption to MCO/DBM operations.

All onsite activities are coordinated and overseen by the Compliance Review Team Lead. Our review team will be trained on Nebraska standards, regulatory requirements, performance expectations, and any custom or changed elements of the review. The team works with the designated MCO/DBM contacts to schedule interviews and manage onsite logistics. In advance of the onsite review, IPRO sends a notice to each MCO/DBM confirming the onsite dates, introducing the review team members, and providing the onsite review agenda.

Onsite Activities

IPRO initiates the onsite review with an opening conference, where we present an overview of our review process and the onsite agenda. The opening conference may also include a brief presentation by the MCO/DBM to highlight any corporate changes or new initiatives.

The team applies the review methodology as specified in the CMS EQR protocol throughout the process of examining documents and files, interviewing MCO/DBM staff, and observing selected operations. Areas of potential non-compliance are brought to the attention of the responsible MCO/DBM staff to allow for clarification of documents submitted and onsite presentation of additional documentation that may have been omitted.

Reviewer reliability is maintained throughout the review process, and the use of standardized assessment tools helps

ensure review consistency.

The team concludes the onsite visit with a closing conference to present to MCO/DBM and DHHS staff IPRO's preliminary findings, discuss and confirm our interpretation of the data collected, and detail next steps.

Post-Onsite Activities

Compile and Analyze Findings. As permitted by DHHS, the MCOs/DBM may submit outstanding follow-up documentation within one day of the onsite visit (or other timeframe allowed by DHHS).

Upon completion of the onsite review and review of any follow-up documentation provided, the team completes the electronic assessment tools and assigns compliance designations to each standard. The Compliance Review Team Lead reviews all findings and designations to ensure consistency, internal logic, and reasonability across reviews.

The assigned reviewer rates each standard as being in full compliance, partial compliance, or non-compliance as defined in Figure 6-6 below.

Figure 6-6. Compliance designation definitions.

Designation	Description
Full compliance	MCO/DBM has met or exceeded the standard.
Partial compliance	MCO/DBM has met some of the requirements of the standard but is deficient in some areas that must be remediated.
Non-compliance	MCO/DBM did not meet the standard and requires corrective action.

Report Results to DHHS

Within 90 days of each onsite review, IPRO issues preliminary findings to DHHS and, with DHHS's approval, to each MCO/DBM. The plans are given time to submit a response to the preliminary findings. IPRO, in conjunction with DHHS, reviews the responses and considers them in preparing the final findings. The final findings are submitted within 30 days of the delivery of the preliminary report. Each MCO/DBM is required to submit a response to recommendations for improvement.

For any adverse finding, the report will also deliver concrete, actionable recommendations, and corrective action steps directed at improving the MCO/DBM's ability to achieve full compliance with regulatory standards and contract requirements.

Reviewer-completed tools will be validated against each report to ensure accuracy of the information. The final format and scope of the report will be determined in consultation with DHHS.

Exceeding Expectations

✓ *Should DHHS require it, IPRO has and will share its extensive experience conducting readiness reviews for MCOs or*

other managed care entities entering the Nebraska Medicaid market and, if needed, its experience including topics of interest to states (in addition to the CMS-required topics) in our compliance reviews, such as program integrity and efforts to reduce disparities.

- ✓ *In addition to identifying deficiencies, we will provide recommendations for the MCOs/DBM to assist them in achieving full compliance. Also, we will share best practices as part of our review so that even when a requirement is fully compliant, the MCOs/DBM may further enhance their processes.*
- ✓ *At the outset of the process, IPRO will hold a conference call/webinar to help the MCOs/DMB staff prepare for the review process, including a walkthrough of the compliance tools and tips about how to best document their compliance in meeting the required elements. With its other clients, IPRO has found that a kick-off call/webinar greatly facilitates the review and ensures that all plan staff have consistent information to follow.*

V.D.2.e.	Describe the Bidder's approach to performing validation of MCO and PAHP network adequacy, and how the approach meets or exceeds the requirements of this RFP.

Bidder's Response:
IPRO's approach to validating MCO/DBM network adequacy is detailed below.

Overview

IPRO is proficient in all aspects of network adequacy assessment and validation. We currently analyze the adequacy of provider managed care networks in Kentucky, Louisiana, New Mexico, New York, New Jersey, Ohio, and Rhode Island, in accordance with each state's requirements. By way of example, two of these reports are provided in Appendix G: [redacted]

Our extensive history in conducting surveys means that there is minimal startup time and resources required for us to conduct this activity for Nebraska. IPRO has already developed a database to house the survey response data, which can be easily modified to accommodate the specific validation categories required by DHHS. IPRO also has permanent staff trained in conducting these surveys, a defined policy and procedure protocol that we follow in conducting access surveys, existing scenarios used to replicate the experience of members, and reporting templates that also can be modified to meet the state's requirements.

Below we describe three surveys that IPRO conducts to validate network adequacy:

- Secret Shopper Survey
- Telephone Survey of Network Accuracy
- Validation Survey of Network Information

"Secret Shopper" Survey

IPRO has been conducting secret shopper member surveys for more than 20 years, beginning with surveys we

developed and conducted for our New York State EQRO client in 1999. As requested, IPRO will conduct a secret shopper telephone survey of each MCO/DBM's provider network, including PCPs, specialists, and dental providers, modeled after its current survey process. The purpose of the survey is to ensure that the MCOs/DBM is following Medicaid participation standards for access and availability.

Surveys will be conducted by IPRO's trained staff experienced in performing these types of surveys under the direction of the Network Validation Team Lead. The team includes a data coordinator, surveyors and analysts with the clinical support of our Medical Director. Following the protocol of a secret shopper methodology, our surveyors will be instructed to role-play as MMC members and follow scripted scenarios developed by IPRO and approved by DHHS. This methodology yields the most accurate findings for access and availability since it replicates the experience of a Medicaid recipient seeking care. Often, this methodology yields different results than managed care plan-developed surveys, which may or may not follow the secret shopper methodology. Direct calling surveys (typically used by managed care plans) do not typically uncover the barriers affecting access since providers are aware of the fact that they are being evaluated (e.g., the Hawthorne effect, the tendency for people to perform better when they are observed).

IPRO's surveyors will be trained to conduct the surveys by role-playing as Medicaid members, and will be given a guide specifying the protocol and script for all calls, including instructions on handling various outcomes. Following training, the surveyors, posing as new MMC recipients (to assess whether the provider is accepting new patients), will call the selected providers during business hours seeking an appointment using one of our scripted scenarios developed by our clinical staff. Scenarios are designed to correspond with the appointment and specialty types, reflect standards in the state contract and inform the surveyed provider of the type of appointment that should be given to the caller (e.g., non-symptomatic, non-urgent symptomatic, etc.). Calls will be randomly monitored for quality purposes.

IPRO will share its current methodology and templates with DHHS and will work to finalize the methodology and protocol for implementing all aspects of the survey, such as survey design, schedule, sampling, status reporting, stratification of results, pass rate, data analysis plan, format and content of final reports. We will continually refine the methodology for subsequent surveys based on experiences from the previous survey. As indicated, our database dedicated to telephone surveys will be modified to accommodate DHHS's particular survey protocol.

Survey Protocol

IPRO will use the most current provider network and member enrollment data available, as provided by the MCOs/DBM, to select a random sample of providers from each MCO/DBM for the survey. IPRO programming staff will import the data into SAS and pull the sample using a scientifically valid sampling methodology based on power analysis and the ability to compare performance among plans. The final sampling protocol will be submitted to DHHS for approval.

The sample will include an over-sample to account for provider exclusions (such as providers who terminated). Before proceeding, IPRO will verify that only the desired provider types (e.g., PCPs, particular specialty type) are included in the

file. The actual sample size for each provider type (i.e., PCPs and specialists) will be determined by the size of the universe of providers in each MCO/DBM but will be consistent across plans. In discussion with DHHS, IPRO will determine the specialty types to be included in the specialist survey. The final sample size that's selected will enable statistically significant comparisons to be made between specific plans and between each plan and the statewide average. The final determination of sample size will be submitted, along with our rationale, for approval by DHHS.

Survey elements may include: *compliance with appointment wait-time standards* and *compliance with whether the provider is accepting new MCO/DBM members*. With DHHS approval, IPRO will conduct a secret shopper survey to capture both elements and any additional elements agreed upon in consultation with the DHHS.

Telephone Survey of Network Adequacy

IPRO also conducts a "Network Accuracy" survey, via the telephone, for several states. IPRO will call providers on behalf of DHHS, encouraging them to respond by indicating that the survey is being conducted to ensure the MCOs/DBM have their current practice information and it is recorded accurately. This rationale usually results in a high response rate.

Our survey protocol includes the following elements: the provider's network participation status; the provider's office location; whether or not the provider offers reasonable accommodations and accessible equipment for beneficiaries with physical or mental disabilities; the languages spoken at the provider's office. Other elements of interest to DHHS can easily be incorporated into the survey protocol. The sample plan for this survey will follow the sample plan outlined for the secret shopper surveys described above.

Validation Survey of Network Information

IPRO also conducts a "Validation of the Provider Directory Survey" for some state clients. The purpose of this activity is to validate information published in the managed care plan's web-based Medicaid provider directories. A validation review helps to ensure that each MCO/DBM has an adequate provider network and that enrollees are being provided accurate and up-to-date information regarding the providers comprising the network.

To replicate the experience of a Medicaid member, IPRO will access the online Medicaid directories for each MCO/DBM and extract the provider data elements of most importance to a Medicaid member. Examples of data elements that we validate and can include in the Nebraska survey are:

- First Name
- Last Name
- Specialty
- Panel Status
- Suite Number
- Street Address

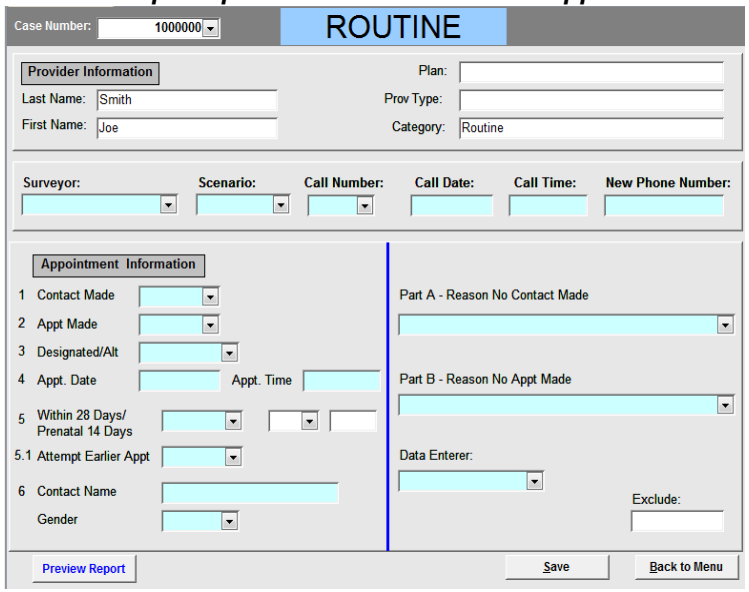
- City
- Telephone Number

Other elements of interest to DHHS can be readily incorporated.

To prevent provider abrasion, IPRO makes every attempt to minimize the number of times a single provider is contacted across all plans.

The sampling plan will follow the guidelines of the secret shopper methodology, and final sample size will be determined with the approval of DHHS.

Figure 6-7. Sample input screen from secret shopper database.



Analysis

Surveyors will record results electronically in an Access database. Information captured will be reviewed for consistency, completeness, and accuracy. Identified surveyor errors will be documented and resolved through additional training or replacement. A screenshot from IPRO's secret shopper provider Access database is provided in Figure 6-7.

For the secret shopper survey, provider compliance will be determined based on the number of days between the date of the survey call and the appointment date. If the appointment meets the contract standard, it will be considered a pass. If it does not meet the standard, it will be considered a fail. Availability rates will be calculated for each managed care plan (MCO or DBM), and results can be stratified in discussion with DHHS (e.g., by region).

For the Network Accuracy and Provider Directory survey types, accuracy rates will be calculated by MCO/DBM, and statewide averages will also be calculated for comparison purposes. Elements that are problematic throughout the state will be highlighted.

To assess for statistical significance, chi-square and t-tests will be performed.

Reporting

At the conclusion of each secret shopper survey, IPRO will produce a report for DHHS that will include:

- A brief narrative summary of findings
- Description of the methodology

- Calculated performance rates for each MCO/DBM
- Statewide and MCO/DBM results by region (if approved by DHHS), including the number of providers contacted by appointment type and in total, the percent of providers for which a visit was scheduled by appointment type and in total, and percent of providers accepting new patients
- Analysis of non-compliant providers for each of the surveys
- List of providers found to be in compliance
- List of providers found to be non-compliant and reasons for non-compliance
- Any trends impacting performance
- Recommendations to improve

For the Network Adequacy and Provider Directory surveys, IPRO will prepare a report similar to the secret shopper report that will present a summary of findings by element surveyed. For each element (e.g., street address, phone number), the number of providers with correct information will form the numerator. The denominator will be composed of all providers surveyed. The percent of providers with correct information will be calculated for all elements surveyed and included in the report. In addition, the percent of providers with all information correctly recorded will also be calculated and reported, and a performance target or pass score can be set (e.g., MCOs/DBM should meet the target of at least 80% of providers with correct information). IPRO will identify the target in consultation with DHHS.

IPRO can also assist and advise DHHS in setting pass scores and how to utilize the results to promote adherence to the compliance standards. IPRO can also assist in developing metrics for each of the survey types. An example of a metric DHHS may want to consider in analyzing the Provider Directory Survey is described in Figure 6-8.

Findings from the surveys will be included in the ATRs.

Figure 6-8. Measure to evaluate MCO/DBM performance on the provider directory survey.

Numerator	Denominator	Passes	Failures
Total number of providers who verified the accuracy of their information presented in the web directory	Total number of providers in the sample (by provider type, PCP, specialist)	Provider who confirmed: ▪ Participation with the MCO/DBM ▪ Open panel status for listed specialty ▪ Address ▪ Telephone number ▪ Other elements to be determined in consultation with DHHS	▪ Provider practices specialty other than what was identified in provider directory ▪ Closed panel for named MCO/DBM ▪ Non-participation with named MCO/DBM ▪ Provider no longer at site ▪ Representative does not have enough information to answer the survey questions ▪ No answer ▪ On hold for >10 minutes ▪ Answering machine/voicemail system ▪ Answering service ▪ Wrong telephone number ▪ Constant busy signal ▪ Telephone company message, indicating phone number is out of order ▪ Incorrect address

Corrective Action Process

Upon completion of the survey, as indicated, a final report for each MCO/DBM detailing the survey findings will be prepared. The report will be submitted to DHHS and, if directed, disseminated to each plan. For all of the different survey types, the reports will provide detail on the failed providers and, if agreeable to DHHS, MCOs/DBM will be requested to submit a corrective action plan inclusive of all providers who failed the survey, e.g., MCOs/DBM will be asked to either remove the provider or correct the information on the directory to reflect the results of the survey.

For additional information on CAPs, please see V.D.3, below.

Exceeding Expectations

- ✓ *IPRO offers three different options for approach to network adequacy, all of which complement each other. (See examples of network adequacy reports in Appendix G.)*
- ✓ *IPRO has more than 20 years of experience in all aspects of network adequacy assessment and validation.*
- ✓ *IPRO has in place an existing database, which minimizes start-up time and cost; an existing pool of trained surveyors; and a metric that has been vetted and used for other states.*

V.D.3.	Describe the Bidder's approach to providing technical assistance as identified in this section, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO is committed to customer satisfaction and to conducting EQR activities that produce accurate, meaningful and actionable results. This commitment requires us to ensure that state and MCO/DBM staff are fully trained, understand their responsibilities relative to meeting the state's objectives for EQR and can access technical assistance quickly. As in the past, the IPRO EQR team will be available and will respond to requests for technical assistance from DHHS and MCOs/DBM with the appropriate level of urgency.

"IPRO is very patient in providing technical assistance" – ***Louisiana State Representative***

"IPRO has been extremely helpful in assisting with technical issues and providing useful and thoughtful suggestions to our organization. They are excellent to work with. I enjoy working with the IPRO staff in preparation of the annual audit. They are very responsive to my questions and very clear in their direction. I also like their process for communicating the changes year over year for deliverables."– ***Nebraska MCO Representative***

The IPRO Project Director will discuss specific technical assistance needs with DHHS as each year's NE EQRO Project Work Plan is under development. We will plan meetings and provide technical assistance and training that help the MCOs and DBM understand the EQR activities and their responsibilities related to the activities interpret and use the performance data and findings resulting from EQR activities, as well as other relevant topics. In addition to the Project Director, IPRO's Medical Director, Team Leads, and SMEs will participate in technical assistance activities as determined by the nature of the assistance or training needed.

IPRO staff assigned to the Nebraska EQR project possess the expertise and communication skills needed to deliver effective technical assistance to the MCOs and DBM. IPRO has designed and delivered comprehensive technical assistance and educational programs to enhance various state agency and managed care plan staff's understanding of the concepts and processes surrounding managed care performance improvement and to help them reach healthcare performance goals. The technical assistance we provide is instructional, consultative, and evaluative in nature and may be delivered informally and formally, one-on-one by phone and email, or in group sessions on site or via webinar or

teleconference. To facilitate any requested training session, IPRO prepares an agenda, sign-in sheets, handouts, hands-on exercises and evaluation forms.

Within our approach to the mandatory and additional activities, IPRO has embedded activity-specific technical assistance, such as:

- Prior to PM validation, IPRO will provide PM validation training covering the PM submission process and timeline, overview of PM specifications, and the overall validation process. Technical assistance will be provided throughout the validation process. As appropriate, IPRO can assist DHHS in clarifying HEDIS and state-specific PMs and facilitating communication with NCQA and other measure stewards.
- During the pre-onsite phase of the compliance assessment activity, IPRO will conduct an orientation via conference call to help MCO/DBM staff prepare for the activity and onsite review.
- After the submission of each final deliverable to DHHS, IPRO can convene a conference call/webinar with DHHS to discuss our findings and recommendations as well as their impact on the state's Quality Strategy.

One new training area for Nebraska to consider is the new mandatory activity for assessing network adequacy. As described earlier in our proposal response, IPRO has many years of experience in conducting "secret shopper" surveys and network validation studies, and we have proposed three types of surveys for DHHS to consider. IPRO can provide training for state and MCO/DBM staff on the basis of these activities (42 CFR 438.68), our approach to conducting these surveys, and assistance on how to interpret and use the results to improve performance.

As another example, IPRO can create a comprehensive, user-friendly Quality Companion Guide to facilitate Nebraska managed care plan participation in the EQR process. It will focus on core EQR activities and on helping the MCOs/DBM make a smooth, positive adjustment to DHHS's contract requirements and EQRO activities and processes. It will include, at a minimum, an introduction (purpose, EQR regulations, EQR-related activities, EQR annual reporting requirements, Nebraska MMC EQR overview), and for each mandatory activity, process overview, task description, methodology, data submission instructions and timeline.

If of interest to DHHS, IPRO can develop an annual PM submission guide for the MCOs/DBM detailing their reporting requirements, including measures they are required to report, how and where to report them, the timeline for submission, DHHS and IPRO contacts for technical assistance. IPRO has prepared a similar document for our Louisiana EQRO contract and assists New York in preparing their measure submission guide.

IPRO is also experienced in reviewing state quality strategies for various purposes. For Nebraska, IPRO assisted in the development of the state's quality strategy and recent revisions to include newly contracted dental services. For Pennsylvania, IPRO provided clarification regarding the EQR activities and processes including providing feedback to the state on their draft quality strategy. IPRO also issued a report titled Comprehensive Evaluation Summary of the

Commonwealth of Kentucky Strategy for Assessing and Improving the Quality of Managed Care Services. This report provided a comprehensive summary evaluation of Kentucky's quality strategy using managed care data, reports and interviews, and included an in-depth review of the state's accountability strategy, monitoring mechanisms and compliance assessment system.

As part of our current EQRO contract with DHHS, IPRO has provided technical assistance to address various aspects of the MMC program. See examples below.

1) We worked with DHHS to develop strategies to address MCO performance on the quality measures that were below the national 10th percentile, suggesting the following:
   a. The review of the Final Audit Reports and IDSS by IPRO's HEDIS auditors to ensure there are no issues (to further determine if ISCA is warranted, for example),
   b. Devote one or more of the three PIPs for CY 2021 to the subpopulations represented by the poor performing measures (children/adolescents, for instance), and
   c. IPRO-facilitated monthly quality improvement meetings with the MCOs, that include the use of key driver diagrams, PDSA worksheets, and outcome and process measures for each topic.
2) IPRO presented various key performance indicators to the state to consider during the process of MCO re-procurement.
3) Following review of changes to Medicaid in Nebraska (expansion and modernization of payment methodology for NE nursing facilities) IPRO developed suggestions for DHHS consideration, to ensure appropriate member access to care following expansion, as well as meaningful nursing facility quality measures.
4) IPRO reviewed the MCO Quarterly Business Reports (QBRs) in an effort to help DHHS identify metrics that more closely aligned with the Quadruple Aim. IPRO's role was to assist DHHS in integrating these aims in to the practices of the Heritage Health MCOs, and reformat the QBRs to reflect metrics and activities associated with these aims, in a way that allows DHHS to best understand MCO performance and opportunities for improvement.

In 2017 IPRO's Executive Sponsor and Project Director conducted a training on care management and utilization management for DHHS RN staff. This included an overview of quality improvement processes and principles; identification and assessment of members in care management; an overview of utilization management and utilization review, which included an overview of the Heritage Health utilization management contract requirements and how to appropriately review UM records to ensure compliance with these requirements. The goal of this training was to provide DHHS with technical assistance in how to most effectively review the reports issued by the MCOs, as well as the case files generated by care management/utilization management .

IPRO will report in writing any problems with the administration of the MCO or the DBM Contracts and will propose a CAP for any problems directly related to the performance of this Contract.

IPRO advises on and evaluates managed care plan CAPs developed to address identified deficiencies in MCO/DBM practices or performance. Action plans are reviewed to determine the likelihood of the proposed actions in correcting the deficiency in a timely and effective manner. As needed, we have provided plans with action plan templates. Our standard template includes sections for: follow-up actions implemented or planned, timeframe for completion, goals or expected outcome, and MCO/DBM process for monitoring the action to determine its effectiveness. The success of actions taken is assessed during subsequent reviews. For example, IPRO regularly reviews and evaluates CAPs submitted by managed care plans as a result of a compliance review finding or to address selected quality improvement recommendations, e.g., compliance reviews—prior-year findings are reviewed to assess the success of plan's corrective actions; technical report—provides weaknesses identified across EQR activities relative to access, timeliness and quality and includes recommendations for improvement.

On contract award, IPRO will discuss with DHHS the criteria for identifying a problem that would require an MCO or DBM to develop a CAP. If IPRO identifies a deficiency or non-compliance relative to the administration of a Nebraska MCO or DBM, we will report the issue to DHHS. If DHHS concurs, we will require that the MCO or DBM submit a CAP and will indicate a timeline by which specified activities must be completed. IPRO will review CAPs for appropriateness, communicate with the MCO/DBM whose submission is lacking and provide written and verbal guidance to assist the MCO/DBM in enhancing these plans as needed. IPRO will monitor each MCO's/DBM's deployment of the CAP and gauge the extent to which the CAP adequately addressed the noted deficiency.

IPRO will provide technical guidance in the development of PIPs.

IPRO will provide comprehensive technical guidance and training to the Nebraska MCOs/DBM, to ensure that they are capable of performing compliant PIPs, as specified by DHHS and as required to meet contract requirements. IPRO ensures, through training, that the MCOs/DBM understand quality improvement concepts, methodology and requirements for PIP reporting. We conduct conference calls and meetings, have staff available to respond promptly to telephone and e-mail inquiries, provide tools and instructions designed to facilitate their completion, remind MCOs/DBM of upcoming submission deadlines and important information and respond to requests for assistance with the appropriate sense of urgency.

IPRO's Nebraska Project Director leads a quality improvement training with each new PIP project cycle. Each year the projects are carried out, IPRO facilitates an all-plan collaborative PIP call, wherein the plans present the progress on their projects thus far, and share barriers and best practices. Additionally, the Project Director has prepared PIP proposals and reporting templates for four Nebraska PIP topics. The Tdap, ED visit for SUD/MHI, and dental (two: annual dental visit and

preventive dental visits), initiated in 2018, are in the re-measurement phase, and the new PIP targeting diabetic screening in those with a new antipsychotic medication prescription was recently initiated at the beginning of 2020. In all instances, MCOs were provided with a guidance document outlining expectations and examples of interventions and measures.

Similar to the examples provided above, our approach to PIP implementation includes PIP training covering the PIP submission process and multi-year timeline, quality indicator development and testing, planning and implementing quality improvement strategies, measuring the effectiveness of interventions, and sustaining and spreading measured improvement. As part of this training, IPRO shares best practices, challenges and lessons learned. We continue to provide technical assistance throughout the PIP validation cycle.

We provide technical assistance and training related to PIPs as part of all of our state EQRO contracts. Examples include:

- Technical assistance to help managed care plans understand, interpret, and use EQR findings and performance data to improve their healthcare services and to build the capacity to meet state performance goals
- Technical assistance and training to managed care plans in designing and implementing PIPs
- PIP training modules including performance improvement concepts, Plan-Do-Study-Act cycle, topic selection and development of appropriate performance measures, identification of data sources, development of interventions to mitigate barriers, progress tracking, data analysis, and reporting of PIP results
- Technical assistance in remediating PIP deficiencies
- Working one-on-one with managed care plans to develop tailored strategies for participation in collaborative PIPs
- Technical assistance to help plans with measures that are difficult to report and to capture required data elements
- Subject matter expertise for state staff to inform PIP topics, select performance measures, and revise quality strategies to address newly enrolled populations or new initiatives
- Training for state and plan staff on root-cause analysis and development of CAPs
- Training for state and plan staff in using the IHI model of performance improvement

As the EQRO for DHHS since 2007, IPRO has provided a variety of both general and topic-specific PIP trainings so that the MCOs could readily understand the PIP process and expectations, as well as the topics that are most appropriate for their member populations. Over the span of 3 months in 2016, just prior to the launch of Heritage Health, IPRO's Vice President, Medical Director, and Project Director provided various trainings to both DHHS and the MCOs. The topics of these trainings included;

- the role of quality in BH managed care;
- EQR tasks to be carried out by IPRO as part of our contract with DHHS;
- a quality "boot-camp," which included an overview of how we evaluate and monitor quality; and

- an overview of potential PIP topics based on Nebraska's unique population and their outcomes.

Once launched, the Heritage Health program was continuously monitored and evaluated by IPRO, and yearly meetings were held with DHHS and the MCOs/DBM to discuss outcomes and opportunities going forward. Ad-hoc training has been carried out for new members of DHHS staff, as well as new quality leads at the MCOs/DBM.

Exceeding Expectations

- ✓ *IPRO customizes technical assistance based on conversations with state/plans to assess knowledge gaps and/or topics of interest.*
- ✓ *IPRO draws upon lessons learned and best practices adopted through its 13-state EQRO program, to enhance Nebraska EQRO contract activities.*
- ✓ *IPRO's NE EQRO Project team includes both an MLTSS SME and a BH SME and has access to other experts among our more than 350-person staff, including those with value-based purchasing expertise.*
- ✓ *IPRO could provide training for state and MCO staff in the details of existing and new CMS EQR protocols, including how states can best meet the CMS requirements. We've conducted such training for Nebraska and our other state clients.*

V.D.4.a.	Describe the Bidder's approach to providing an annual detailed technical report for each MCO and PAHP, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response

Overview

Each year, IPRO produces managed care plan-specific and statewide aggregated ATRs evaluating the performance of 159 managed care plans in 12 states and Puerto Rico. Report content and templates are customized to meet individual state needs and preferences, but always in compliance with CMS requirements.

In accordance with 42 CFR §438.364 governing external quality review results, IPRO will continue to prepare, finalize and submit to DHHS, by October 15 of each year, detailed EQR ATRs for each MCO/DBM and a statewide aggregate report, ensuring compliance with the April 30 deadline for submission to CMS. Each report aggregates, analyzes and evaluates information obtained through EQR activities and from approved information sources on the quality, timeliness and access to healthcare services furnished to Nebraska Medicaid recipients. The ATRs will report comprehensive and meaningful evaluation results for each MCO/DBM along with concrete recommendations for improvements and future considerations.

The ATRs will be developed under the direction of IPRO's Project Director and Medical Director and by our team of data analysts working with our technical writer and editor. This team is proficient in presenting complex content supported by effective graphics and narrative for use by audiences with disparate perspectives. In developing the report, they will

take into account the level of detail, format, tone, accessibility, and other characteristics that may affect the target audiences' ability to readily assimilate the information.

ATR Report Planning – Statewide Report

IPRO will produce an aggregate ATR for DHHS that provides a thorough analysis and evaluation of statewide aggregated information on quality of, timeliness of, and access to the healthcare services that the MCOs/DBM furnished to their Medicaid enrollees during the preceding year. The aggregate ATR will present results from the four federally mandated EQR activities (i.e., compliance reviews, validation of performance measures, validation of performance improvement projects and validation of network adequacy), findings from other oversight activities such as EDV, information in accordance with the state's quality strategy, and additional content as specified by DHHS. The report will be:

- Clearly and concisely written, and professionally edited
- Compliant with Balanced Budget Act of 1997 regulations and with the standards outlined in the 2012 update of the CMS External Quality Review Toolkit for States, the 2016 Medicaid Managed Care Final Rule and Tips for Drafting an Effective EQR Technical Report included in the current CMS protocols
- Customized to include the content and reflect the format that best address Nebraska's goals

IPRO will confer with DHHS to review the current ATR elements and format and will make revisions to reflect any changes in regulatory requirements and to improve its utility and value.

The aggregate ATR will combine text, tables, and graphs to best display each data set in a way that is easily understandable for the reader. Standardized forms, templates, and processes will be used to assess qualitative and other data that cannot be readily statistically analyzed, in order to provide a systematic approach. IPRO will produce the aggregate ATR in both print and electronic form.

Understanding that the report may be used by diverse stakeholders, data will be presented clearly and unambiguously so it is easily understood by a variety of audiences, e.g., enrollees, providers, general public, advocacy groups and legislators. On request, IPRO will produce the report in a format that is consistent with Section 508 of the Rehabilitation Act (29 U.S.C. § 794d) to ensure accessibility by persons with sensory disabilities and will be consistent with the Medicaid Managed Care and CHIP Final Rule released by CMS in May 2016. The report will not disclose protected health information or the identity of any Medicaid beneficiary.

IPRO will submit a draft aggregate ATR to DHHS. DHHS will be given ample time to review the ATR and suggest modifications. IPRO will make appropriate revisions based on DHHS's comments, and will submit the final report within DHHS's designated timeframe. IPRO will distribute the aggregate ATR to DHHS (and other stakeholders if so directed) in a secure manner, e.g., secure file transfer, encrypted email, hard copy.

Statewide ATR Content and Analyses

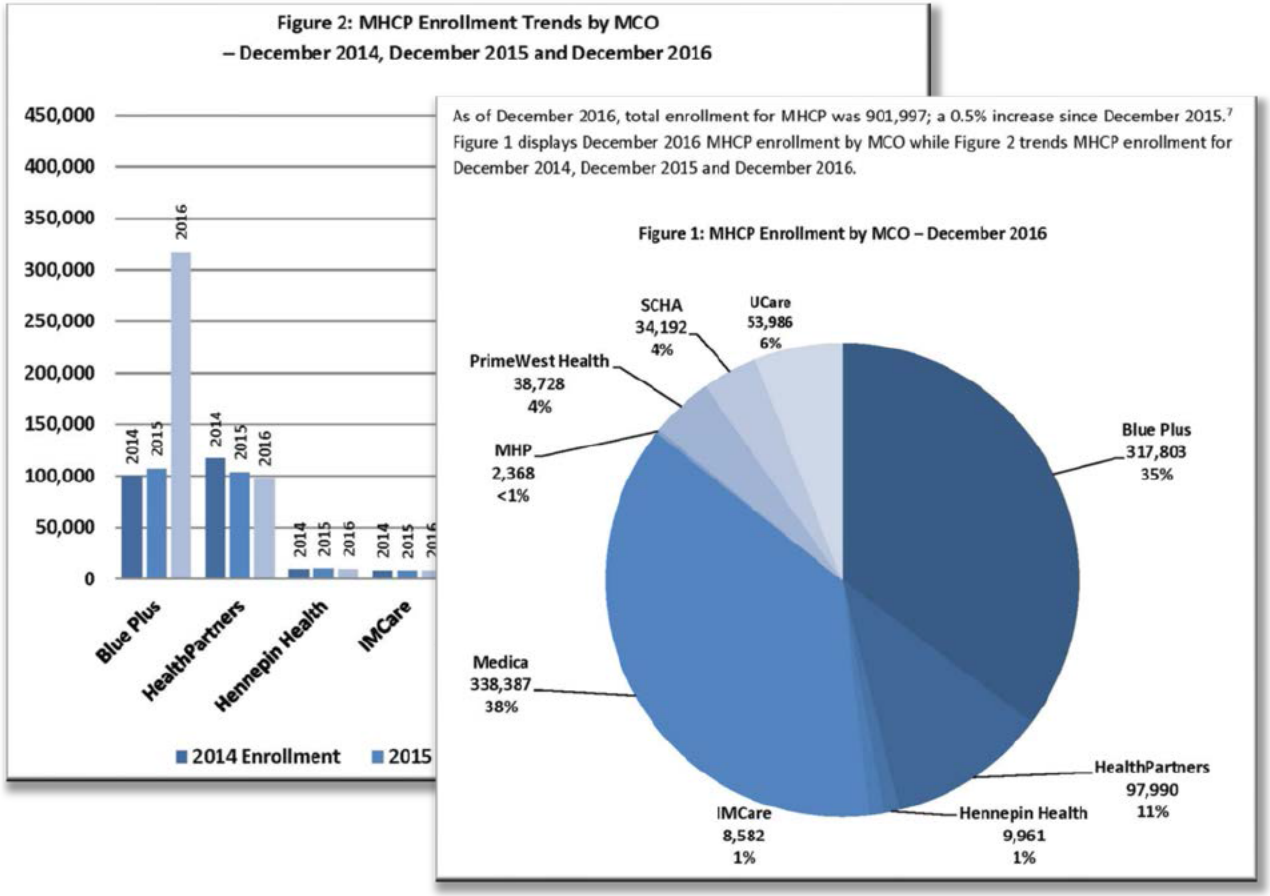
The components of the aggregate ATR will include the following, subject to revision in discussions with DHHS:

▪ Objectives of each activity ▪ Technical methods of data collection and analysis for each activity ▪ Description of data obtained for each activity ▪ Conclusions based on the data analysis for each activity	▪ An assessment of each MCO/DBM's strengths and weaknesses with respect to quality of, timeliness of, and access to healthcare services furnished to Medicaid beneficiaries ▪ Recommendations for improving quality of healthcare services furnished by MCOs/DBM, including how the state can target goals and objectives in the quality strategy to better support improvement ▪ Methodologically appropriate, comparative information about all MCOs/DBM ▪ An assessment of how effectively each MCO/DBM addressed recommendations for quality improvement made during the previous year's EQR

IPRO will aggregate and analyze the data on quality, timeliness, and healthcare access and will prepare an independent report of our findings. Findings may also be grouped by performance categories, such as preventive care, women's health, behavioral health, network adequacy, and access. In addition to the components above, the report will include statistical comparisons of the MCOs' /DBM's and statewide performance to available local and national benchmarks and best practices, where appropriate. Three years of data for trending purposes will be included. IPRO will present clear and concrete conclusions and recommendations to assist the MCOs/DBM and DHHS in formulating and prioritizing interventions to improve performance, and to consider when updating the state's managed care quality strategy and other planning documents.

IPRO will submit the draft report to DHHS, make modifications based on DHHS's comments, and submit the final aggregate report to DHHS by October 15. Understanding that the report is used by diverse stakeholders, data will be presented clearly and explicitly, combining text, tables, and graphs to display each data set so it is easily understood by a variety of audiences. Examples of graphs from our 2016 Minnesota ATR are provided in Figure 6-9.

Figure 6-9. Graphs from IPRO's 2016 ATR for Minnesota EQR.



In summary, our EQR team will ensure that the Nebraska statewide ATR:

- Conveys information appropriate to all audiences in an engaging way,
- Incorporates suitable and well-placed visuals that support key points as appropriate and in compliance with Section 508,
- Is clear, concise, and devoid of jargon and superfluous content, and

- Is organized and laid out logically.

Managed Care Plan-specific ATRs

The MCO/DBM-specific performance reports will be developed under the direction of IPRO's Project Director and Medical Director and by our team of data analysts working with our technical writer and editor.

Our finalized reports will be submitted annually to DHHS in draft form, updated reports incorporating any DHHS feedback will be submitted within 10 business days of receipt of feedback, and the final reports will be submitted by October 15.

ATR Report Planning – Managed Care Plan-Specific Reports

IPRO will produce plan-specific performance reports that provide a thorough analysis and evaluation of MCO/DBM-specific aggregated information on quality of, timeliness of, and access to the healthcare services that the MCO/DBM furnished to their Medicaid enrollees during the preceding year. The reports will present results from the four federally mandated EQR activities, findings from other oversight activities such as EDV, and additional content as specified by DHHS.

IPRO will confer with DHHS to review the current report elements and format and will make revisions to reflect any changes in regulatory requirements and to improve its utility and value.

The reports will combine text, tables, and graphs to best display each data set in a way that is easily understandable for the reader. Standardized forms, templates, and processes will be used to assess qualitative and other data that cannot be readily statistically analyzed in order to provide a systematic approach. IPRO will produce the reports in both print and electronic form.

IPRO will submit the draft plan-specific reports DHHS. DHHS will be given ample time to review the reports and suggest modifications. IPRO will make appropriate revisions based on DHHS's comments, and will submit the final reports within DHHS's designated timeframe. IPRO will distribute the reports to DHHS (and other stakeholders if so directed) in a secure manner, e.g., secure file transfer, encrypted email, hard copy, etc.

Managed Care Plan-Specific Report Content and Analyses

The components of the performance reports will include the following, subject to revision in discussions with DHHS:

- A description of how data from the EQR-related activities were analyzed and aggregated, and how conclusions were drawn relative to the timeliness, quality of, and access to care provided by the MCO/DBM.
- For each EQR activity, the objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data.
- An assessment of each MCO/DBM's strengths and weaknesses with respect to the timeliness, quality, and access to healthcare services furnished to Medicaid beneficiaries.

- Recommendations for improving the quality of healthcare services furnished by each MCO/DBM.
- An assessment of the degree to which each MCO/DBM addressed the quality improvement recommendations made during the previous year's EQR.

Within the plan-specific reports, IPRO will develop a profile of each MCO/DBM's performance across quality indicators, including breakdowns by populations identified by DHHS. IPRO will synthesize data from all EQR activities and will integrate information from other sources as appropriate and as requested by DHHS. Our recommendations for improvement will be based on our findings with respect to, for example, PM rates, member and provider survey results, enrollment trends, and shifts in the provider network.

Central to our analysis will be identification of performance trends that suggest the existence of systemic problems and quality of care issues. Whenever possible and appropriate, IPRO will present multiple years of data for trending purposes, identify trends over time, and provide constructive recommendations for improving care. For example, trended PM data will be used to compare performance year over year at the MCO/DBM and statewide levels.

Throughout the analysis process, IPRO will carefully consider the correlations between available data. For example, if a significant decline in enrollment is observed, IPRO will analyze CAHPS results to determine if member satisfaction has impacted enrollment. Factors at the MCO/DBM level, such as service area changes, and at the statewide level, such as benefit changes, will also be considered during the evaluation. Any problems identified during the review that affect the reporting of data will be noted throughout the report.

In addition, the reports contain a section that details initiatives undertaken by the MCOs/DBM to address disparities of care that have been identified in their member populations.

The reports will also incorporate IPRO's assessment of the degree to which each MCO/DBM effectively addressed the quality improvement recommendations made by IPRO in the previous year's EQR. Each MCO/DBM will be requested to respond to IPRO's recommendations and to state any improvement strategies they implemented. The MCO/DBM's responses to previous recommendations will be included in the reports. Recommendations for improvement that are repeated from the prior year's report will be closely monitored by IPRO, as they may represent persistent systemic deficiencies and quality of care issues. There were several MCO quality measures, for instance, that presented opportunities for improvement over the course of the last two reporting years (2019 and 2020). IPRO suggested that upcoming PIPs focus on children/adolescents to address several of these measures. We propose that IPRO and DHHS co-host monthly calls with the MCOs to discuss rapid-cycle quality improvement efforts to address each of the measures identified. A PowerPoint template was developed to drive these monthly meetings, and included slides for key driver diagrams, PDSA worksheets, and measure calculations/rates.

Exceeding Expectations

✓ *If of interest to DHHS, IPRO could develop a Risk Analysis Matrix, as depicted in Figure 6-10, to display relative performance by the MCO/DBM over the two most recent reporting years and compare current performance to the statewide MMC weighted average for the same indicators. Using a simple scoring mechanism (grades A–F), the matrix displays indicators that fall above and below statewide averages, or are trending upward or downward. We have used this matrix for several states to assist managed care plans in prioritizing their quality improvement efforts, and the matrix has been used by states to populate a statewide report card.*

Figure 6-10. Sample Risk Analysis Matrix.

		MHCP Weighted Average Statistical Significance Comparison		
	Tre	**Below Average**	**Average**	**Above Average**
Year to Year Statistical Significance Comparison	↑↑	C Childhood Immunization Status: Combo 3	B Use of Appropriate Medications for People with Asthma	A
	No Change	D • Breast Cancer Screening • Chlamydia Screening in Women	C • Adolescent Well-Care Visits • Cervical Cancer Screening • Controlling High Blood Pressure	B • Prenatal and Postpartum Care • Timeliness of Prenatal Care • Adult BMI Assessment
	↓↓	F	D Frequency of Ongoing Prenatal Care: ≥81% of Expected Prenatal Care Visits Received	C

KEY:

A - Performance is notable. No action is required. MCO may have internal goals to improve.
B - No action is required. MCO may identify continued opportunities for improvement.
C - No action is required, although MCO should identify continued opportunities for improvement
D - Root cause analysis and plan of action are required.
F - Root cause analysis and plan of action are required.

V.D.4.b.	Describe the Bidder's approach to providing an annual assessment of each MCO's or PAHP's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO's EQRO plan technical reports summarize and analyze the qualitative and quantitative results from EQR activities. The reports include an assessment of each MCO/DBM's overall performance, including, MCO-specific strengths and weaknesses with respect to quality of, timeliness of, and access to healthcare services furnished to Medicaid beneficiaries, and recommendations for improving the quality of services provided. The reports include a compilation of agreed upon data elements reflecting the CMS protocols for EQR technical reports.

Exceeding Expectations

- ✓ *See Risk Analysis Matrix, Figure 6-10 in Section V.D.4.a.*
- ✓ *As we've done in the past, we have surveyed MCOs/DBM to describe any initiatives they've undertaken to assess and reduce healthcare disparities and to highlight their use of IT solutions to reduce costs and help improve quality of care. We've included these initiatives in the ATRs for several states, including Nebraska.*

V.D.4.c.	Describe the Bidder's approach to providing recommendations for improving the quality of health care services furnished by each MCO or PAHP, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

Recommendations for improving the quality of healthcare services furnished by each MCO/DBM will be provided within both the plan-specific and aggregate ATRs. These ATRs will continue to be developed based on our knowledge of the EQR activities in progress and on documentation that has been submitted to IPRO by the MCOs/DBM.

Exceeding Expectations

- ✓ *IPRO is available to work with MCOs/DBM to develop best practices and interventions as part of their PIPs, which have been proven to be successful in our work with MCOs in other states.*
- ✓ *We could analyze PMs by stratifying results by subpopulations (e.g., ethnic groups, regions) to help MCOs/DBM determine where to best apply resources to improve care where it's most needed.*
- ✓ *We have staff experienced in convening/facilitating workgroups focusing on a topic identified as an area for improvement. We could bring in state, MCO/DBM staff, and community and national experts and form a panel/steering committee to identify strategies to improve care in areas deemed to be priority areas, e.g., opioid use.*

V.D.4.d.	Describe the Bidder's approach to providing methodologically appropriate, comparative information about all MCOs and PAHPs, upon request, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

As required, IPRO's plan-specific and aggregate ATR for Nebraska EQR will include methodologically appropriate, comparative information about all MCOs and the DBM, which were reviewed as part of the EQR.

Where possible and appropriate, we provided trended results, comparisons across MCOs, against the statewide average and available industry benchmarks such as Quality Compass.

Exceeding Expectations

✓ *For a PIP topic of interest to Nebraska that also has been studied by our other state clients, we compare barriers, interventions, and PMs of the PIP, resulting in more efficient use of contract resources and increasing the effectiveness of the PIP.*

V.D.4.e.	Describe the Bidder's approach to providing an annual assessment of the degree to which each MCO or PAHP has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

The ATR will incorporate IPRO's assessment of the degree to which each MCO/DBM effectively addressed the quality improvement recommendations made by IPRO in the previous year's EQR. Each health plan will be requested to respond to IPRO's recommendations and state any improvement strategies that have been implemented. These responses will be included in the reports.

Subsequent compliance reviews provide follow up of requirements found "less than fully compliant" in the prior review, to assess success of actions taken in response to prior findings; Risk Analysis Matrix (see Section V.D.4.a.) can also provide trended information.

Exceeding Expectations

✓ *For areas of improvement that apply to all MCOs/DBM statewide, IPRO could craft a collaborative PIP conducted by IPRO (following the CMS optional activity in the protocol) to study the issue and recommend interventions to be applied statewide.*

V.D.4.f.	Describe the Bidder's approach to providing ad hoc studies and reports, how the proposed hourly rate is competitive, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

IPRO generates ad hoc reports to address specific topics of interest to the states we serve as EQRO. We will be prepared to develop ad hoc reports as requested by DHHS within the required timeframe, following our standard process of (1) developing a detailed project Work Plan with deliverables and timeline, assigning appropriate team members, and establishing the reporting requirements and methodology in discussions with DHHS; (2) obtaining the needed data, e.g., claims/encounter data, literature reviews; (3) obtaining approval on the report format; (4) conducting the appropriate analysis; (5) submitting the report for the DHHS's review and comment; and (6) producing the final report with appropriate revisions addressing DHHS's comments. This task will be led by our Project Director and supported by our Medical Director, Team Leads, programming, analytical and writing staff.

Examples of reports that we have prepared for other customers include an analysis of HEDIS performance, and a literature review and summary of managed care rate setting methodologies.

Below, we present some examples of interactive and real-time reports and dashboards created for other state and federal clients.

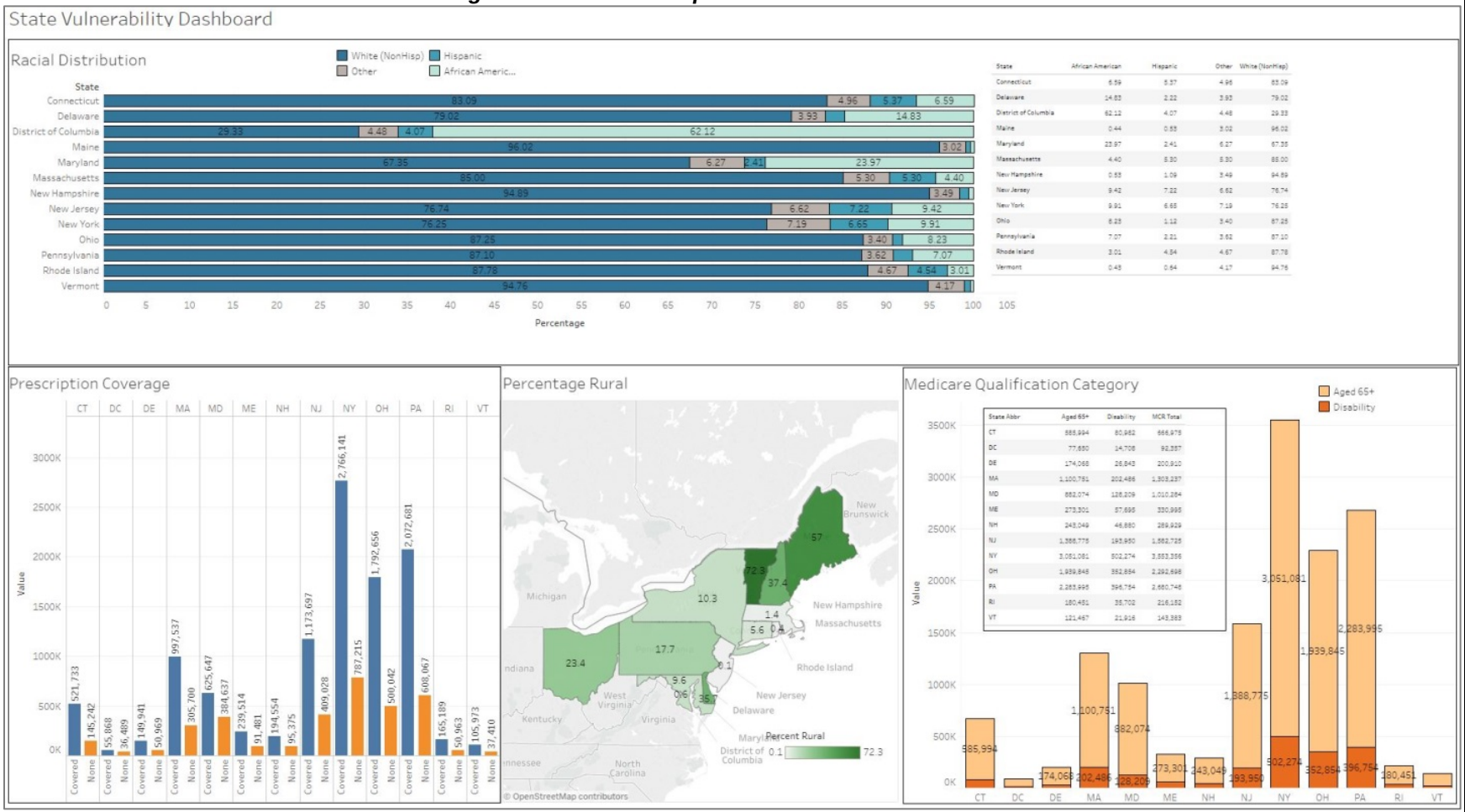
IPRO is skilled in creating dynamic, interactive reports and dashboards using continuously updated, automated data feeds from multiple sources, and could use this approach to provide enhancements to EQR data release activities, such as statewide and MCO/DBM reports and MCO/DBM dashboards. For instance, MCO/DBM dashboards could be created to provide visualizations of each MCO/DBM's progress on quality PMs, including rankings compared to neighboring states and the country. Heat maps could be developed to facilitate interpretation of the data. The dashboards could be enabled with interactive functionality allowing MCOs/DBM to select from a variety of data views, such as results trended over various timeframes, results compared to other plans, results by sub-population, or results displayed geographically on a county-level map. Examples are provided in Figure 6-11. The value to DHHS could be further enhanced by making the dashboards 508-compliant and designed for additional stakeholders such as the legislature and consumer groups.

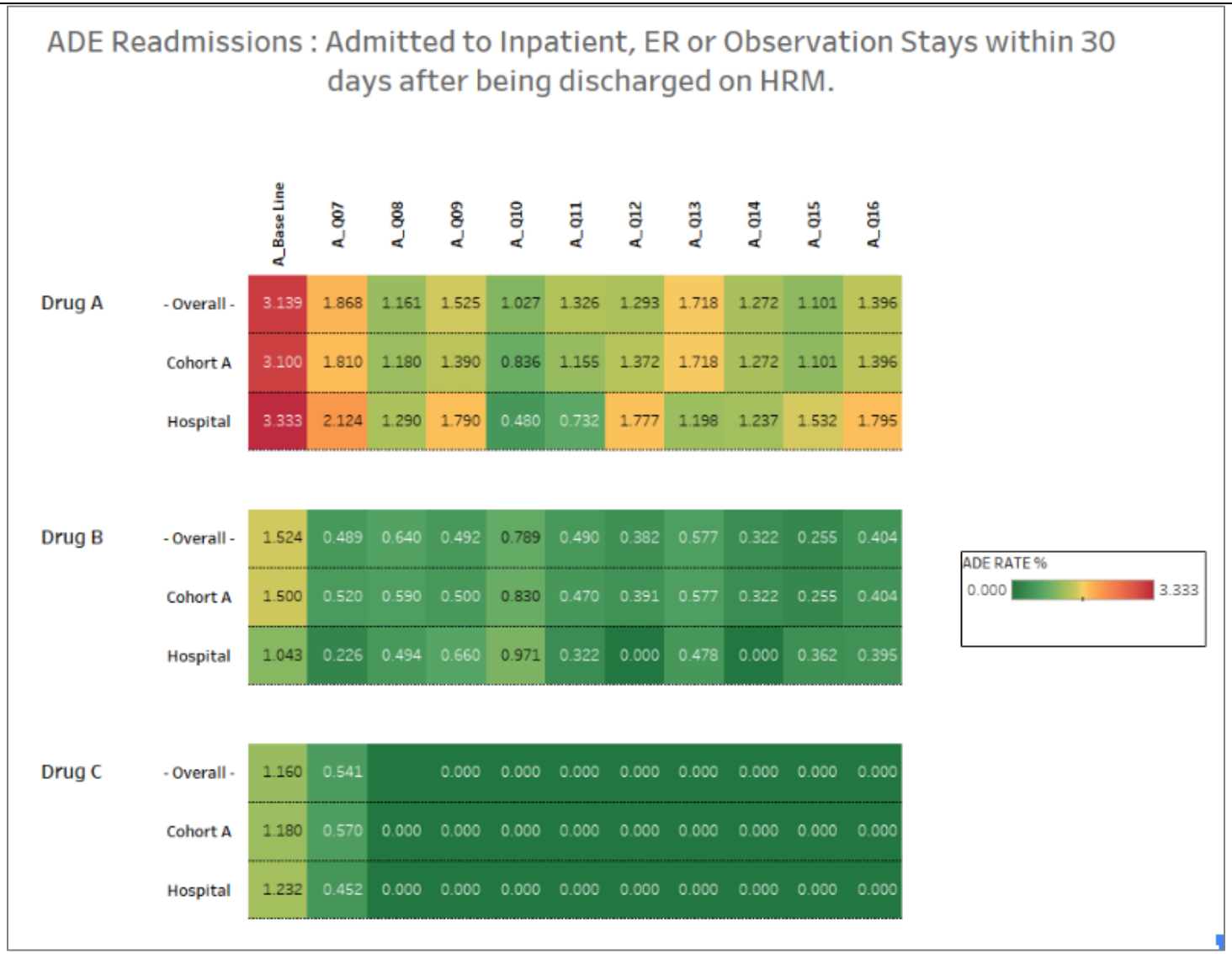
The data could be organized in multiple ways, such as aligned with the priority areas described in the Quality Strategy (the Quadruple Aim, for instance), or linked to other state initiatives such as value-based purchasing. For example, measures related to Member Experience of Care; Population Health, Provider Experience; and Cost of Care could be presented as a set with the ability to drill down to look at each measure aligned with each aim. When the data are available at the level of ethnicity, race, primary language, disability status, etc., we could structure the dashboard to integrate these strata, provided sample sizes are sufficient and the data have been audited for reliability.

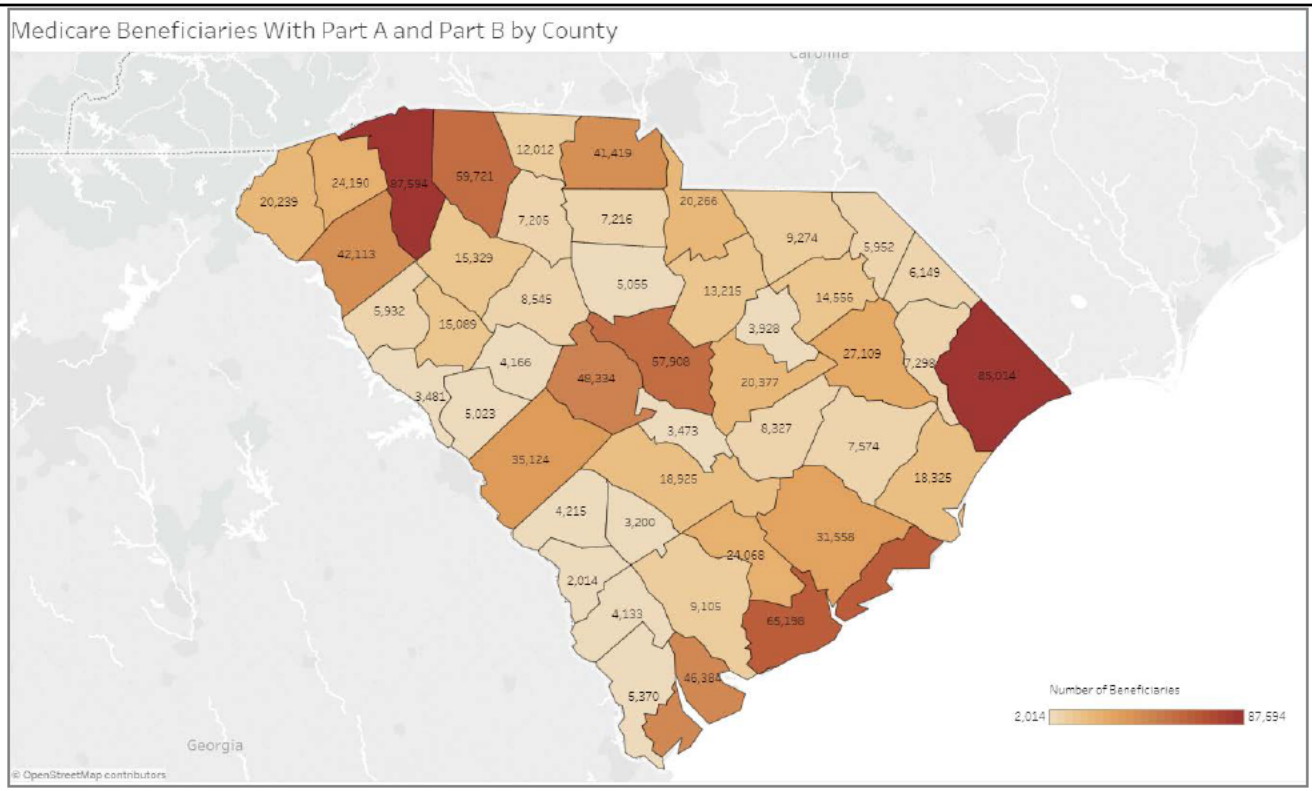
In the first year of the contract, working with DHHS and other agencies, if recommended, IPRO would develop a multi-

year plan that stages the overall vision for work in interactive and real-time reporting solutions. In the first year, we would build the structure and produce quality metrics. Each year that the contract is extended, we would make improvements to the design and content, keeping pace with developments in Nebraska's healthcare innovations agenda.

Figure 6-11. Three sample dashboard visualizations.




ADE Readmissions : Admitted to Inpatient, ER or Observation Stays within 30 days after being discharged on HRM.
A_Base Line
A_Q07
A_Q08
A_Q09
A_Q10
A_Q11
A_Q12
A_Q13
A_Q14
A_Q15
A_Q16
Drug A
- Overall - 3.139 1.868 1.161 1.525 1.027 1.326 1.293 1.718 1.272 1.101 1.396
Cohort A 3.100 1.810 1.180 1.390 0.836 1.155 1.372 1.718 1.272 1.101 1.396
Hospital 3.333 2.124 1.290 1.790 0.480 0.732 1.777 1.198 1.237 1.532 1.795
Drug B
- Overall - 1.524 0.489 0.640 0.492 0.789 0.490 0.382 0.577 0.322 0.255 0.404
Cohort A 1.500 0.520 0.590 0.500 0.830 0.470 0.391 0.577 0.322 0.255 0.404
Hospital 1.043 0.226 0.494 0.660 0.971 0.322 0.000 0.478 0.000 0.362 0.395
Drug C
- Overall - 1.160 0.541 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000
Cohort A 1.180 0.570 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000
Hospital 1.232 0.452 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000
ADE RATE %
0.000
3.333



Exceeding Expectations

- ✓ *Using Tableau, IPRO can tailor data visualization to the state's priority areas (e.g., by region, population).*
- ✓ *If of interest to DHHS, IPRO could assist in developing review tools to be used by state staff to help oversee its provider community. For example, IPRO helped develop an oversight tool to assist our Louisiana client review BH agency operations.*
- ✓ *IPRO could assist DHHS with their approach to value-based payment. We conducted DSRIP and APC projects for New York. We helped identify measures that lend themselves to value-based payment, helped collect and aggregate PM data at the provider and practice levels and helped validate PM calculations. We worked with Regional Health Information Organizations to collect clinical data and also assisted in preparing a provider-based report card.*

V.D.5	Describe the Bidder's approach to distributing the EQR reports, assessments, and recommendations of section V.D.5., and how the approach meets or exceeds the requirements of this section.

Bidder Response:

IPRO's EQR staff are experienced in writing and producing annual statewide, aggregated, plan-specific and ad hoc reports and documents and in customizing reports to meet specific requirements. The audiences for these reports vary from state to state and may include state and MCO/DBM program staff, other state agency staff, state policymakers, the press and the public. To ensure that reports can be understood by the majority of audiences with diverse interests, IPRO's reports avoid jargon, use plain language, provide an executive summary, and include charts and graphics to summarize detail.

IPRO will confer with Nebraska DHHS staff to understand the characteristics of the audience(s) for each report to be produced under the upcoming contract and will ensure that all reports meet the needs of each targeted group in terms of accessibility, legibility, usability and comprehension. We will continue to submit reports to DHHS for comment and approval prior to release.

IPRO will make all reports available in one or more formats as specified by DHHS, to ensure that all stakeholders, including those with sensory impairments, are able to access them with ease. The reports will be suitable for printing and for posting electronically on a selected website.

As a longstanding federal and state government contractor working within the healthcare sector, IPRO complies with all regulations (e.g., HIPAA, FISMA) relative to safeguarding the identity of any patient. No reports or documents produced by IPRO in performing EQR services will disclose the identity of any patient. All IPRO staff are fully trained on their responsibilities in this regard.

As in the past, IPRO will obtain prior approval from DHHS before releasing reports or data of any kind. We will continue to comply fully with requirements specified by DHHS with regard to the reporting schedule, number of report copies, and media format.

IPRO will maintain an up-to-date distribution list for report distribution and will confirm the list with DHHS prior to issuing any reports.

For additional information, please see Appendix F. Draft Communications Plan.

Exceeding Expectations

✓ *IPRO's report-development process includes comprehensive review and fact-checking by a technical writing team, including EQR experts and professional editors, all of whom have extensive experience working on Nebraska contract activities.*

- ✓ *IPRO makes reports and other documents available in multiple formats, including compliant with 508 requirements.*
- ✓ *If of interest to DHHS, IPRO could prepare a highlights document that depicts the salient findings of the report/study and presents findings that are of most interest to members and consumers.*

V.D.6.	Describe the Bidder's approach to meetings, and how the approach meets or exceeds the requirements of this section.

Bidder Response:

Meeting the state's goals for the EQR program will require continued partnership between IPRO and DHHS. We will continue to be proactive and generous in communicating issues to and collaborating with the state and the MCOs/DBM.

IPRO will confer with DHHS on a monthly basis to exchange information and provide technical assistance as needed. We will provide an agenda of meeting topics in advance of each scheduled meeting and will distribute minutes following the meeting reflecting all decisions taken and follow-up items.

IPRO has "…adapted in a seamless way to evolving changes within the EQR contract. The staff makes themselves available for ad hoc calls and meetings." – ***New Jersey State Representative***

Anne Koke, MPH, MBA, Project Director, will be IPRO's primary liaison with the state and will attend all scheduled and ad hoc meetings, as appropriate. Other core team members, including Medical Director Sarah Johnson, MD, MPH, will also attend some meetings in person and/or others via tele and videoconference, as appropriate. IPRO will chair meetings, as directed by DHHS, and will take and distribute minutes.

IPRO will confer with DHHS to determine the topics to be covered at each meeting and will prepare and e-mail a written agenda to invitees in advance of all scheduled meetings.

IPRO's EQR team will record minutes of all meetings and, within five business days of any meeting, will distribute minutes to DHHS in a pre-approved format. Minutes will minimally reflect all decisions taken during the meeting and follow-up items.

IPRO will participate via conference or video call, or in person as requested, in quarterly operational meetings convened by DHHS with the MCOs/DBM. For example, during the quarterly operational calls, Nebraska may want to facilitate advancement of the PIP cycle. We would discuss the progress of PIPs, provide technical assistance and training, answer questions about the process, methodology or project, discuss findings to date, make recommendations for improvement and share best practices.

For additional information, please see Appendix F, Draft Communications Plan.

Exceeding Expectations

- ✓ *IPRO staff exceed expectations by routinely distributing minutes ahead of the five-day requirement, frequently within one day of meeting conclusion.*

- ✓ *Our staff is always available for meetings outside of regular business hours.*
- ✓ *We invite the most relevant IPRO staff to attend meetings, for example, Team Leads, SMEs, and other IPRO staff who have the knowledge and expertise to inform the discussion.*

V.D.7.	Describe the Bidder's approach to performing quality review, and how the approach meets or exceeds the requirements of this section.

Bidder Response:

Presented below is IPRO's approach to performing the optional tasks in the order presented in RFP Section D.7, Quality Review.

"IPRO's facilitation of complex projects, such as focused studies, performance improvement projects, and surveys, has been an extremely valuable service for the NYSDOH." – ***New York State Representative***

V.D.7.a. Encounter Data Validation

Overview

IPRO participated in the ground floor development of the federal EQR protocol for EDV and, for more than 20 years, has worked continuously with state and federal government to validate and improve the accuracy and completeness of reported encounter data so it can be used for managed care program oversight, monitoring MCO performance, rate setting, identifying utilization trends and patterns of care, and determining potential areas of waste. IPRO encounter data experts also assisted in the development of the *2013 Encounter Data Toolkit*.

IPRO validates and uses encounter, claims and other healthcare data in conjunction with our EQRO contracts in New Jersey, Kentucky, Louisiana, New Mexico, New York, and Pennsylvania. IPRO validated encounter data in Nebraska in 2016. We have also conducted data validation to support other state and several national Medicare encounter data projects for CMS.

Our Approach to Validating Encounter Data

IPRO's comprehensive encounter data review and validation program supports states in developing reliable, complete, usable encounter data. IPRO will conduct validation of the encounter data reported by Nebraska MCOs/DBM to determine if the data are complete and accurate for DHHS's specific purposes. IPRO's EDV process is consistent with *CMS Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*, ensuring statistically valid and defensible data, rates, and conclusions, in adherence with the Nebraska MCO and DBM contracts and 42 CFR 438.358(c)(1).

IPRO's Nebraska EDV team will include data analysts/programmers, nurse reviewers, and others who have worked extensively with encounter and claims data for our other state clients, under the direction of our Data Validation and Reporting Team Lead.

Review State Encounter Data Requirements

IPRO will review documentation provided by DHHS to achieve a comprehensive understanding of the state's requirements for collecting and submitting encounter data. This information includes contract specifications for MCO/DBM data collection and submission, standards for data accuracy and completeness, information flowcharts, a list of MCO/DBM system edit checks and related rules, data submission formats and schedules, data dictionary, past reports (if available), and any other pertinent information. IPRO will review the state's requirements and make recommendations for updating these requirements in accordance to any changes in the CMS protocol and in response to emerging trends in claims/encounter data reporting. The approach may vary from one year to the next depending on vulnerabilities observed in the state's use of encounter data.

IPRO will also review state-specified target rates for accuracy and completeness and will document specifications for each encounter type and data field using our standardized worksheets. As requested, IPRO will advise DHHS on developing an approach for setting target error rates by encounter type, based on the state's intended use of the data and our experience in other states.

Review MCO/DBM's Capability for Collecting Accurate and Complete Encounter Data

IPRO will conduct the appropriate activities to assess the capability of MCO/DBM information systems to collect accurate and complete encounter data through analysis of the completed ISCA tool and relevant supporting documentation and through MCO/DBM staff interviews. For other state clients and in accordance with the RFP, IPRO has developed encounter data questionnaires for completion by relevant MCO/DBM staff. These questionnaires are designed to supplement ISCA findings and can easily be modified for Nebraska. All analyses will be performed consistent with *EQR Protocol 5: Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan and Appendix A: Information Systems Capabilities Assessment* of the EQR protocols.

ISCA Review

For each MCO/DBM, IPRO will use the findings of the most recent ISCA conducted, as discussed in Section V.D.2.c of this proposal, as the basis of our assessment of the MCOs'/DBM's information system.

The IPRO reviewer will compare the information on the ISCA to the state's standards for accuracy and timeliness and to other information system standards established by the state. We will examine the ISCA for any issues that are likely to impact encounter data accuracy and completeness. Information from the ISCA will be supplemented by our IPRO-designed encounter data questionnaire and staff interviews, as necessary.

Analysis of MCO/DBM Encounter Data for Accuracy and Completeness

IPRO initiates the analysis using the information obtained from the review process described above. The analysis is conducted in adherence to the protocol; IPRO develops a data quality test plan, verifies the integrity of the data by

implementing the test, generates and reviews the analytic reports, and compares the results to the state-defined standards.

IPRO will obtain the MCOs'/DBM's encounter data from the MCOs/DBM and will work with DHHS to develop a process to check the accuracy and completeness of the MCOs'/DBM's submissions, assess adherence to protocols, perform monthly volume trending, and determine if edit and other validation checks are built into the processes for receiving data.

We will compare a sample of file extracts from the MCOs'/DBM's data systems to the encounters in the state's encounter data warehouse to validate whether all claims/encounters processed by the MCOs/DBM are transmitted and reconciled to the state's encounter data system. Elements for validation will be determined in consultation with DHHS but typically include, but are not limited to, date of service, diagnosis and procedure coding, place of service, provider NPI or other identifier, and total cost of service. A sample size will determined using power analysis to yield statistical significant differences among MCOs/DBM that fall within a ±5% interval. The precise margin of error will be discussed with DHHS, as the target will impact the size of the sample drawn.

IPRO will analyze data from all MCOs/DBM to establish comparisons and state benchmarks. National benchmarks will also be used where appropriate. Benchmarks will also be used to set error target rates.

Our analysis will focus on four key issues, consistent with the CMS protocol: 1) consistency of the data over time, 2) expected versus actual volume, 3) expected versus actual service mix of the population, and 4) reasonability of the diagnosis information for the population. Examples of how data may be analyzed to arrive at our findings are provided in Figure 6-12.

Figure 6-12. Encounter data is evaluated for consistency, expected volume, and other elements.

Key Issue	Analysis
Encounter data consistency over time	Managed care encounter data are usually submitted to the state's encounter system in large files or batches. Individual batches may be rejected due to improper formatting, transmission problems, or other reasons. If denied encounters are not identified and resubmitted, the data will not be available for analysis or rate setting. IPRO uses graphs to track (according to the encounter data processed) service utilization over time.
Expected volume of encounter data received	In situations where the data are consistent over time, IPRO can examine whether the volume of data is at or near expectation by estimating the total volume of data and comparing that number to what was submitted by the MCOs/DBM.

Figure 6-12. Encounter data is evaluated for consistency, expected volume, and other elements.

Key Issue	Analysis
Reasonableness of diagnosis information for the population	A key element of encounter data is the diagnosis information that it contains in the form of ICD-10-care management codes. Diagnosis information is the key to a number of encounter data uses, ranging from the setting of risk-adjusted rates to the identification of individuals for disease-specific analyses. The assessment of the completeness and usefulness of encounter data with regard to the evaluation of diagnosis information is critical. IPRO proposes addressing this issue by conducting analyses that examine the percentage of members who are identified with various diagnoses.

Using encounter data and demographic data supplied by the MCOs/DBM, we can determine if the data can be used to identify disparities in care. One method IPRO uses to accomplish this type of validation is to use the state's encounter database to calculate HEDIS measures and compare our rates with those produced by the MCOs for their annual HEDIS submission, which are calculated using the MCOs' claims systems. Any deviations can be explored to help identify gaps in the reporting of encounter data to the state.

Establishing Benchmarks

IPRO will assist DHHS in establishing benchmarks for expected and actual average number of encounters per member. Once submission of encounter data begins, we will calculate the state benchmark data needed to conduct the analysis and will work with DHHS to define and establish benchmarks that address the state's priorities. Using these benchmarks and using the state's encounter database to calculate utilization, we can identify discrepancies in reporting. Based on our prior work in this area, underreporting has been identified as a problem, which can be due to incomplete reporting of vendor data or to other issues such as global billing and reporting by capitated providers.

Review of Medical Records to Confirm Encounter Data Findings

In consultation with DHHS, IPRO will perform an independent review of Nebraska MCOs'/DBM's medical records using scientifically sound sampling practice.

We will compare the content of the selected medical records to the content of the encounter data system to pinpoint data that are under-, over- and/or misreported. The medical record will serve as the "gold standard" as to whether a service was conducted and the date of that service. Discrepancies with the medical record will be recorded and grouped by category to help identify the source of the error to promote corrective action on the part of the MCOs/DBM.

Sampling Plan

IPRO will select a random sample of medical records for review. Our methodology will be based on the intended use

of the review results. For example, DHHS may have identified reporting of information for certain provider types (e.g., PCPs, specialists) as a problem or that certain types of services are being incorrectly coded (e.g., upcoding of E&M codes). IPRO will then focus its validation on these areas that have been identified as vulnerabilities. The final sample size will be sufficiently large to detect differences among MCOs and differences between each MCO against the statewide average. A power analysis will be conducted to determine the optimal sample size.

Once the population and sample frame have been defined, we will randomly select a sample that enables us to generalize our findings to the overall program. A sample of members showing no encounters during the review period (i.e., no visits reported in the encounter data system) will also be selected to identify under-reporting.

Medical Record Review Process

IPRO will compare selected data elements (e.g., diagnosis and procedure codes, service dates, and place of service codes) in the encounter records to the medical records and will record and analyze discrepancies for volume and patterns of disagreement. The first level of review will validate the data fields needed to identify and confirm receipt of the correct medical record for the selected encounters. The second level will be to compare the encounter record to the medical record to determine the match or disagreement status for each data element.

To conduct the validation, IPRO will draw from its staff of experienced clinical reviewers, who will have been trained on the specific elements of the Nebraska study and use of our existing validation tools, which will be modified, as needed, for Nebraska.

Submission of Findings

IPRO will prepare and submit a final report to DHHS that describes our findings from the EDV, including an analysis of areas where under-, over- and/or misreporting exist, system issues that impact complete and accurate reporting, variances among MCOs/DBM in reporting, and the potential usefulness of encounter data for DHHS's purposes. The report will also incorporate our recommendations for improving DHHS's and the MCOs'/DBM's processes. The report will be submitted within 45 days of completing the IS assessment or within the timeframe set by DHHS.

IPRO will detail our findings in a final report that presents the impact of the findings on the:

- Completeness, timeliness and accuracy of encounter data collected and submitted to DHHS described in tabled format by element validated
- Monthly MCO/DBM encounter data submissions displayed by rate analysis lag tables and total dollars graphed and aggregated to calculate statewide totals for comparison
- Barriers affecting the accuracy of the submissions (elements will be scored as either accurate or inaccurate, and patterns of the types of errors made will be identified to pinpoint these barriers)
- Validation and calculation of PMs based on encounter data, as appropriate

- Ability of the encounter data system to help inform MCO/DBM quality improvement initiatives
- Ability of the encounter data system to oversee and manage the MCOs'/DBM's performance relative to providing a high level of quality care to the MCOs'/DBM's enrollees
- Recommendations to enhance accurate, timely and complete reporting based on the validation findings

Beginning in the second year of validation, findings, when feasible, will be trended to identify areas where improvement is seen and areas still in need of correction.

Tracking Reports

During the validation process, IPRO can generate encounter data tracking reports on a weekly, monthly and/or quarterly basis, if requested by DHHS, in order to identify any anomalies or discrepancies in the Nebraska MCOs'/DBM's encounter data submissions and verify that effective automated data systems are in place during the conduct of the study to quickly identify any problems that we are observing. The reports will enable DHHS to identify discrepancies and outliers by MCO/DBM and encounter type. Sample reports that we prepare for other state clients are presented in Figure 6-13.

Figure 6-13. Sample encounter data tracking reports.

Sample Report	Description of Proposed Report
Intake Report Monthly	Intake reports will monitor the intake of total encounters (including duplicate encounters and adjustments) for each MCO/DBM into the encounter data warehouse. Intake reports will assist in evaluating the subgroup volume against prior comparable reporting periods and provide a missing data warning mechanism for the subgroups.
Management Report Monthly and Quarterly	Management reports will provide the total encounter volume (including duplicate encounters and adjustments) for the reporting timeframe. These will be standardized per 1,000 members and used to assess the overall encounter submission volume.
Utilization Report Quarterly	Utilization reports will provide the unduplicated count of services by date incurred by MCO/DBM. Rates will be reported per 1,000 members annualized so comparisons can be made.
Lag Report (Incur to Accept) Monthly	Lag reports will be run by encounter type (Inpatient, Outpatient and Professional) for each MCO/DBM. The reports display the lag time from the month the encounter was incurred (begin date of service) to the month the encounter was accepted into the warehouse.

Technical Assistance

As we uncover deficiencies throughout the EDV process, we will work with the MCOs/DBM, Nebraska's Medicaid fiscal agent, and DHHS to improve data accuracy and completeness. IPRO has worked with other states to establish encounter data work groups to isolate problems and address data deficiencies. The work groups have implemented changes that significantly improved the data. IPRO will work closely with the MCOs/ DBM to identify areas of weakness and suggest methods for improving the data.

Exceeding Expectations

- ✓ *Our multi-faceted approach tailored to the state's needs: ISCA, analysis for accuracy and completeness, MRR to confirm findings of assessment and analysis, and tracking reports.*
- ✓ *Our existing reports are easily customizable for Nebraska, saving time and money.*
- ✓ *IPRO provides expert technical assistance, working with state fiscal agents and the health plans.*
- ✓ *If of interest to DHHS, IPRO could conduct a file-extract analysis, comparing a sample file from the MCOs'/DBM's claims system and compare it to a file with the same dates of service in the state's encounter warehouse to identify areas of underreporting and data inaccuracies.*
- ✓ *If appropriate, IPRO could assist DHHS in developing feedback reports sent by the state back to the MCOs/DBM after they submit encounters. These reports contain reasons why the encounter file submission failed the upload process and identify the cases that failed. The MCOs/DBM can use these reports to correct errors and resubmit a clean file.*

V.D.7.b. Administration or Validation of Consumer or Provider Surveys

Overview

At DHHS's direction, IPRO will administer or validate consumer or provider quality-of-care surveys. IPRO possesses over two decades of experience in designing, implementing, validating, and analyzing member and provider surveys related to the services furnished to Medicaid enrollees. Over this time, we have administered telephone, paper-based and electronic surveys to MMC beneficiaries and providers in conjunction with state and federal quality assessment activities. Our experience includes conducting surveys of PCPs, specialists, behavioral health providers, institutions, and ancillary providers about their satisfaction with MMC programs, members' experience of care surveys, and MCO surveys. We also conduct associated analytical, reporting, and survey validation activities. IPRO manages and reviews CAHPS surveys in partnership with NCQA-certified survey vendors.

Validation of Surveys

IPRO has implemented *EQR Protocol 6: Administration or Validation of Quality of Care Surveys,* including each of the eight activities an EQRO must undertake to assess the methodological soundness of a given survey. As part of our

HEDIS compliance audits, our auditors validate MCO CAHPS surveys. During our compliance reviews, MCO-conducted member and provider surveys are validated at the state's request.

Administration of Surveys

Our staff has wide-ranging experience in all aspects of survey research projects, including, for example, reviewing published literature and statistics, designing survey methodologies, collaborating with physicians and epidemiologists, establishing standardized data collection methods and conducting focus groups. IPRO employs staff trained in psychometrics and survey design. These individuals are skilled at constructing survey tools, sampling, pilot testing, administering mail and telephone surveys, performing statistical analyses, identifying key findings, proposing recommendations, writing concise and comprehensive research reports and presenting findings to clinicians, health plans, governmental agency staff and other healthcare professionals. All aspects of survey implementation, from survey design through data collection, analysis and reporting are coordinated to ensure that the process conforms to accepted procedures. In all projects, IPRO emphasizes the reliability and validity of the data and methodology. IPRO's surveys are scientifically designed to yield clear, unambiguous responses and can be administered in different languages.

IPRO has extensive experience in survey item development, including developing Likert and Likert-type scaled items and both closed- and open-ended items. IPRO also has experience in enhancing understandability and readability of items and creating attractive, user-friendly surveys. IPRO maintains up-to-date survey development and scanning software and equipment for this purpose.

Examples of the many different surveys conducted by IPRO are shown in Figure 6-14, below.

Figure 6-14. Examples of surveys conducted by IPRO ****Conducted by CAHPS vendor***

State	Project
New York	▪ Dental Surveys (member) ▪ CAHPS Survey (member)* ▪ Diabetes Surveys (member) ▪ Adult and Child Asthma Survey (member) ▪ Asthma Medication (member) ▪ Prenatal Care Survey (member) ▪ Qualitative Evaluation of Medicaid Consumer Guide (member) ▪ Provider Satisfaction Survey (provider) ▪ Emergency Room Utilization Survey (member and MCO) ▪ Case Management Survey (MCO)

Figure 6-14. Examples of surveys conducted by IPRO **Conducted by CAHPS vendor*

State	Project
Ohio	▪ CAHPS Survey (member)* ▪ Health Outcomes Survey (member)* ▪ Care Management Member Satisfaction Survey (member) ▪ Provider Satisfaction Survey (provider)
Louisiana	▪ CAHPS Survey (member)* ▪ Provider Satisfaction Survey (provider)
New Jersey	▪ CAHPS Survey (member)* ▪ Behavioral Health Transportation Survey (member)
Kentucky	▪ Children with Special Healthcare Needs Survey (member)
Pennsylvania	▪ CAHPS Survey (member)*
Rhode Island	▪ Timeliness of Prenatal Care Survey (provider)

Proposed Projects

As evidenced in Figure 6-14., above, IPRO has extensive experience conducting surveys for our other clients. The following are suggested survey topics that Nebraska may choose to implement:

- **Experience of care related to diabetes management** IPRO carried out a survey for another state to assess the perceived effectiveness and also awareness of diabetes self-management education (DSME) services among Medicaid enrollees. We explored engagement and availability of DSME as well as common barriers associated with attending DSME sessions. We also explored member satisfaction with and attitudes regarding diabetes self-management and regional differences.
- **Dental access and availability surveys** IPRO has conducted dental access and availability surveys for several states. These surveys assess the ability to contact dentists and make office hour appointments including routine and urgent appointments.
- **Dental experience of care survey** We carried out an experience of care member survey that assessed access and availability, barriers and facilitators to the receipt of dental services, satisfaction with dental care, and demographic differences.
- **Access to and satisfaction with asthma care** and/or survey of members with asthma who appear to be using less than optimal medications based on their records of prescriptions filled. For another state, IPRO surveyed these members as well as the primary care provider associated with each member and subsequently developed targeted interventions.

Exceeding Expectations

- ✓ *IPRO Managed Care staff includes two psychometricians, who consult on every survey and inform question development. This makes our surveys more effective and, ultimately, provides more meaningful results to Nebraska.*
- ✓ *IPRO has broad experience in conducting surveys and in using the findings to make actionable recommendations for targeted improvements. IPRO has conducted surveys of provider and member satisfaction with MMC and experience of care. Surveys have used the CAHPS instrument along with state-specific questions. IPRO also develops and administers surveys (paper, telephonically, electronically, or a combination of modalities) of subpopulations with chronic diseases, such as diabetes and asthma, and surveys of specific services, such as dental, ED care, and prenatal care. IPRO has conducted surveys independently and in collaboration with subcontractors. (See also Figure 6-14. Examples of surveys conducted by IPRO, above.)*
- ✓ *IPRO has convened both member and provider in-person focus groups to study a particular issue, e.g., to assess use of services by members who are pregnant and to assess provider satisfaction with managed care. IPRO staff can serve as facilitators of these focus groups.*
- ✓ *IPRO has successfully used REDCap, a secure web application for building and managing online surveys and databases, to develop internet-based surveys. If of interest, we could build and administer this type of survey for DHHS either via the internet alone or in conjunction with mailed surveys.*

V.D.7.c. Performance Measure Calculation

Overview

To help determine gaps in measurement, especially in areas where standardized measures are not available, IPRO will review the Nebraska PM set and will propose new measures and/or enhancements to existing measures aimed at improving the MCOs'/DBM's performance or addressing new or updated state goals. IPRO will calculate PMs in adherence with optional *EQR Protocol 7: Calculation of Additional Performance Measures.*

As a state and federal healthcare quality assessment contractor for over 30 years, IPRO has significant experience in developing new PMs and enhancing existing measures to address specific client needs. Additionally, our experience in measuring and reporting health plan performance; conducting comparative analyses; performing trending and benchmarking against national and state standards; and validating measures positions us well to accomplish this optional EQRO task for Nebraska.

IPRO has ground floor experience in developing, adapting, and refining PMs. As an example, our extensive participation in the CMS Doctor's Office Quality Special Project led to the first accepted ambulatory measure set accepted by the National Quality Forum (NQF). IPRO has continued to demonstrate expertise in performance measurement, as

illustrated by the examples below.

IPRO collaborates with the NYSDOH to prepare the QARR technical specifications manual to guide New York MCOs in reporting performance data. IPRO prepares new measure specifications, assesses the existing state-specific measures for validity and reliability, and verifies CPT and ICD codes. Further, IPRO developed measures and specifications for NYSDOH for two commonly case-managed conditions: diabetes and high-risk obstetrics. This work represented one of the first attempts in the nation to develop standard metrics to evaluate the quality and effectiveness of health plans' case management programs. Quarterly, we aggregated and summarized the data collected from seven volunteer health plans via the IPRO-developed CMART (Care Management Assessment Reporting Tool).

For its Pennsylvania EQR client, IPRO developed process and outcome measure specifications and validated data for multiple PMs for a behavioral and physical health integration initiative for members with serious mental illness. We also developed and calculated PMs assessing children who received a dental sealant prior to their eighth birthday, annual dental visits for members with developmental disabilities, and ED visits for members with asthma for both the Medicaid and CHIP populations. IPRO also developed pay-for-performance measure report cards.

To help Louisiana address the state's high infant mortality rate, particularly among the African-American subpopulation, IPRO assisted in developing several state-specific metrics under this project, namely, Initiation of Injectable Progesterone for Preterm Birth Prevention, Use of Contraceptive Methods by Postpartum Women, and HIV and Syphilis Screening in Pregnant Women.

An IPRO Managed Care Medical Director served on the Measurement Advisory Panel for the National Collaborative for Innovation in Quality Measurement, one of the seven Centers of Excellence in the Pediatric Quality Measurement Program designated by the Agency for Healthcare Research and Quality (AHRQ) in collaboration with CMS. Priorities were to enhance and develop measures in the areas of content of well child care and adolescent depression screening and follow-up for submission to AHRQ and CMS for the CHIPRA Core Measure Set.

A few of the measures IPRO has developed for other EQR clients include:

- Annual Dental Visits For Enrollees with Developmental Disabilities
- Use of Dental Sealants
- Integration of Behavioral Health and Physical Health Services for Members with Serious Mental Illness (SMI)
- Early and Periodic Screening, Diagnosis and Treatment
- Emergency Department Utilization for Asthma in Children and Adolescents
- Prenatal Screening for Smoking and Treatment Discussion During A Prenatal Visit
- Perinatal Depression Screening
- Annual Body Mass Index (BMI) Screening for Children and Adolescents

- Early Childhood Blood Lead Screening
- Iron Deficiency Rate in Children and Adolescent Women and Iron Deficiency Treatment in Children and Adolescent Women
- Medical Home Utilization
- Ongoing Comprehensive Screening Examinations in Infants and Toddlers
- Prenatal Services to Expectant Adolescent Mothers
- Testing For Hepatitis B Surface Antigen in Pregnant Women

For Nebraska, PM calculation will be conducted by an experienced team of analytical and programming staff, under the supervision of the Data Validation and Reporting Lead, supported by our Medical Director, and other clinical staff as needed.

Review and Calculate Measures

IPRO implements PM calculation in three phases: 1) planning and design, 2) implementation, and 3) analysis and reporting. The planning and design phase includes working with DHHS to identify measures to be calculated and data sources to be used, such as MCO/DBM claims data, medical records, and state vital records data. Rates are calculated in the analysis phase.

For Nebraska, either DHHS or IPRO will develop the measures during the planning and design phase, and IPRO will calculate and validate the measures.

In the implementation and analysis phases, IPRO creates the measure specifications in the format of HEDIS or NQF specifications. We collect data using the agreed upon data sources. For each measure, criteria are developed to identify the eligible population/denominator, such as, product line(s), age, enrollment, anchor date, and event/diagnosis. Numerator criteria include administrative and/or medical record elements such as date of service and diagnosis/procedure code(s). For medical record data, guidelines are provided for abstraction, and examples of acceptable and unacceptable documentation are provided. The first year of data collection is generally considered a pilot test year for each measure. This time is used to identify any data collection issues. Following NCQA guidelines, MCO/DBM-specific results will not be reported for first year measures, unless required by DHHS. The MCO/DBM-calculated rates are typically validated during the annual, mandatory PM Validation activity.

Implementation and Data Integration

During this phase, IPRO analysts will conduct the technical work of collecting, cleaning, and integrating the PM data into the data repository; conduct the preliminary analysis; and calculate the denominators, numerators, and measure rates. IPRO will design the file format, structure and all data definitions. We will also develop the data abstraction tools, conduct training, design quality improvement procedures, and create automated data edits, should MRR be needed.

The data to be integrated will be passed through electronic edits to verify data parity and screen the data. Data that passes the edits will be integrated into the data repository. Failures will be documented, and corrected information will be obtained wherever possible.

Within our own repository, IPRO will write the source code or logic to link enrollment within and across product lines, by age and gender, and through enrollment and disenrollment periods, as required. Data will be tested to assess completeness, integration and integrity, and to avoid double-counting. IPRO will also ensure that the eligible population includes members who received and who did not receive the services.

IPRO will conduct a preliminary analysis of data completeness, accuracy and reasonableness and will work with the MCOs/DBM as needed until the data are satisfactory, taking into account any weaknesses identified during the ISCA conducted during the PM validation task. IPRO will conduct steps to identify missing data and quality problems.

HEDIS Stratification

IPRO recommends that HEDIS rates be stratified by sub-populations of interest to help identify disparities of care. For example, Quality of Care and Access measures can be calculated by stratifying the denominator by gender, ethnicity, aid type, region, etc. to compare rates among the subgroups. Using these stratifications, interventions to improve can be targeted to populations evidencing low rates of care and access. To accomplish this activity, IPRO will use the member-level files that the MCOs/DBM produce to report HEDIS and request accompanying information about the members to stratify them into the appropriate subgroup. Rates would then be calculated for the different subgroups. IPRO will ensure that any modifications it makes to HEDIS measures will comply with NCQA's measure-adjustment methodology.

Reporting Results

IPRO will prepare a preliminary report describing performance measurement rates for each MCO/DBM. The report will minimally specify for each measure the denominator, sample size, administrative numerator events, medical record numerator event, calculated rate, and any other information required by DHHS. The report will also provide our analysis of the MCO/DBM's performance as compared to benchmarks and prior year's performance (when available).

As an NCQA-licensed auditor organization, IPRO will apply its auditing skills to every measure that it calculates. A separate team of measurement specialists will assess the accuracy, validity and feasibility of the measures prior to reporting.

IPRO will present the measure results in a format that will be approved by DHHS. Bar and line charts and other visualization mechanisms will be used to compare MCOs/DBM to each other or to statewide averages and regional and national benchmarks, if available. Minimally, the report will include results of key measure calculation steps, measure rates and analyses.

Exceeding Expectations

- ✓ *IPRO has experience conducting the PM calculation optional activity in several states–tailoring, developing, and reporting state-specific measures.*
- ✓ *IPRO communicates regularly with NCQA, AHRQ, and CMS to ensure we stay abreast of current rules and associated updates.*
- ✓ *IPRO has conducted a national landscape review of new and existing BH PMs to be considered for adoption for North Carolina. This or a similar type of review could also be conducted for DHHS.*

V.D.7.d. Conduct Performance Improvement Projects

At DHHS's direction, IPRO will conduct PIPs in addition to those conducted by an MCO/DBM and validated by the EQRO. Such projects will follow essentially the same process as described in Section V.D.2.b. and will be in compliance with *EQR Protocol 8: Implementation of Additional Performance Improvement Projects*. In addition, PIPs will include an assessment of the impact of the MCOs'/DBM's improvement efforts. The initial results of the PIP will provide the baseline for future assessment. The MCOs/DBM will conduct a barrier analysis of the baseline results and select interventions designed to address identified barriers. Remeasurement will determine whether improvement actions were effective in achieving improved performance demonstrated by quantitative results.

We will assemble a PIP implementation team led by our Performance Evaluation and Improvement Team Co-Leads. The team will also include our Project Director, data analysts, clinicians, technical writer, and editor, as well as our SMEs as appropriate.

Develop PIP Methodology

IPRO's process for conducting PIPs addresses all aspects of the project methodology, including study topic selection, study questions, indicators, goal setting, study population, sampling strategy, data collection procedures, interventions, methods of analyzing data, and the likelihood for improvement. Following DHHS's selection of the PIP topic, IPRO will draft the PIP proposal using our standard template to describe the components in Figure 6-15, will submit the proposal to DHHS for comment, and will refine and finalize the proposal based on these comments. Components can be added as appropriate.

Figure 6-15. IPRO's proposal will be comprehensive, ensuring that all aspects of the PIP are clearly defined

PIP Component	Description
MCO/DBM and Project Identifiers	Includes basic identifying and contact information for the project.
Topic Selection	Describes the background and rationale for selecting the topic.
Aim Statement	Defines the study aim and measurable objectives.

Figure 6-15. IPRO's proposal will be comprehensive, ensuring that all aspects of the PIP are clearly defined

PIP Component	Description
Methodology	Documents the methodology to be used, including study questions, study procedures, sampling process, data sources, and target population.
Metrics	Indicates the metrics used to assess improvement, including numerators, denominators, and exclusion/inclusion criteria. Also discusses any deviation from HEDIS or other standardized measures.
Timeframe Parameters	Defines the parameters used to determine the study baseline and remeasurement periods.
Planned Interventions	Describes the planned interventions, including linkage to the barrier analysis, rationale for choosing the particular interventions, and implementation dates.
Barrier Analyses	Describes the potential barriers and how they will be addressed (e.g., difficulty locating Medicaid members, insufficient number of providers in rural areas).

Implement Intervention and Improvement Strategies

IPRO will work closely with DHHS to propose and implement effective interventions and improvement strategies for the PIPs. IPRO has worked in close collaboration with many managed care plans and multiple states to evaluate, facilitate, support, and implement hundreds of PIPs. This work has given us exceptional insight into strategies and interventions that work to improve care, overcome barriers, and achieve long-term sustainability.

IPRO will continually measure PIP outcomes, to determine if the actions taken are working to improve healthcare outcomes. If not, IPRO will conduct root cause analysis to isolate problems, propose effective solutions, and provide for ongoing monitoring and remeasurement.

As an example, IPRO facilitated a collaborative PIP in Louisiana aimed at reducing pre-term births, a clinical priority in the state. Case management of high risk pregnancy is known to improve birth outcomes. Working with the MCOs, we determined that women with potentially high-risk pregnancies did not always have access to case management because the MCOs were not being notified of pregnancies in a timely manner. To overcome this barrier, IPRO worked with the MCOs to develop a uniform prenatal care assessment form that all Medicaid providers in the state would complete and send to the MCO for each pregnancy. The form requires the provider to indicate if the pregnancy is high-risk, so that case management services can be invoked.

For Nebraska, recommended actions will be evidence-based, targeted to identified barriers, systemic, sustainable, and will affect a wide range of participants (member and provider). In addition, recommended actions will be aligned with the priorities and goals of the state. Relevant, evidence-based interventions and best practices will be researched by IPRO

and presented for consideration.

Plan for "Real" Improvement

Working with the MCOs/DBM, IPRO will monitor the PIP on a continuous cycle and will take appropriate interim steps to measure performance and determine that the interventions being implemented are achieving project goals. Wherever possible, remeasurement will be conducted to determine if improvement actions achieved stated goals, and areas needing improvement will be resolved and continually monitored. Remeasurement may be accomplished through performance measure trending, including the development of new performance measures.

IPRO will determine whether subsequent remeasurement demonstrates a quantitative improvement in performance relative to the baseline measurement. Remeasurement will use the same methodology as the baseline measurement.

The PIP will be evaluated based on whether improvement was achieved and the level of significance of the improvement. It should be noted that statistically significant improvement is not the only measure of a successful project. Given sometimes-small population sizes, statistical significance is not always achievable. Even studies without demonstrable improvement can be considered successful if they are well described, follow a sound methodology, or achieve process success. Moreover, if there is an assessment of barriers encountered and a determination of lessons learned, the study may help future projects and save resources by not pursuing interventions that do not work.

Achieve Sustained Improvement

IPRO-led PIPs will be designed to achieve significant improvement that is sustainable over time, in areas that are expected to have a favorable effect on health outcomes and member satisfaction. The obesity collaborative we coordinated in New York is a good example of our ability to implement sustainable improvements. Following the study, IPRO worked with the NYSDOH to create and formalize a metric for providers to track BMI. The measure has been incorporated as a performance standard in MCO contracts and has continued to yield improvements over subsequent years.

IPRO's PIP proposal will incorporate a realistic strategy for sustaining statistically significant improvement and for promoting spread to other quality of care areas, e.g., identification of disparities of care and strategies to reduce them. Sustainability of the improvement is demonstrated through repeated measurements over comparable time periods. A sustainability plan will be finalized in discussion with DHHS and the MCOs/DBM, and will reflect future plans for ensuring system-wide change.

Submit a Report to DHHS on Performance Improvement Results

IPRO will provide preliminary results of the PIP to DHHS prior to completing the final project report draft, to allow for discussion and additional analyses suggested by the data and as requested by DHHS. Following such discussions, IPRO will develop the final report draft.

A description of proposed elements to be included in the final report will be included in the PIP design proposal, and the accompanying detailed data analysis plan will be provided to DHHS at the beginning of the project. IPRO will work with DHHS to design reports that are meaningful and actionable. The final report will generally include an Executive Summary, Introduction, Objectives, Methods of Data Collection and Analysis, Results, Discussion, Limitations, Conclusions and Recommendations. Discussion of results and recommendations will be based on an updated literature review to account for any recent pertinent guidelines. Other sections will be included as applicable for each project. Whenever possible, we will present comparative and analytical results in a graphical format.

Draft reports will be submitted and discussed with DHHS staff via conference call, and written comment and feedback will be incorporated into the report. IPRO will submit the final report to DHHS.

IPRO can develop a PowerPoint presentation based on project findings for presentation to DHHS, MCO/DBM medical directors and quality directors, and other stakeholders at DHHS's discretion. Such presentations can be helpful, as they allow for discussion and feedback from stakeholders regarding the findings and interpretation that is valuable for formulating next steps. The final report can be distributed to all MCOs/DBM with their individual results as applicable.

Exceeding Expectations

- ✓ *In conducting a PIP, IPRO could engage community, health-based, and other local organizations to provide services and expertise in the area(s) being studied to help link member needs to existing programs and services.*
- ✓ *It may be of interest to DHHS for IPRO to outreach to one if its EQRO clients with similar populations, e.g., New Mexico, to consider embarking on a partnership to conduct a PIP on a mutually agreeable topic of importance to both states. Such a project can leverage the experiences and expertise of MCOs in both states. IPRO acknowledges that this project will entail a significant amount of coordination in order to achieve this goal.*

V.D.7.e. Focused Studies

Overview

As requested by DHHS, IPRO will design and implement clinical and/or non-clinical focused studies that address Nebraska MMC priorities and areas of interest. As EQRO in several states and as a federal QIN-QIO, IPRO has designed and implemented many such studies to evaluate processes and outcomes of care addressing the state's priorities.

Each focused study will be conducted by a team of quality improvement experts led by our Program Evaluation and Improvement Team Leads. As warranted, an in-house specialist in behavioral health will provide subject matter expertise. Our clinical staff, data analysts, technical writer and editor will also support our conduct of focused studies.

We briefly describe focused studies relevant to Nebraska's Quality Strategy in Figure 6-16.

Figure 6-16. IPRO has extensive experience in conducting focused studies across a wide range of topic areas of interest to Nebraska.

ED Visits for Non-traumatic Dental Problems among the Adult MMC BH Subpopulation	The aim of this focused study was to quantify the prevalence of and risk factors for non-traumatic dental ED visits among the adult Medicaid managed care BH subpopulation. Administrative encounter data were utilized to assess relationships between the outcome of an ED visit for non-traumatic dental problems and the risk factors among this subpopulation.
Behavioral and Physical Health Focused Study	This study of the behavioral health population profiled and quantified chronic physical condition prevalence and service utilization patterns in order to identify susceptible subpopulations for targeted case management, care coordination and other quality improvement interventions. In addition, this study identified demographic and clinical-risk factors for outcomes of all-cause hospitalization, BH hospitalization, and all-cause and psychiatric ED re-visits within 30 days of BH hospital discharge.
ACSC Focused Study	IPRO conducted a focused study on the topic of potentially preventable hospitalizations and ED visits for ACSCs. Chronic conditions such as diabetes, heart failure, asthma, and chronic obstructive pulmonary disease are considered ACSCs in that access to quality ambulatory care for early intervention can potentially prevent complications, more severe disease, and hospital admissions, as well as ED visits. This study evaluated enrollee access to primary care services on an outpatient basis, as well as MCO-provided care management services, in order to manage their ACSCs and prevent hospital encounters. IPRO operationalized recommendations for improvement by developing and facilitating a collaborative PIP to reduce ACSC hospitalizations and ED visits.
Prenatal Care Content	The prenatal care study was designed to assess prenatal care provided to MMC members. This study assessed the provision of various components of prenatal care including timeliness of visits, prenatal risk assessments, prenatal laboratory testing, and education. Results were reported in aggregate and by specific demographic breakouts.
Medically Fragile Children Focused Study	IPRO utilized encounter data to profile healthcare utilization and clinical characteristics among children designated by the state agency as medically fragile and in foster care. This study also quantified differences in hospital use between children in foster care who were designated as medically fragile and children who were not designated as medically fragile, and identified other high-risk children in foster care with chronic and unstable conditions for consideration as possibly “missed” medically fragile children. In addition, IPRO evaluated team functioning by integrating qualitative findings from a relational coordination survey of MCO, state agency, and state community nurses for CSHCN. Results were synthesized in order to identify gaps in care

	coordination and opportunities to improve the performance of the care coordination team, i.e., MCO care/case managers, state agency social workers, and state community nurses for CSHCN.
Neonatal Abstinence Syndrome (NAS) Focused Study	The aims of this focused study were to (1) identify risk factors for non-receipt of drug treatment among mothers of NAS-diagnosed newborns and to (2) profile NAS hospital care, postpartum care and MCO care management, in order to identify opportunities for improvement in the delivery of guidelines-based NAS care, postpartum follow-up care for mothers of NAS-diagnosed newborns, and care management for newborns with NAS and their birth mothers.
Prescribed Opioids for Chronic Non-cancer Pain	Among members with an initial 90-day opioid prescription, this study assessed (a) member receipt of care in compliance with selected recommendations of the CDC guidelines for new opioid prescription, as well as (b) member engagement in MCO case management, (c) assessed MCO care coordination with the prescribing provider, and (d) assessed member lock-in status and reason.
Opioid-Use Disorder and Medication-Assisted Treatment (MAT)	Among members with opioid-use disorder, this study (a) identified risk factors for non-receipt of MAT, i.e., buprenorphine, naltrexone or methadone, in combination with behavioral therapies, (b) assessed member engagement in MCO case management, (c) MCO care coordination with the prescribing provider, and (d) member lock-in status and reason.
Case Management	IPRO conducted a focused clinical study of MMC members to describe the state's Medicaid case-managed population and identify potential high-resource users. Using predictive modeling to enhance identification and enrollment of members in case management programs, the study compared members targeted for case management by plans and members identified to have high complexity/high severity conditions by clinical-risk groups. The study was the impetus for the development of the state's case management reporting system.
Transportation Services	IPRO conducted three studies of transportation services provided to Medicaid beneficiaries. The first study was an analysis of rider utilization data, the second study was an analysis of individual trip data including timeliness and cancellation patterns, and the third study consisted of member and facility satisfaction surveys with the transportation providers and with the transportation vendor.

Other potentially relevant topics for which we have designed and implemented focused studies include PCP diagnosis and management of ADHD in children and adolescents; BH service integration; assessment and care plan development for individuals with special healthcare needs; depression screening, early childhood developmental surveillance and

screening; and a focused study based on the HEDIS Antidepressant Medication Management measure.

The remainder of this section describes our approach to designing and implementing focused studies that effectively evaluate processes and outcomes of care. The methodology for each study will be documented and presented to DHHS for review and approval.

Review Practice Guidelines and Medical Literature

IPRO will collaborate with DHHS to select focused study topics that address the state's priorities and are meaningful and feasible. IPRO will recommend topics based on analyses of Nebraska's MCOs'/DBM's performance, encounter data, enrollment data, complaints and grievance data, studies conducted for other Medicaid programs, and topics identified by published studies. We may also convene and obtain feedback from stakeholder study groups.

IPRO will examine nationally recognized practice guidelines and standards and will conduct a literature search to identify appropriate publications for each study. Our Medical Director, DHHS and MCO/DBM staff will provide key input regarding local practice standards, specific clinical practice guidelines, state Medicaid regulations and contract requirements.

Translating Clinical Guidelines into Study Indicators

IPRO translates clinical guideline recommendations into study indicators to identify barriers to evidence-based care. Treatment recommendations such as pharmacotherapy can be measured using administrative claims data, and IPRO's focused studies on the topics of Medicaid enrollees' receipt of prescription opioids for chronic pain, MAT for opioid use disorder, and treatment for Hepatitis C have used this approach. IPRO also translates clinical guideline recommendations into study indicators to identify gaps in care that can be identified from chart review. For example, IPRO has translated clinical guidelines into chart abstraction tools in order to identify gaps in maternal delivery hospital care, postpartum care, and hospital care for newborns with NAS.

Study Indicator Development

The criteria for indicator selection are relevance, scientific soundness, and feasibility. The indicators selected may include measures that apply to specific sites of care (e.g., hospital, physician office) and across sites of care (e.g., immunization rates); process and outcome measures; general measures that can be applied to the entire population; and condition-specific measures for conditions that affect a large percentage of the population or are highly resource intensive.

IPRO has extensive experience in developing, operationalizing and applying quality measures. We can derive measures from sources such as NCQA, AHRQ and NQF. However, if a topic is chosen for which no standard indicator exists, we can design an indicator that is clinically relevant, meaningful, and feasible.

Data Source Selection

Focused studies often comprise administrative data and data derived from medical record abstraction. Depending on

the topic, IPRO will identify appropriate data sources and will determine availability, viability, reliability and resources. Administrative databases, such as claims and encounter data, pharmacy databases and discharge data sets are readily accessible electronic data sources.

Identification of Study Population

The eligible study population will be defined for each study, including specifications for age, sex, disease, disease status, applicable co-occurring conditions, enrollment status, place and time of service, related health delivery processes, and measurable healthcare outcomes, as appropriate. IPRO will ensure that the MCOs/DBM understand and correctly interpret study population specifications, which is crucial to ensuring that the data are meaningful.

IPRO encourages open lines of communication with quality improvement and clinical staff, as well as analysts and programmers who will apply the specifications to administrative data used to identify enrollees for study. In addition, IPRO will validate the accuracy of all populations submitted by the MCOs/DBM and/or DHHS and will speak with analytical and programming staff during the sampling and data submission process to ensure the accuracy and appropriateness of the population for study.

Sample Selection

The study topic and data source(s) will define whether sampling is necessary. If the MCOs'/DBM's automated data systems can accurately and cost-effectively generate all of the desired data, sampling may not be necessary. Sampling would also not be necessary for projects based on encounter data.

For focused studies requiring MRR, the time and expense necessary to gather data on the entire eligible population may not be practical for large populations. Under these circumstances, sampling is the preferred approach. Sampling involves two key issues: using valid sampling methods and identifying statistically significant sample sizes.

IPRO employs standard random sampling and sample size estimation techniques to determine the sample for study. For use in calculating confidence intervals, we select the 0.05 level of significance with an interval width of +/- 0.05, thus yielding a two-sided 95% confidence interval. In general, a minimum sample size of 100 is used to ensure that there is sufficient power to make statistical comparisons. IPRO will collaborate with DHHS to select confidence intervals that best meet their needs.

Data Collection

For projects not based exclusively on administrative data, data can be collected manually from medical record documentation. Once the indicators have been chosen and developed with sufficient specificity, IPRO designs the data collection tool. IPRO applies a focused, realistic, informed approach to studies that generates an initial abstraction tool that passes a pilot test without delaying the study timeline. Criteria to be used in the data collection phase are defined for the selected indicators. These rules assist the abstractor in determining whether an indicator has been met.

To ensure that all relevant data are collected, data on each case are recorded on a single abstraction tool. IPRO uses computer-based tools, usually programmed in MS Access, with appropriate edits and other automated enhancements to eliminate collection of inaccurate or incomplete information.

IPRO pre-loads administrative data elements, which also improves data entry speed and accuracy. IPRO will coordinate with the MCOs/DBM to identify a representative sample of records on which to test the data collection tool. During the pilot test, each data element is collected and evaluated for measurability and retrievability. The pilot tests both the indicators and tool for ease of use, clarity of instructions, validity and reliability. From this, the final enhancements to the abstraction tool and instructions are developed.

When medical records are required, IPRO will send each MCO/DBM a list of cases for review. The MCO/DBM will have 30 days to provide the selected medical records. IPRO's clinical and analyst liaisons will be available to answer any questions regarding the selected sample and record retrieval.

Abstractor Training and Evaluation

IPRO develops a complete and detailed set of definitions and specifications for each PM to ensure that the data collected is uniform. Before medical record abstraction begins, reviewers are instructed on the study's objectives and abstraction tool. Reviewers participate in testing to meet inter-rater reliability requirements. Reviewers abstract the required data from the medical record and enter it into the automated abstraction tool. Throughout the process, review instructions are updated to reflect lessons learned. Concurrent over-reads of abstracted records are conducted, and reviewers receive ongoing feedback.

Confidentiality of abstracted information is strictly maintained at all times, in accordance with IPRO's policies and procedures, and state and federal law, including HIPAA and FISMA. IPRO maintains and operates a system of manual and automated internal controls to safeguard access to data and ensure integrity, completeness and accuracy of the data, processing and output. Electronic access is password protected. Each reviewer establishes a unique password to access the automated abstraction tools, and passwords are changed at least monthly.

Data Verification/Electronic Validation

The degree to which study findings can be used to monitor and improve program effectiveness or provide oversight depends on the data's accuracy, validity, and credibility. For studies based on MRR, IPRO embeds reviewer training and evaluation, electronic edits, and validation mechanisms into the process. For studies based on administrative data, IPRO analysts clean submitted data files, follow up, and enable resubmission as necessary.

For all of its studies, IPRO develops an effective system of data edits. MRR results are maintained in a central database. All data are cleaned and passed through intensive edits to ensure that abstracted dates fall into the appropriate time period, dates for indicators requiring multiple administrations (e.g., immunizations) are unique, no fields are missed,

and all responses are internally consistent. Data for all studies are entered directly into a database and re-edited to ensure that all cases are accounted for, all fields are complete, all data are internally consistent, and no data are lost.

Analyze Data/Reporting

IPRO will work with the Department to design reports that provide meaningful and actionable findings and will apply analytical techniques and presentation tools to transform them into quantitative information that can be used to identify opportunities to improve care. Comparative and analytical results will be presented in a graphical format.

Validated study data will be analyzed using statistical methods such as descriptive statistics, t-tests, chi-square analysis, linear regression, analysis of trends and logistic regression using analysis software such as SAS or SPSS. If appropriate, we will implement a method of adjustment to remove the influence of variables such as enrollee age, sex and/or race on the results. As appropriate, we will conduct comparisons against findings from other state and national studies based on similar populations. IPRO's report will include results, discussion, conclusions, and our recommendations for improvement and further study. We will provide actionable recommendations that can be implemented by DHHS, the MCOs/DBM, providers, and members. Our recommendations will reflect our history of working with MCOs across the nation that participate in both the Medicare and Medicaid programs and represent the spectrum of plan types and sizes, from large multi-state national MCOs to newly established, local plans such as managed long-term care plans and special needs plans.

Study findings will be shared with DHHS and the MCOs/DBM, as directed, and a comprehensive analysis of the results will be conducted, including identification of patterns of variation and any possible local practices that may confound the results. The interpretation will include an assessment of the study purpose, the applicability of the findings to an assessment of quality of care, the need for intervention, necessary follow-up activities, and the need for further study.

Exceeding Expectations

- ✓ *We have conducted focused studies on a wide range of topics related to DHHS's priority areas and conditions of interest, which can easily be adapted for Nebraska. See Figure 6-16, above, for examples.*
- ✓ *IPRO has managed care professionals, biostatisticians, SAS programmers, and technical writers on staff who are expert at focused study development and execution.*
- ✓ *In this proposal, we present a wide range of topics consistent with Nebraska's goals and conditions of interest to consider for possible study.*
- ✓ *IPRO could collaborate with NEHII (Nebraska Health Information Initiative), partnering to conduct the studies. NEHII is a statewide health information exchange that facilitates the transfer of healthcare information electronically across organizations, e.g., MCOs, thereby reducing data collection burden. If possible, NEHII could provide service data that IPRO can use to conduct the studies and calculate PMs.*

V.D.7.f. Quality Rating System

The 2016 Medicaid Managed Care Final Rule introduced a new requirement for states contracting with MCOs, PIHPs, or PAHPs to implement a Medicaid QRS within three years of final guidance being issued (as of October 2020, guidance has not been issued).

States may adopt the federal Medicaid quality ratings developed by CMS or adopt an alternative quality ratings methodology. This flexibility presents an opportunity for DHHS to design a robust Medicaid QRS that includes performance measures addressing unique state quality priorities such as vulnerable populations and behavioral health.

IPRO's project team maintains a comprehensive understanding of federal Medicaid QRS expectations, as well as state flexibilities for implementing alternative quality ratings methodologies. Our Managed Care Vice President, Virginia Hill, is a member of the work group working with distinguished experts and stakeholders under CMS' auspices to establish the MMCQRS.

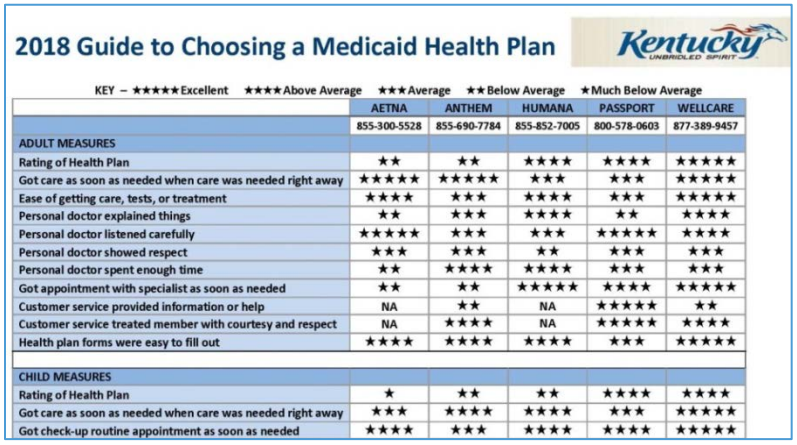
At DHHS's request, IPRO's Project Director and Medical Director will confer with DHHS to determine the quality ratings system strategy, comparison measures, timing and report format. The team's approach will include emphasis on transparency, alignment with DHHS's quality strategy and existing quality reporting efforts, and evidence-based methodology design considerations.

In addition to the upcoming CMS EQR protocol, IPRO will consult NCQA's White Paper on Medicaid Quality Ratings, released in May 2019, which describes critical components for developing a quality ratings methodology: measure framework, measure selection, data sources, scoring approach, and rating display.

IPRO has designed and developed a consumer-friendly health plan report card (screen shot in Figure 6-17; complete report card in Appendix G) for the Kentucky Department of Medicaid Services (DMS). In the past, IPRO has created the report card using the MCOs' HEDIS and CAHPS data to produce a user-friendly summary that Kentucky's Medicaid members could use to make an informed decision when choosing an MCO. The report card included a star rating to compare each MCO to the HEDIS national Quality Compass standards. Annually, IPRO reviews with DMS the format of the upcoming report card including any changes based on modified or new measures and DMS preferences.

Another example is the Pennsylvania Children's Health

Figure 6-17. Consumer-friendly Health Plan Report Card



2018 Guide to Choosing a Medicaid Health Plan — Kentucky UNBRIDLED SPIRIT

KEY – ★★★★★Excellent ★★★★Above Average ★★★Average ★★Below Average ★Much Below Average

	AETNA	ANTHEM	HUMANA	PASSPORT	WELLCARE
	855-300-5528	855-690-7784	855-852-7005	800-578-0603	877-389-9457
ADULT MEASURES					
Rating of Health Plan	★★	★★	★★★★	★★★★	★★★★★
Got care as soon as needed when care was needed right away	★★★★★	★★★★★	★★★	★★★	★★★★★
Ease of getting care, tests, or treatment	★★★★	★★★	★★★★	★★★	★★★★★
Personal doctor explained things	★★	★★★	★★★★	★★	★★★★
Personal doctor listened carefully	★★★★★	★★★	★★★	★★★★★	★★★★
Personal doctor showed respect	★★★	★★★	★★	★★★	★★★
Personal doctor spent enough time	★★	★★★★	★★★★	★★★	★★★
Got appointment with specialist as soon as needed	★★	★★	★★★★★	★★★★	★★★★★
Customer service provided information or help	NA	★★	NA	★★★★★	★★
Customer service treated member with courtesy and respect	NA	★★★★	NA	★★★★★	★★★★
Health plan forms were easy to fill out	★★★★	★★★★	★★★★	★★★	★★★★★
CHILD MEASURES					
Rating of Health Plan	★	★★	★★	★★★★	★★★★
Got care as soon as needed when care was needed right away	★★★	★★★★	★★★★	★★★	★★★★★
Got check-up routine appointment as soon as needed	★★★★	★★★	★★★★	★★★★	★★★★★

Insurance Program 2018 Final Report Card that is also included in Appendix G.

In addition to producing Kentucky's report card for the past five years and the annual PA CHIP report card, IPRO has produced numerous consumer healthcare report cards since 1999. Of note, IPRO's HMO Report Card produced for the Health Accountability Foundation directly allowed consumers the option to compare up to 25 plans on a range of HEDIS and CAHPS scores.

Exceeding Expectations

- ✓ *IPRO is a national leader in comparative public reporting and has an extensive code base that can be rapidly recycled for use in a web-based report card. IPRO's techniques include the use of IPRO's public reporting framework, Pellucid, a national data warehouse of healthcare performance indicators that allows extremely quick and efficient production of web-based tools that are informed by evidence-based design principles and AHRQ's TalkingQuality design process.*
- ✓ *IPRO NE EQRO Executive Sponsor, Virginia Hill, RN, MPA, is a member of the Technical Expert Panel working with distinguished experts and stakeholders under CMS' auspices to establish the MMCQRS.*

g. Technical Guidance

Please see Section V.D.3, Technical Assistance, above.

V.G. Work Plan	
V.G.	Describe the Bidder's approach to successfully completing all EQR-related services and how the approach meets or exceeds the requirements of this RFP. Bidder must include a Draft Work Plan that includes a timeline of deliverable submission for review.

Bidder Response:

Our draft Work Plan (Contract Year One) is provided in Appendix E. As required, IPRO will submit to DHHS no later than two weeks after the contract start date a Detailed Work Plan that includes a schedule for all deliverable tasks, subtasks, and activities, and deliverable milestones and submission timelines as noted in the RFP.

IPRO's overarching approach to conducting the requested EQR tasks is predicated upon the following guiding principles, which represent our ongoing commitment to DHHS:

- IPRO will collaborate and communicate liberally with DHHS and MCOs/DBM in planning and implementing all activities;
- IPRO will protect DHHS's investment by using all state and project resources prudently, and by continually seeking new program efficiencies and improvements;

- IPRO will build upon the expertise we have acquired through our 13 years of service to NE, to tailor all our work to the specific needs of DHHS and the environment in which it works; and
- IPRO will provide clear and actionable information to DHHS that can be used to improve access to, timeliness of, and quality of care to Nebraska's beneficiaries.

Contract Management and Performance Monitoring

IPRO's Quality Management System (QMS) is a collection of business processes focused on rigorously meeting customer requirements and surpassing expectations, reflecting IPRO's mission and values. The QMS applies to all IPRO offices and business units and includes:

- ISO certification;
- Lean implementation;
- Satisfaction surveys (employee, customer, collaborator, and Board);
- Reporting, tracking and mitigating potential and actual business risks;
- Employee engagement workgroup and motivational award for excellence in quality management.

Our internal quality controls incorporate ongoing review of operational activities, internal auditing, and corrective actions to assure service quality, accuracy, completeness, and timeliness, and we monitor cost variances as well as customer and collaborator satisfaction.

The sections which follow present an overview of our management controls and discuss related management components not referenced elsewhere in the proposal.

ISO Certification

IPRO manages its projects in compliance with the ISO 9001 International Standard. IPRO has maintained ISO certification by successfully undergoing rigorous periodic independent audits since 2003. IPRO is one of only a few healthcare assessment organizations that have earned ISO certification, currently 9001:2015, signifying our strong commitment to provide superior service to our customers and exceed their expectations. Moreover, IPRO's project management approach has been consistently recognized as effective through high customer satisfaction and contract retention rates.

Lean Management Implementation

IPRO is committed to achieving continuous improvement by implementing best management practices and strategies. One way we demonstrate this commitment is through our adoption and implementation of Lean management methodology. Lean is a set of concepts, principles, and tools used to create and deliver the most value from the customer's perspective while consuming the fewest resources, by fully utilizing the knowledge, skills, and thinking of those

who perform the work. Lean management practices maximize customer value and minimize waste by optimizing the flow of services and practicing respect for people in a culture of continuous improvement. Lean is being implemented in business units throughout IPRO, including in our Managed Care department, where we have focused on activities that have helped us to achieve a more streamlined workflow for validating PIPs.

Satisfaction Surveys

Every year, IPRO surveys our employees, customers, collaborators, and Board members to determine our strengths and opportunities for improvement. Survey results are made available to our employees and guide continuous improvement efforts.

Our customer survey is deployed via telephone interview, or the customer completes an online or paper survey tool, as the customer chooses. The target PM goal for customer satisfaction established by the organization is 100%. For 2019, IPRO's customers continued to evaluate our performance at a high level. IPRO had an overall satisfaction rating of 89.4%, which exceeds national ratings for organizations providing similar services.

IPRO also administers an annual survey to obtain feedback from our collaborators, i.e., entities with whom we partner to carry out our contract work, such as MCOs. Ratings are requested on four domains: their relationship with IPRO; ability to contact the appropriate IPRO party; IPRO's responsiveness; and IPRO's professionalism. In 2019, ratings ranged from 91.3% to 98.7%.

IPRO also surveys its Board members using an online tool, to evaluate the Board's role, structure, and functioning.

Our 350+ employees located in six offices across the country are also surveyed annually. For 2019, 64% of employees indicated a favorable rating on the question "Overall I am a satisfied employee." Likewise, 64% appraised their work environment and experience at IPRO positively.

Employee Engagement Workgroup

IPRO appoints an Employee Engagement Workgroup each year to review reports from the annual Employee Survey, determine where best to focus efforts to improve employee satisfaction, and develop recommendations and potential solutions for consideration by IPRO Senior Management. The workgroup, which has diverse representation from IPRO offices and operating groups, meets monthly in person and by videoconference.

Excellence in Quality Management Award

The Excellence in Quality Management Award is an annual monetary award, established in 2015, to raise awareness about the importance of quality management and to recognize individual contributions to corporate values that emphasize a culture of quality, customer delight, excellence in organizational performance, and process improvement. IPRO staff members at levels in the company up to and including Senior Director are eligible.

Collaboration and Communication

Maintaining an ongoing dialogue with DHHS is vital to our meeting the state's performance expectations in completing

the complex work involved in EQR for Nebraska. In the upcoming contract year, IPRO's Project Director will continue our practice of being flexible and responsive to DHHS as the Medicaid program continues to evolve. In our dealings with the state's MCOs/DBM, we will provide the needed support while holding each MCO/DBM accountable for meeting deadlines and for improving quality of care in compliance with requirements.

The NE EQRO contract will continue to be managed from IPRO's Lake Success, NY, office. Our Project Director is accessible to DHHS for in-person meetings and is also available by cell phone during and outside of regular business hours.

Exceeding Expectations

- ✓ *IPRO's NE EQRO Project Work Plan is developed and maintained in Smartsheet, a web-based platform, which provides Nebraska with 24/7 access to the Work Plan and an ability to get real-time updates on all Nebraska EQRO activities.*
- ✓ *IPRO has demonstrated flexibility in adjusting Work Plans at any time during the process to meet the needs of its clients. Smartsheet can readily accommodate these adjustments and automatically update the milestones in the timeline to reflect these changes.*

V.H. Project Planning and Management	
V.H.	Describe the Bidder's approach to communication planning and how the approach meets or exceeds the requirements of this section. Bidder must include a Draft Communications Plan for review.

Bidder Response:

Our Draft Communications Plan is provided in Appendix F.

Communication

We recognize the importance of clear and frequent communication on project status and issues and welcome frequent two-way communication and interaction between IPRO and DHHS. DHHS will have access to IPRO NE EQRO Project staff during normal business hours, with access to the IPRO Nebraska Project Director outside of regular business hours as needed.

IPRO will continue to work with DHHS to confirm existing and establish new lines of communication between IPRO and DHHS program staff and with MCO/DBM leaders to ensure that the appropriate responsible individuals are designated for specific types of communication and problem resolution. Our Project Director

"Availability and professionalism of IPRO staff is of high value. IPRO's strengths include expertise and experience of staff, staff longevity, professionalism, willingness to provide assistance, availability of staff, and work product." – ***Louisiana State Representative***

will continue to be the primary liaison to DHHS. The Project Director will call on the Executive Sponsor, Medical Director/Officer, and/or Team Leads as appropriate to assist in addressing issues and to attend meetings with DHHS as needed. DHHS may escalate issues to the Executive Sponsor as needed.

We will use the most appropriate contact method to achieve the necessary results, including informal and formal phone calls (including teleconferences), emails, and virtual and in-person meetings. For example, on routine matters, telephone contact generally will be used, with a written follow-up when appropriate to document the contact. On other matters, IPRO will initiate interaction through written documentation and will use an issue log to track an issue from the point of identification to resolution. In addition to identifying and tracking specific issues, IPRO will routinely interact with DHHS through scheduled progress meetings and status reports.

Approach to Managing Project Risks and Issues

Identifying and planning for mitigation of potential problems is an essential step for ensuring successful, on-time implementation of tasks. IPRO's extensive experience in conducting the activities included in the Nebraska EQR SOW allows us to anticipate and avoid or mitigate most issues before they become obstacles. IPRO has developed mitigation plans for typical challenges and will rapidly develop new mitigation plans as needed for unexpected issues.

Problem Resolution

IPRO makes every effort to anticipate or identify issues well before they become actual problems. We accomplish this by:

- understanding customer expectations,
- maintaining frequent communication with the customer,
- ensuring accountability at all levels within the project team,
- fostering open communication with project stakeholders,
- empowering staff to resolve or escalate issues, as appropriate,
- ensuring that team members know when and how to escalate an issue, and
- responding to all issues with a sense of urgency appropriate to the matter at hand.

All members of IPRO's EQR team will be accountable and empowered to address issues as they occur, or, if they are unable to do so within the limits of their authority or responsibility, to escalate the issue to the Project Director early enough to ensure timely resolution. More impactful issues will be escalated to the Executive Sponsor.

The Project Director will continue to be directly accessible to DHHS during business hours via email or telephone. Emails and phone calls will be returned as soon as possible, but always within eight business hours. For urgent matters that must be addressed outside of normal business hours, the Project Director will be reachable by cell phone and will

have 24/7 access to email.

Depending on the nature and complexity of the issue, the estimated time for resolving any particular issue will be determined by the Project Director, in discussion with the responsible staff person and responsible state staff, as appropriate. If additional resources are required to resolve an issue, the Project Director will confer directly with the Executive Sponsor. Problem resolution will be monitored by the responsible staff person and Project Director, and progress will be reported to DHHS.

Exceeding Expectations

- ✓ *In our most recent annual **collaborator** survey, our EQRO collaborators (managed care plans) rated IPRO at 100% favorable for each of the following categories" "IPRO staff is responsive in following up with questions or issues I have" and "I am treated respectfully and with courtesy by IPRO staff."*
- ✓ *In our most recent annual **customer** survey, our EQRO clients rated IPRO an average of 5.7 (out of 6) for each of the following categories: "IPRO staff promptly responded to questions and requests for clarification" and "I am treated respectfully and with courtesy by IPRO staff."*
- ✓ *IPRO manages all of its projects in compliance with the ISO 9001:2015 standards. IPRO is one of only a few healthcare improvement and assessment organizations that has earned ISO certification, signifying our strong commitment to provide superior service to our customers and to exceeding expectations.*
- ✓ *Lean is used in business units throughout IPRO. Lean's set of concepts, principles, and tools are used to create and deliver the most value from the customer's perspective while consuming the fewest resources, by fully using the knowledge, skills, and thinking of those who perform the work. Lean management practices maximize customer value and minimize waste by optimizing the flow of services and practicing respect for people in a culture of continuous improvement. Of interest to DHHS, IPRO's Lean model cells led to streamlining the validation of managed care plans' PIPs. (IPRO validates more than 150 PIPs per year).*
- ✓ *Our detailed communication plan includes contract communications as well as activity-specific communications.*

7. Draft Work Plan

IPRO's Draft Work Plan (Contract Year One) is provided in Appendix E. See also response in Section 6.V.G.

8. Draft Communications Plan

IPRO's Draft Communications Plan is provided in Appendix F. See also response in Section 6.V.H.

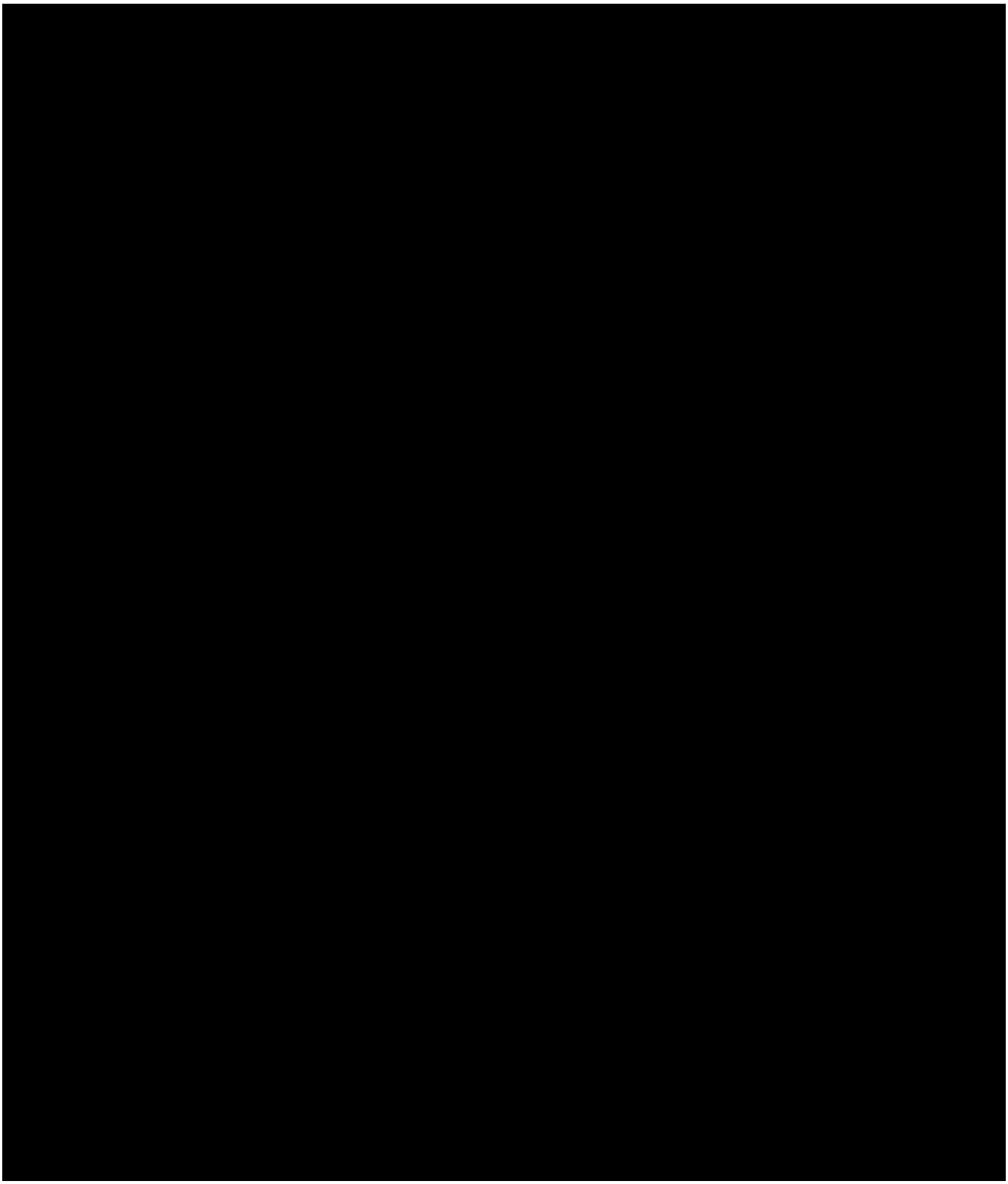
9. Cost Proposal

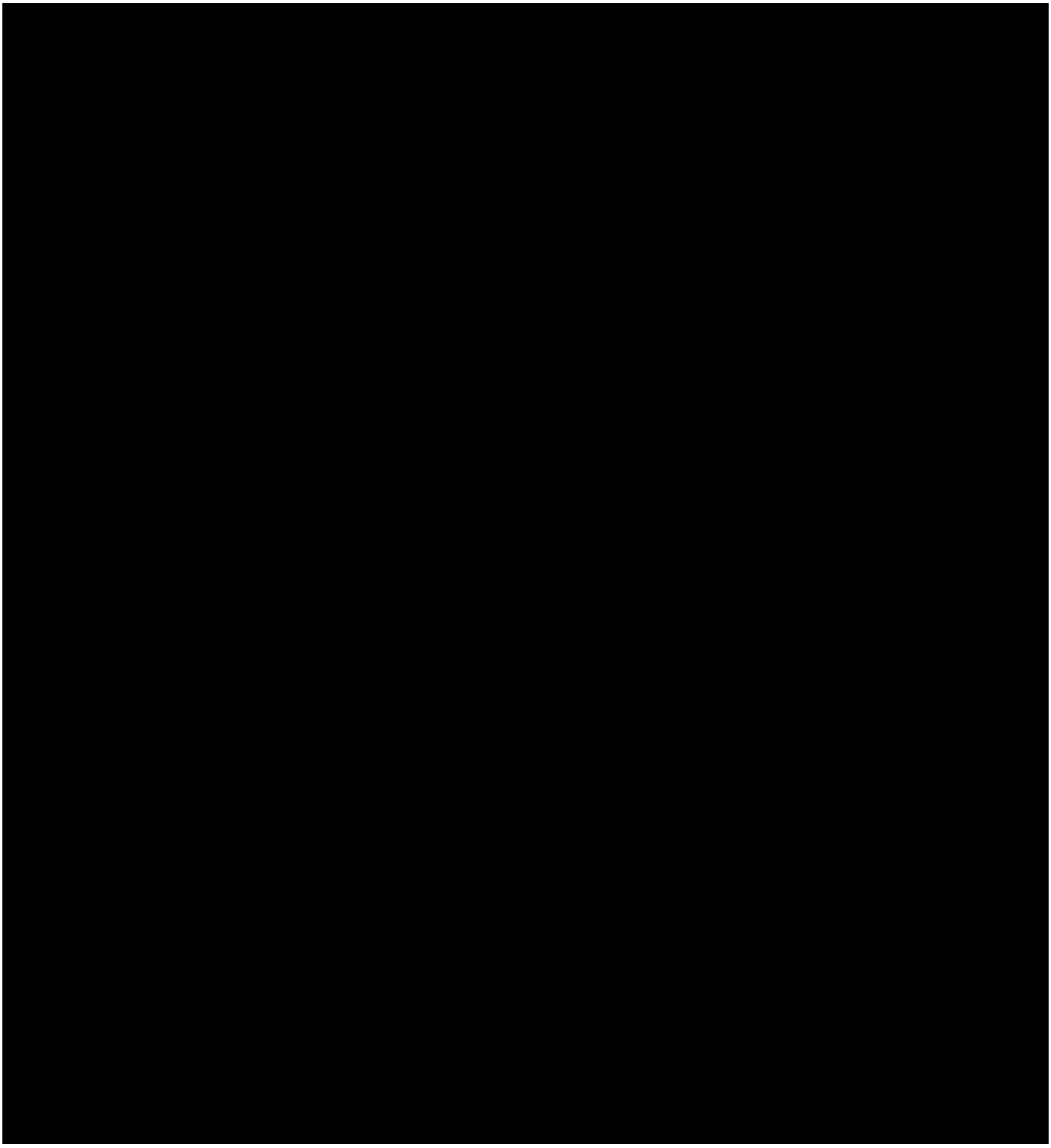
As required, IPRO's completed Cost Proposal is provided under separate cover, outside of the Technical Volume.

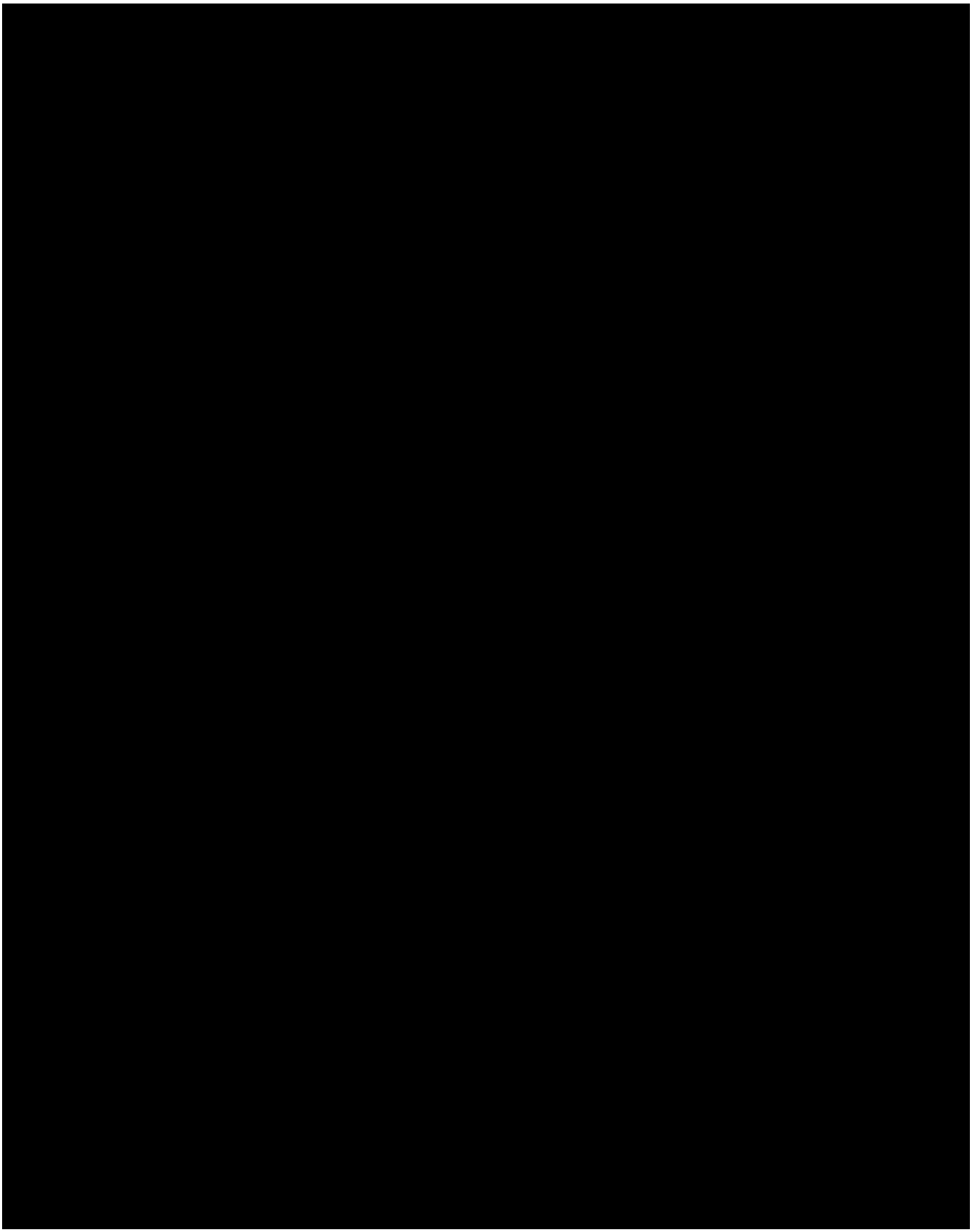
9.1. Appendices

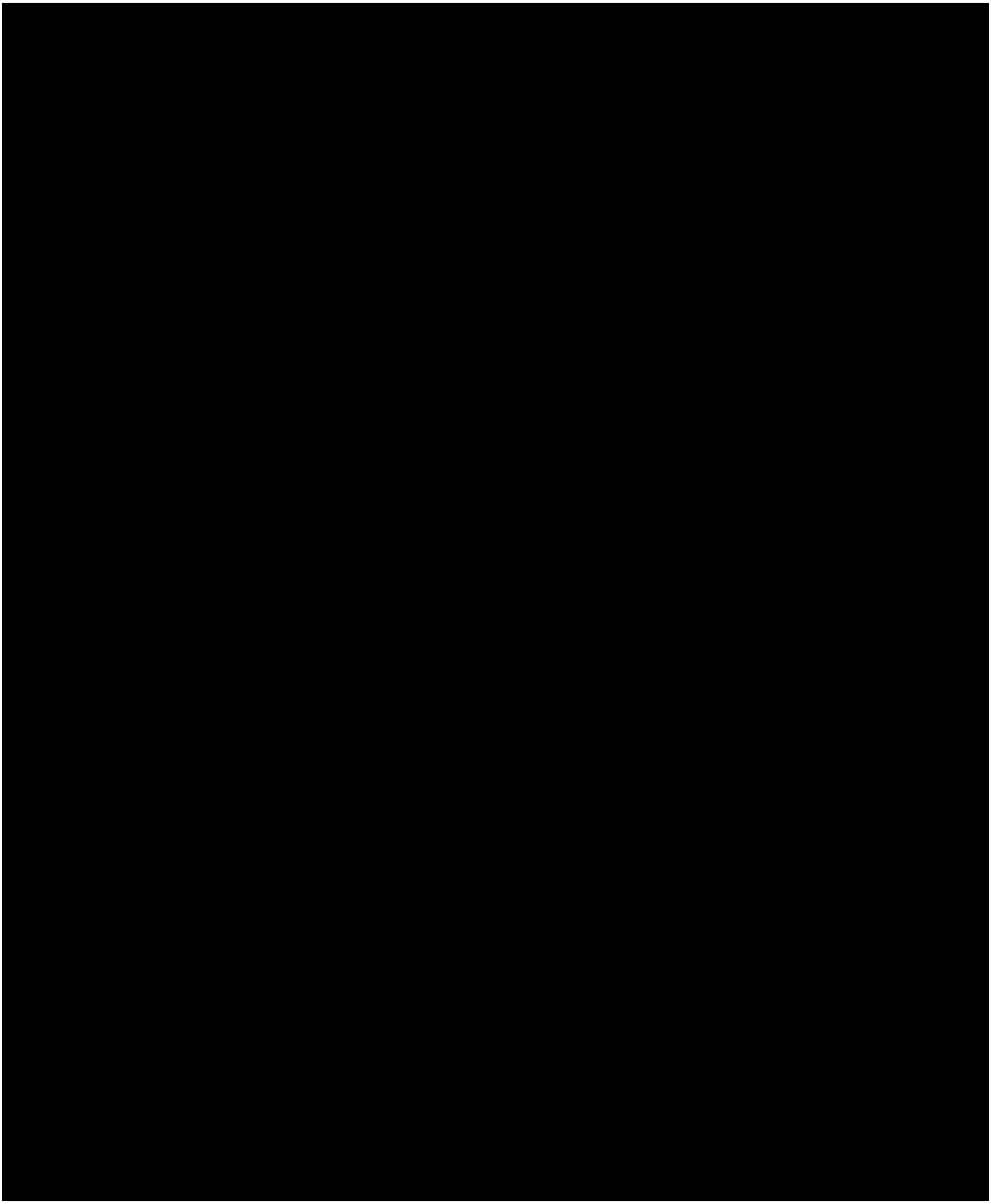
9.1.1. Appendix A. Audited Financial Statement

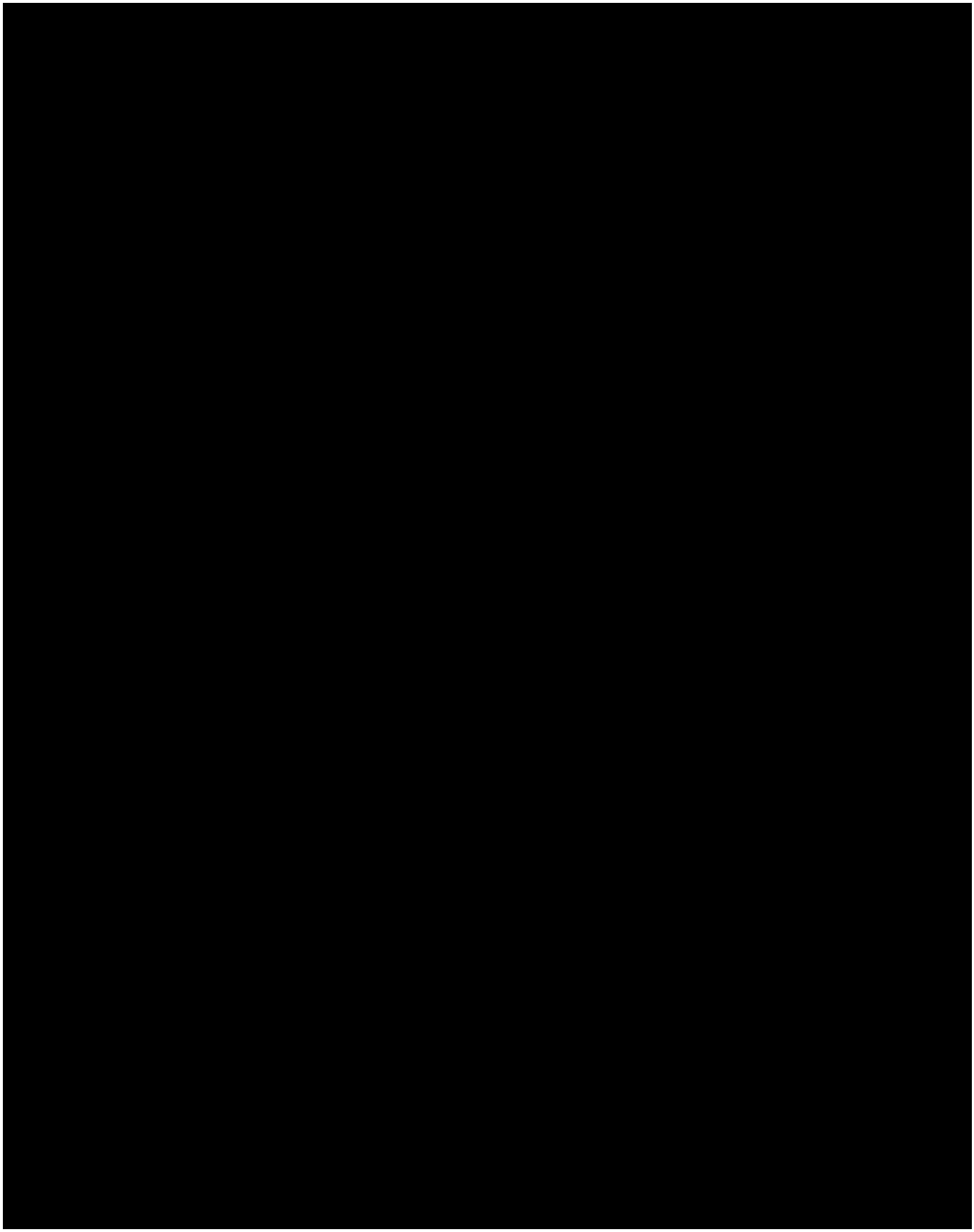
IPRO's most recent audited financial statement (Fiscal Year 2018–2019) is provided immediately following this page.

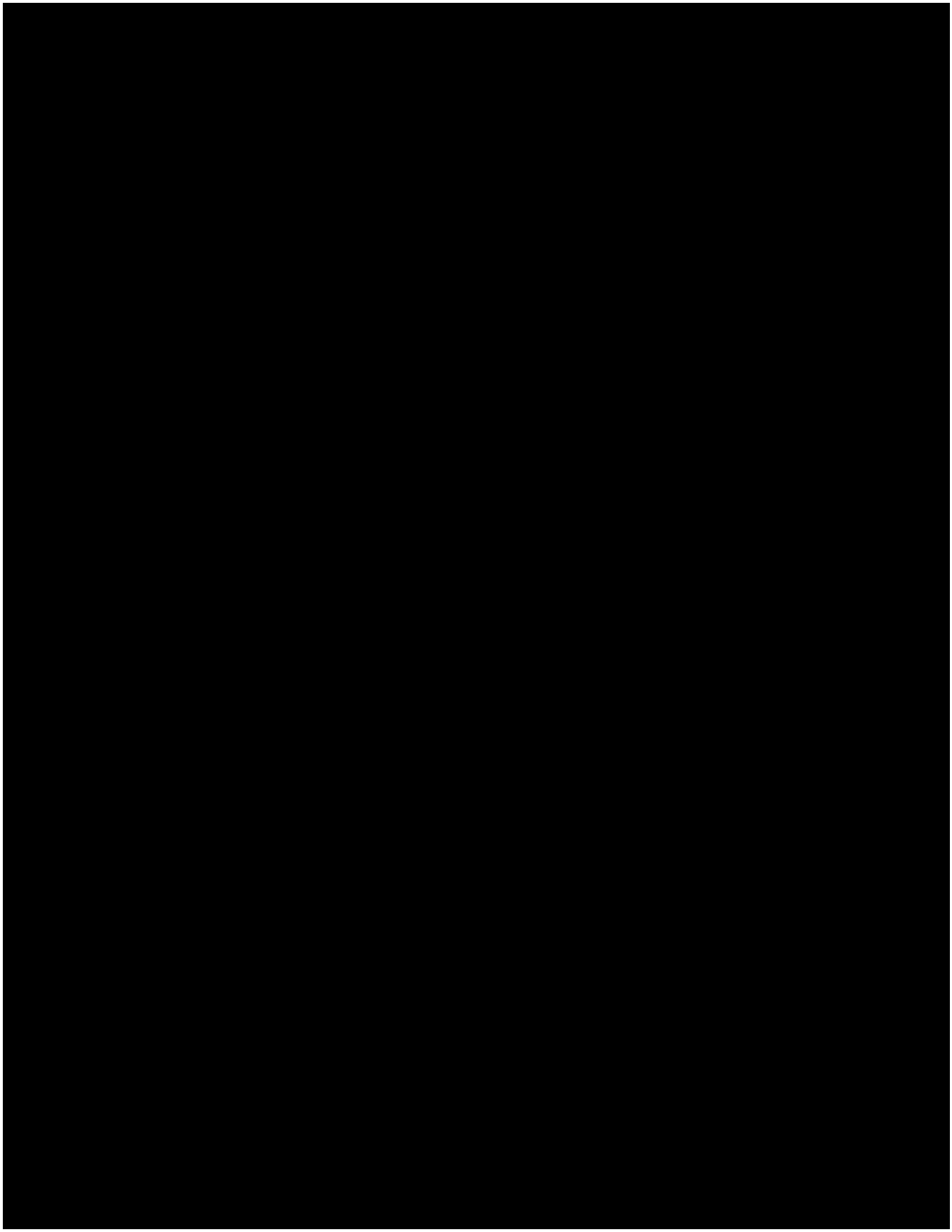


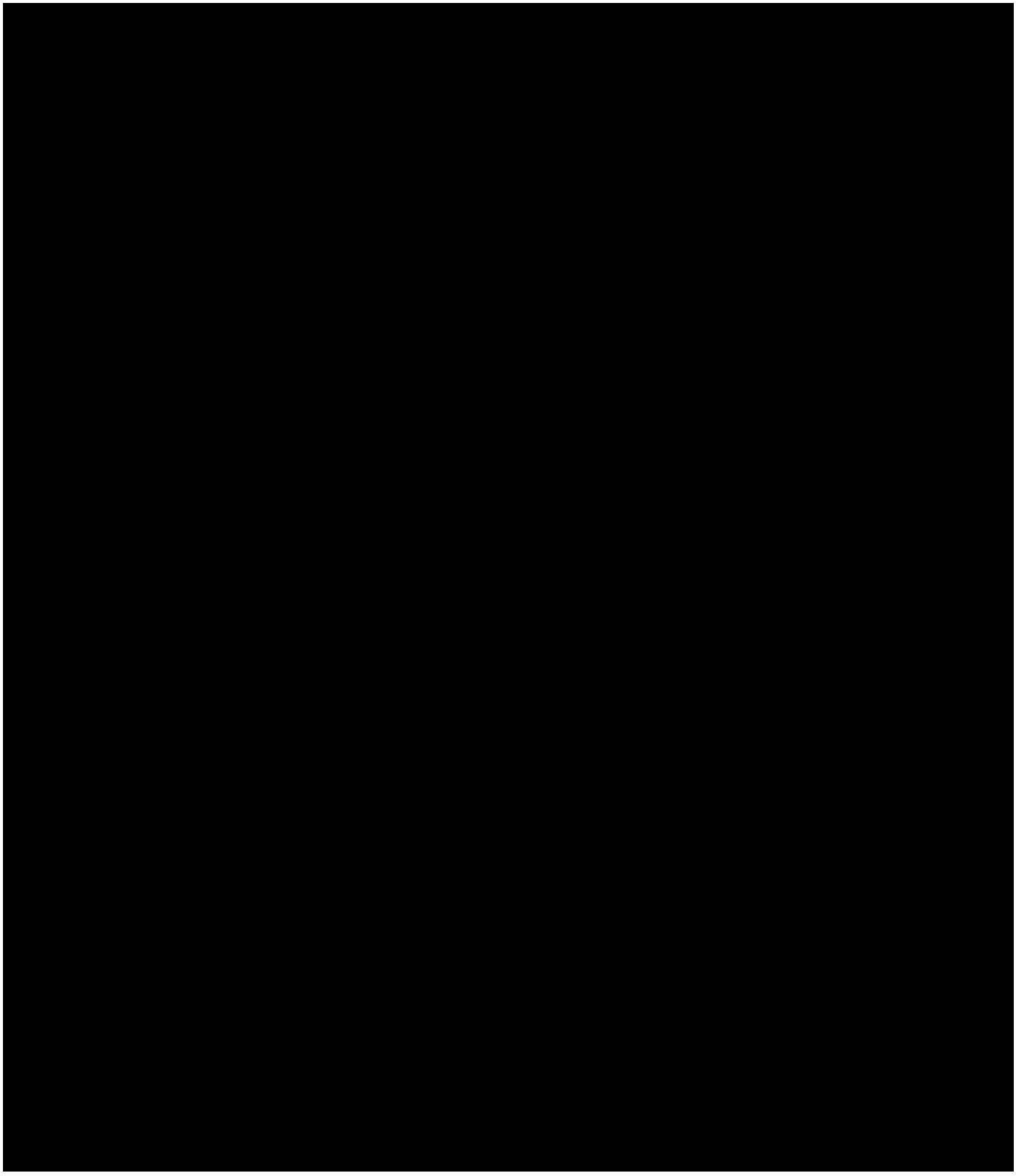


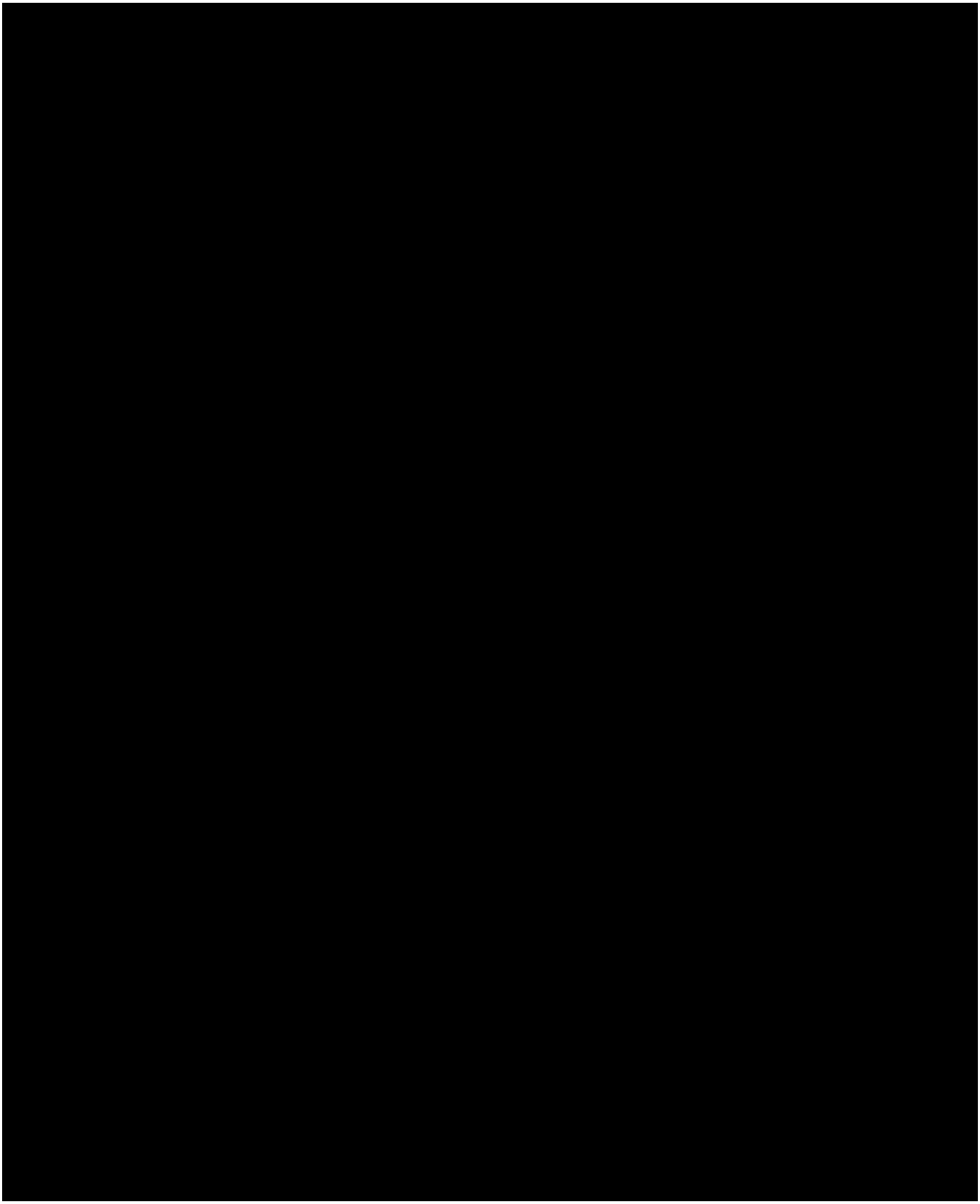


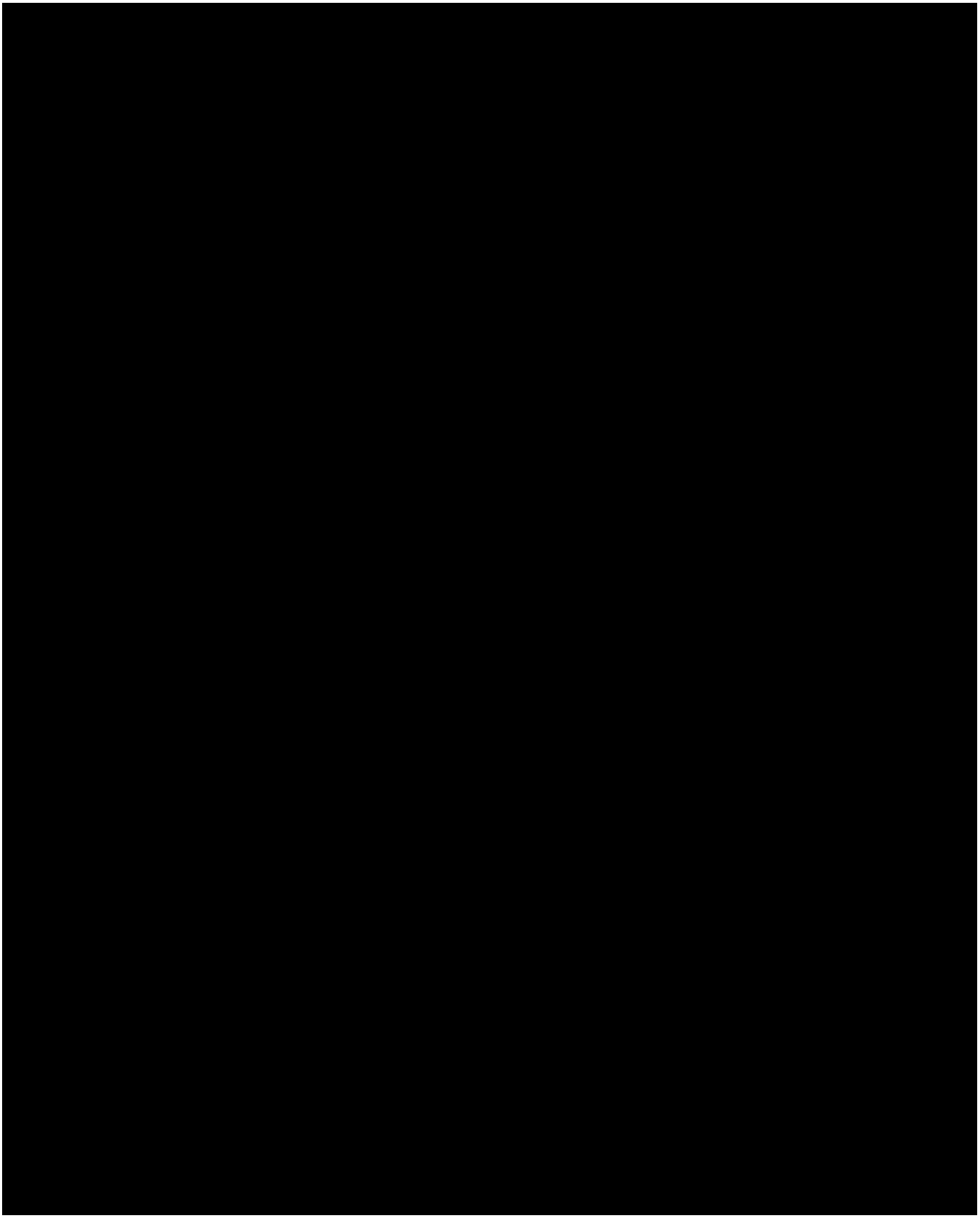


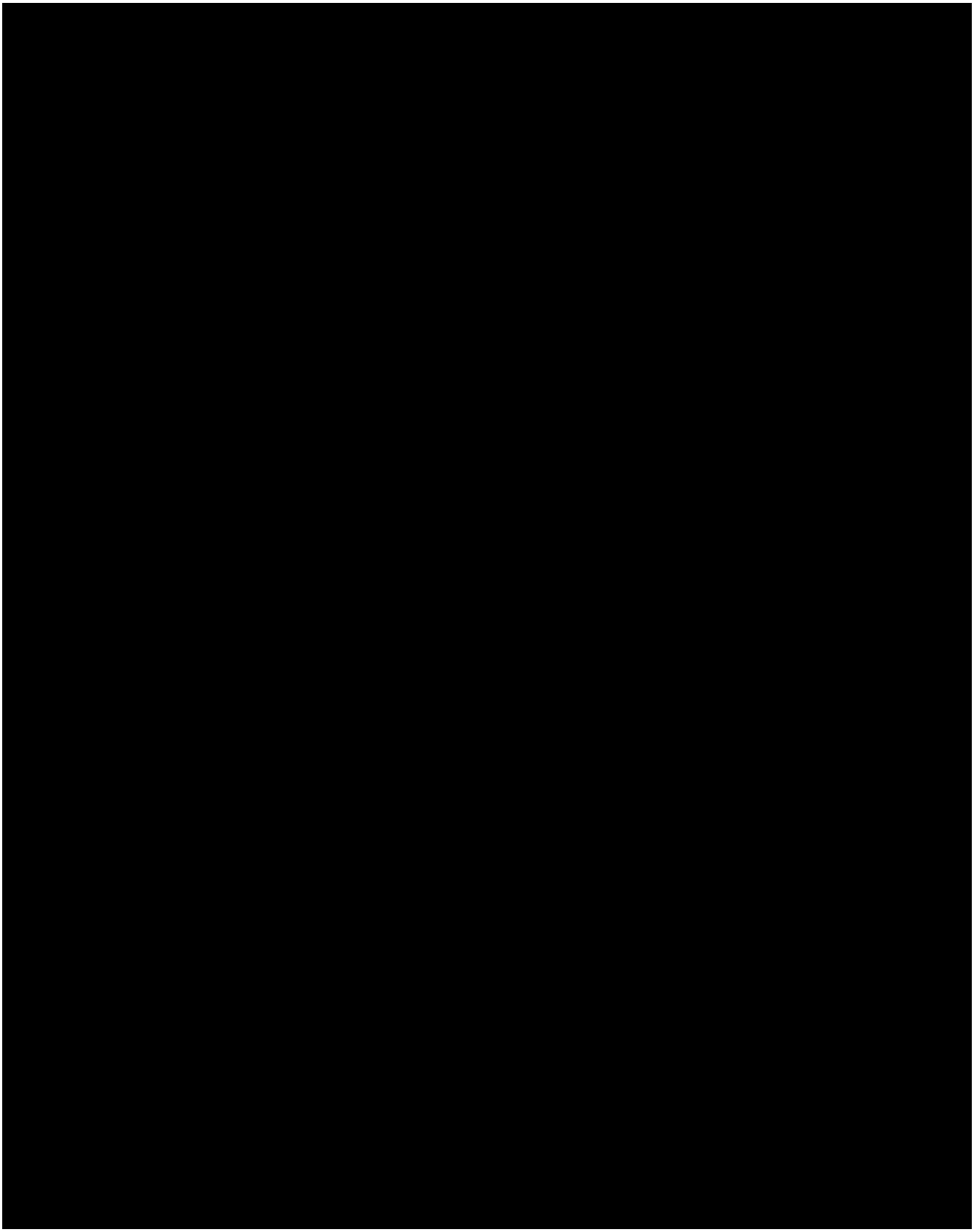


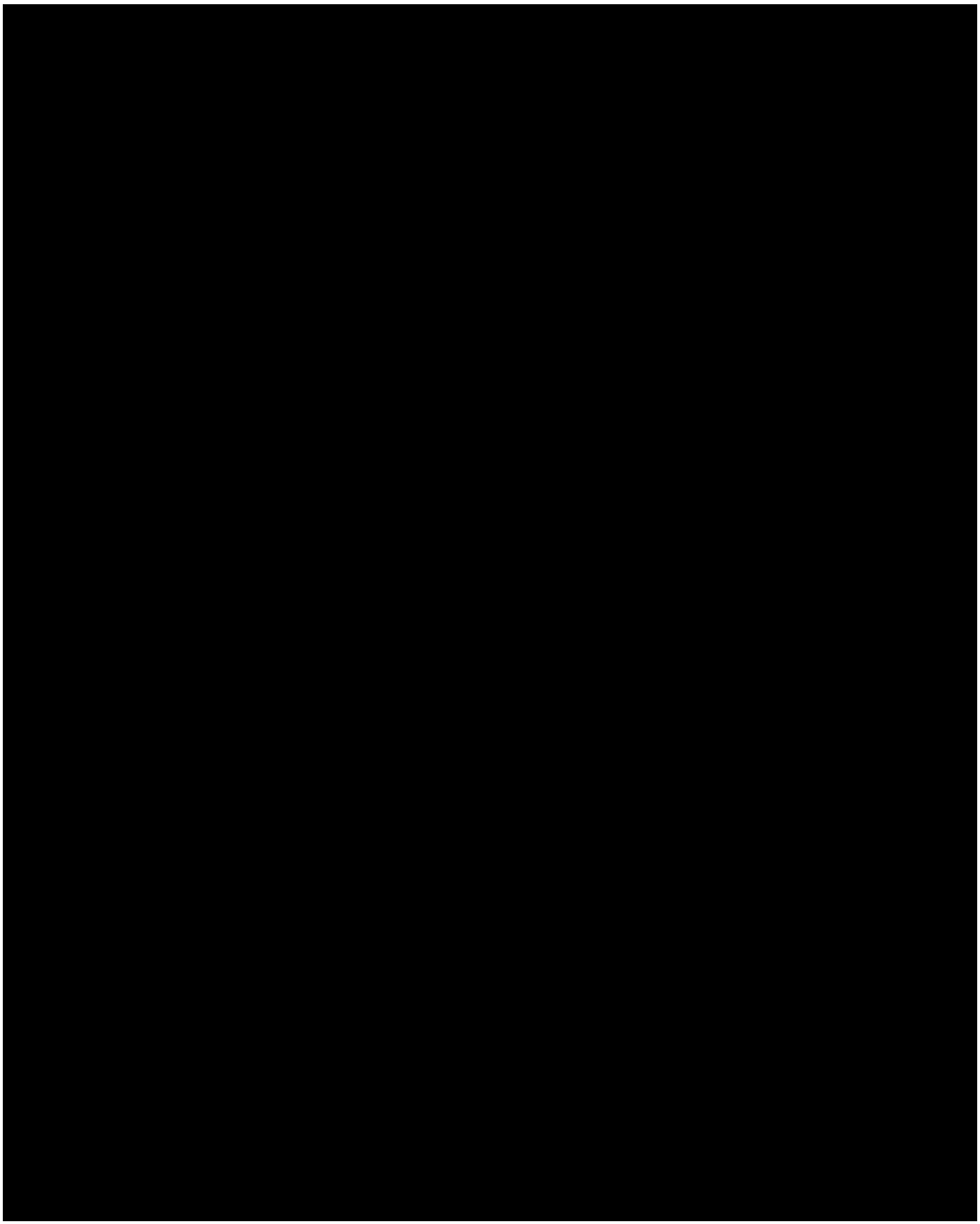


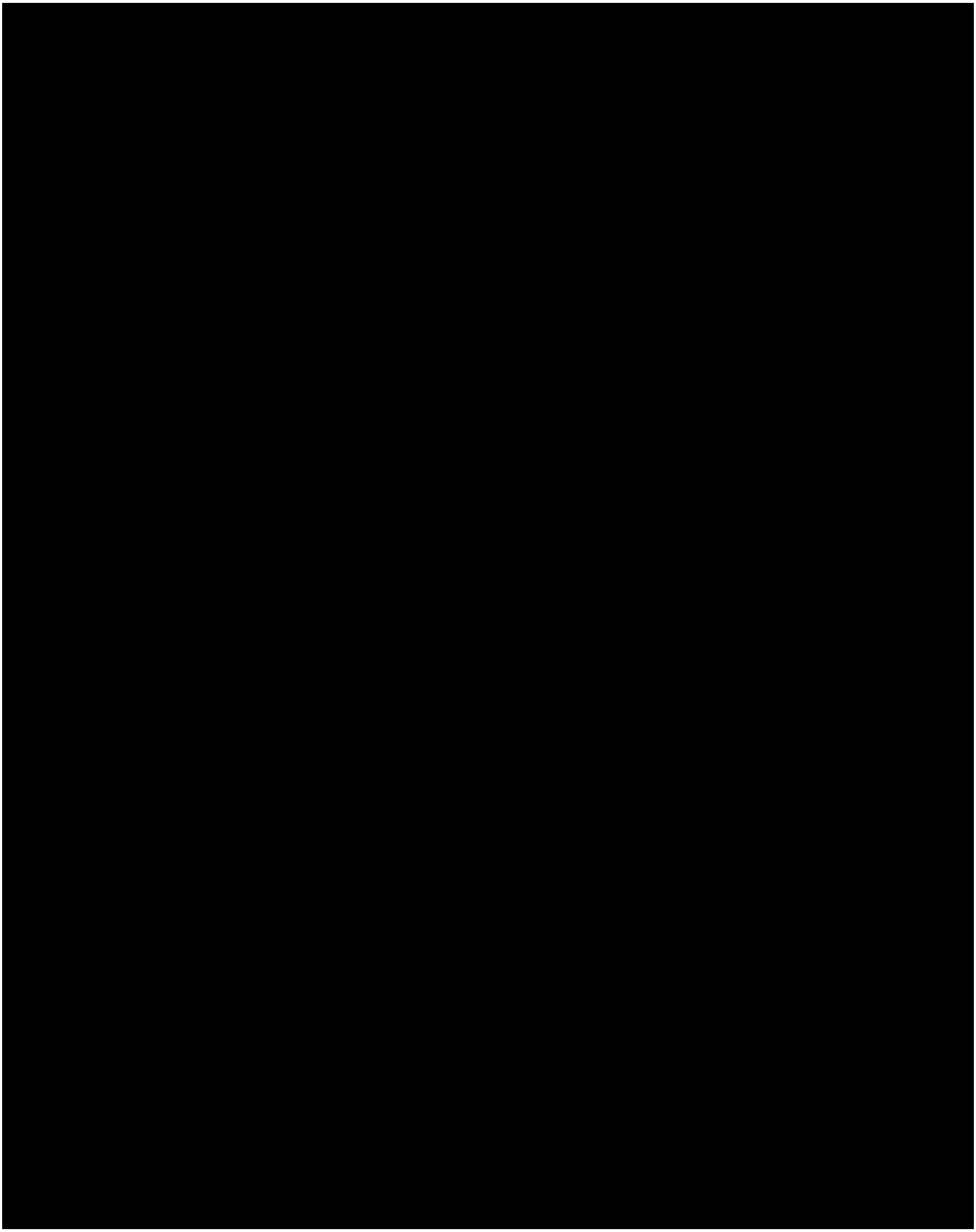


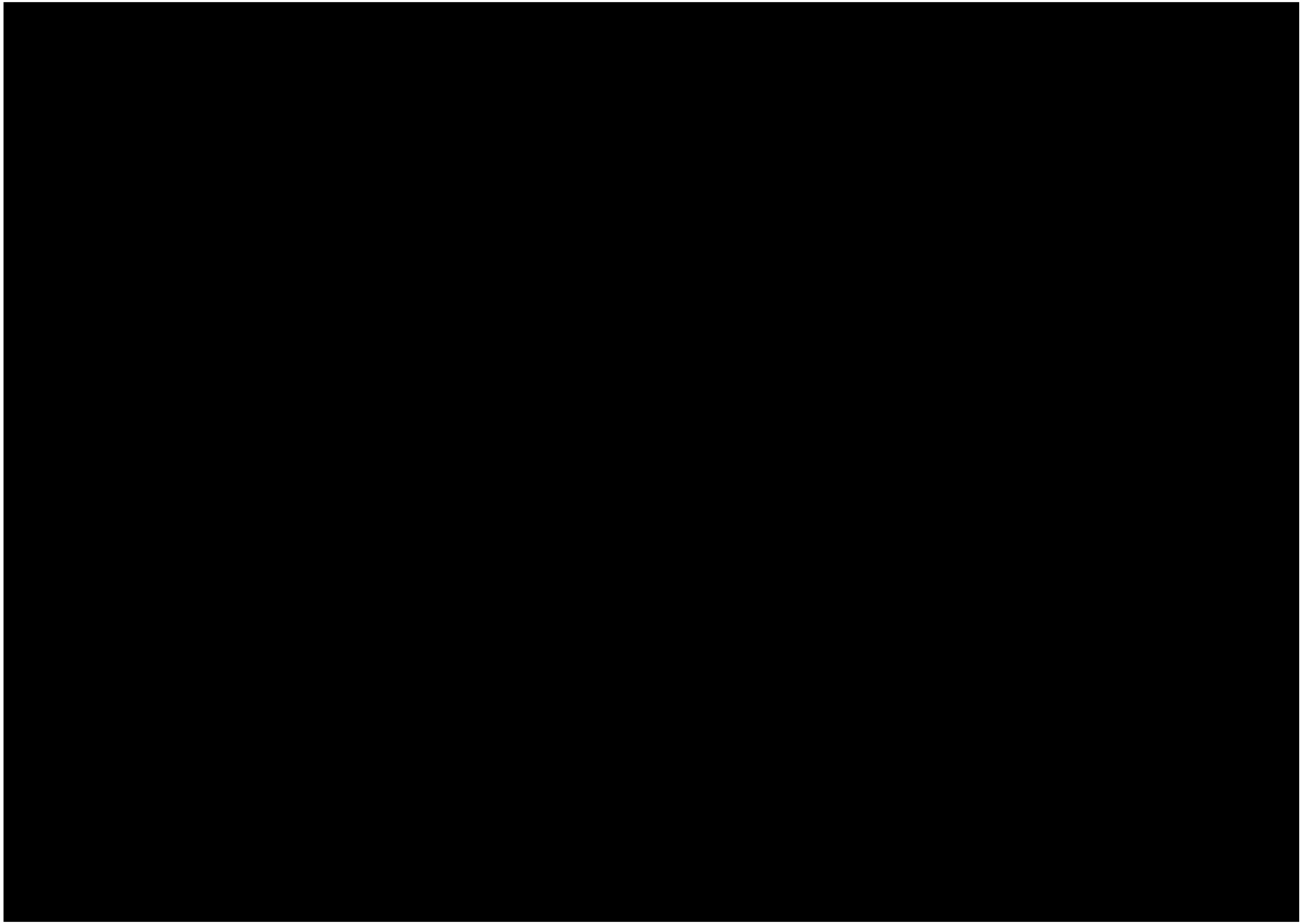












9.1.2. Appendix B. Resumes

Resumes—including references and detailed qualifications and experience—for all NE EQRO team members are provided in the following order immediately following this page.

Name, Credentials	EQRO Project Role(s)
Virginia Hill, RN, MPA	Executive Sponsor
Anne Koke, MPH, MBA	Project Director and Program Evaluation, Improvement Team Co-Lead, and Compliance Reviewer
Melina Bowdwin, MPH	Back-up Project Director, Lead Data Analyst, and Compliance Reviewer
Sarah Johnson, MD, MPH	Medical Director and Program Evaluation and Improvement Team Co-Lead
Whitney Stansbury, MD, MPH	Medical Officer
Charles Merlino, MBA, CHCA	Data Validation and Reporting Team Lead
Steven Fogel, MA	Compliance Review Team Lead
Dana Green Bennett, MPH	Network Validation Team Lead
Thomas LoGalbo, MBA, CHCA	Managed Long-Term Supports and Services Subject Matter Expert
Stephan Brown, PhD	Behavioral Health Subject Matter Expert
Jeffrey Worden, MPH	Data Analyst and Compliance Reviewer
Tejasvi Kallam, MPH	Programmer
Paul Henfield, MA	Compliance Reviewer
Vicki Randle, RN, MPH	Compliance Reviewer and Clinical Reviewer
Maria Sicoy, BSN, RN, MAN	Compliance Reviewer and Clinical Reviewer
William Tremblay, BA	Compliance Reviewer
Cemile Guldal, PhD	Technical Writer
Albert Kennedy, MA	Technical Writer
Nancy Rosenbaum, BA	Editor
Evan Pierre-Louis, AA	Data Coordinator

Virginia Hill, RN, MPA

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Edison Machado, MD, MBA – ext. 510
3) Paul Henfield, MA – ext. 330

Professional Profile

Virginia Hill is a healthcare executive with more than 35 years of experience in healthcare delivery and management, and in quality measurement and improvement. Ms. Hill was instrumental in developing IPRO's managed care and fee-for-service review programs. As Vice President of Managed Care, she leads IPRO's state and federal managed care and HEDIS lines of business, directing a diverse core team of clinicians, data analysts, nurse abstractors, HEDIS auditors, epidemiologists, statisticians, quality improvement specialists, and other staff. Ms. Hill is an invited member of the Technical Expert Panel working with distinguished experts and stakeholders under CMS' auspices to establish the Medicaid managed care quality rating system (MMCQRS), and its successor work group led by Mathematica. She also served on the CMS expert panel that advised on and contributed to the development of the mandatory and optional EQR protocols established in the final EQR rules.

Education and Licensure

Master of Public Administration, Healthcare, Pace University, White Plains, NY
Bachelor of Science, Healthcare Administration, Iona College, New Rochelle, NY
Associate in Applied Science, Nursing, Pace University, White Plains, NY
Registered Professional Nurse, NYS License #248778

Professional Experience and Achievements

IPRO, Lake Success, NY (1986–Present)
Vice President, Managed Care (1989–Present)

- Leads IPRO's Medicaid and Medicare managed care assessment and improvement line of business.
- Member of IPRO's Senior Management team.
- Manages ~40 multidisciplinary clinical and non-clinical professional and support staff with an annual departmental budget of more than $7 million.
- Provides expertise and consultative support to states and EQR task teams on all aspects of external quality review.
- Provides strategic oversight of all state Medicaid EQRO contracts. This currently includes contracts in 12 states and territories (Nebraska, Alabama, Kentucky, Louisiana, Minnesota, New Jersey, New Mexico, New York, Ohio, Pennsylvania, Puerto Rico, and Rhode Island), and a subcontract to conduct EQR in North Carolina.
- Leads and conducts EQR annual compliance review and care management evaluation activities in several states.

- Produced comparison guide of MMC 2016 Final Rule to facilitate state implementation of new regulations.
- Provides strategic oversight of Medicare managed care projects and HEDIS audits.
- Represents IPRO on federal workgroups and committees, including serving on the Technical Expert Panel working with CMS to establish the MMCQRS.
- Corporate responsibility for deploying Lean methodology to improve services and customer satisfaction.
- Serves as internal ISO auditor to ensure the high quality of IPRO's services.

Selected Accomplishments

- Successfully led contract assumption from incumbent of the federal CMS End-Stage Renal Disease Network of New York (Network 2), rapidly transferring responsibilities to IPRO and successfully directing all start-up tasks including planning and recruiting staff, establishing a dedicated unit to conduct activities, and providing interim leadership.
- Established IPRO's HEDIS audit practice in conjunction with IPRO EQRO contracts.
- Served on the CMS expert panel that advised on and contributed to the development of the mandatory and optional EQR protocols established in the final EQR rules.
- Oversaw federal EQR contracts, e.g., Medicare Advantage Quality Review Organization and Medicare Managed Care Deeming Program Look-Behind Surveys under contract to CMS.
- Designed and implemented a corporate quality improvement plan, which included training programs covering quality improvement concepts, principles, processes and tools.
- Developed an internal performance measurement system and professional staff development program.
- Established and leads IPRO's corporate volunteer program.

Post-Graduate Training

Methods and Tools of Quality Improvement, The Center for Executive Education, Babson College, Wellesley, MA

Medical Statistics and Principles and Methods of Epidemiology, State University of New York, Health Science Center at Brooklyn, NY

Advanced Facilitator Training, Goal/QPC, Methuen, MA

Principle-Centered Leadership, First Things First, Covey Leadership Center, Provo, UT

Board of Reviewers Training, The Empire State Advantage: Excellence at Work, Albany, NY

Anne Koke, MPH, MBA

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Anne Koke, a Director in IPRO's Managed Care Department, possesses more than twelve years of experience in the healthcare industry, in addition to seven years of experience in research and statistical analysis relevant to the public health arena. Before joining IPRO, she served as a laboratory technician and clinical liaison for CytoGenX Laboratories, in addition to taking part in research relating to soy consumption and breast cancer incidence as well as depression and asthma diagnosis utilizing the BRFSS (Behavioral Risk Factor Surveillance System) database.

In her present capacity at IPRO, Ms. Koke is responsible for the design and implementation of performance improvement projects (PIPs) and focused studies across IPRO's state contracts. She also participates in compliance review activities and provides technical assistance related to the CMS Final Rule. Ms. Koke leads activities for IPRO's Nebraska state contract, and supports IPRO's New York managed long term care contract, which includes Medicaid and dually eligible beneficiaries.

Education

Master of Business Administration, Stony Brook University, Stony Brook, NY, 2014
Master of Public Health, Stony Brook University, Stony Brook, NY, 2014
Bachelor of Science in Business Management, Concentration in Marketing, Minor in Spanish Language and Literature, Stony Brook University, Stony Brook, NY, 2009

Professional Experience and Achievements

IPRO, Lake Success, NY (2013–Present)
Director, Managed Care (2018-present)
Assistant Director, Managed Care (2016-2018)
Project Manager, Managed Care (2015–2016)
Senior Data Analyst, Managed Care (2013–2015)

- Oversees compliance review in Nebraska, and participates in compliance activities across state contracts.
- Provides training and technical assistance related to the 2016 CMS Final Rule.
- Leads the Managed Care Department's lean activities, including a PIP validation workgroup and an employee engagement workgroup, which utilize lean methodologies (value stream mapping, A3 problem solving, work instructions) to better understand opportunities for efficiency and improved employee satisfaction, respectively.
- Prepares New York MLTC (managed long term care) and Nebraska MCO and DBM technical reports. Responsibilities include the analysis of clinical, enrollment, and

survey data components of these reports, as well as an assessment of health plan strengths and opportunities.
- Conducts quality improvement trainings across state contracts, which serve to educate managed care plans (MCPs) and state partners on appropriate study design, data collection and analysis methodologies, outcome measures, and barrier analysis with corresponding interventions and process measures.
- Develops topics and indicator specifications for PIPs across state contracts, thereby encouraging standardized reporting across MCPs on topics that are of importance to state-specific populations. Topic examples include behavioral health/substance use disorder, ED utilization, hospital readmissions, potentially avoidable hospitalizations, prenatal care, birth outcomes/prematurity, transitions of care, and preventive care.
- Develops and provides technical assistance in the selection of performance measures in response to state-specific quality improvement activities.
- Designs, distributes, and analyzes survey data, in order to determine drivers of satisfaction, access to care, and behavioral/physical health status among various subsets of the population in Medicaid managed care.
- Identified pediatric experience of care problems, risk factors, and opportunities for improvement in physical health care, behavioral health care, and coordination of care for children enrolled in Medicaid Managed Care, based on statistical analyses of survey data.
- Profiled health care utilization among medically fragile children enrolled in Medicaid Managed Care and in foster care, and identified gaps in care coordination for medically fragile children.

Cytogenx Laboratory, Stony Brook, NY (2006–2013)
Laboratory Technician and Clinical Liaison
- Managed the culturing and maintenance of patient samples for chromosome analysis and molecular diagnostic testing. Samples included amniotic fluid, chorionic villus, peripheral blood and products of conception.
- Coordinated the transfer of samples to reference labs, ensuring appropriate testing was performed.
- Created training materials to help new hires better transition and encourage a more efficient work flow.
- Revised the company's directory of services, detailing testing options and incorporating an appendix of genetic diseases to distribute to current and prospective clients.

New York State Center for Biotechnology, Stony Brook, NY (2008)
Technology Commercialization Intern
- Assisted in compilation of the 2008 Impact Report to secure continued funding from NYS.
- Conducted market analyses for bioscience companies to determine market potential and competition and compiled research on various pharmaceutical/therapeutic companies.

Skills and Awards

- Proficient in SAS and Microsoft Office Suite.
- Proficient in reading, writing, and speaking Spanish.
- Quality Innovation Award, 2018, IPRO.
- Distinguished Service Award for Above and Beyond Delivery, 2017, IPRO.
- Larry Roher Entrepreneurial Achievement Award, 2009, Stony Brook University Alumni Association.

Melina Bowdwin, MPH

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Melina Bowdwin is a healthcare researcher, data analyst, and project manager. As Assistant Director in the Managed Care department, she conducts compliance reviews of managed care plans, validates PIPs, validates performance measures, prepares technical reports, conducts surveys and analyzes administrative clinical data using SAS and SPSS for various focused studies. Recent achievements include promotion to assistant director to support leadership of the Nebraska Heritage Health contract.

Education

Master of Public Health, SUNY, University at Buffalo, Buffalo, NY, 2016
Bachelor of Science, SUNY, University at Buffalo, Buffalo, NY, 2014

Professional Experience and Achievements

IPRO, Lake Success, NY (2016–Present)
Assistant Director (2019-Present)

- Conduct on-site reviews of Medicaid Managed Care Entities in Nebraska to ensure compliance with Nebraska state contract requirements.
- Conduct Performance Improvement Project validation for New York, Pennsylvania and Nebraska Medicaid Managed Care entities.
- Prepare technical reports for the Managed Care Entities for Heritage Health in behalf of the state of Nebraska's Medicaid and Long-Term Care division.
- Conduct performance measure validation on HEDIS and state-specific performance measures for New York and Nebraska Managed Care entities.

Project Manager (2017-2019)

- Conducted on-site reviews of Medicaid Managed Care entities in Nebraska to ensure compliance with Nebraska state contract requirements.
- Conducted Performance Improvement Project validation for New York and Nebraska Medicaid Managed Care organizations.
- Prepared technical reports for Managed Long Term Care plans on behalf of the New York State Department of Health.
- Analyzed administrative clinical data using SAS and SPSS for various focused studies conducted for the Commonwealth of Kentucky Department for Medicaid Services.

Data Analyst III (2016-2017)

- Conducted a 22,000 Medicaid Managed Long Term Care member satisfaction survey, which included analysis of results and report writing.
- Conducted Performance Improvement Project validation for New York and Nebraska Medicaid Managed Care health plans.
- Prepared technical reports for Managed Long Term Care plans on behalf of the New York State Department of Health.

Windsong Radiology Group, P.C., Buffalo, NY (2014–2016)
Nuclear Medicine Technologist

- Conducted Nuclear Medicine and PET/CT imaging studies in an outpatient setting.
- Prepared and administered radio-pharmaceuticals for diagnostic imaging purposes.
- Practiced radiation safety in compliance with New York State regulations and standards.
- Performed daily and weekly quality control on instrumentation and equipment.

WNY Imaging Group, P.C., Buffalo, NY (2015)
Nuclear Medicine Technologist

- Conducted Nuclear Medicine and PET/CT imaging studies in an outpatient setting.
- Prepared and administered radio-pharmaceuticals for diagnostic imaging purposes.
- Practiced radiation safety in compliance with New York State regulations and standards.
- Performed daily and weekly quality control on instrumentation and equipment.

Publication

Claes E.G. Lundgren, Lukas G. Eckhardt, Curtis J. Senf, Melina R. Bowdwin, David R. Pendergast. Negative pressure breathing increases cardiac output and nitrogen elimination in seated subjects. Undersea and Hyperbaric Medicine 40(5): 403-410, 2013.

Skills

Qualitative research; Interviewing; Qualitative data analysis; QDA Miner; Quantitative data analysis; Minitab; Stata; SAS; SPSS; Microsoft Office Suite; Survey creation and facilitation; Research participant recruitment; Transcription; Auditing; Venipuncture; Phlebotomy; Blood pressure measurement; EKG

Awards and Special Recognition

IPRO Distinguished Service Award for Commitment to Innovation
Who's Who Among Students in American Universities and Colleges
Delta Omega Public Health Honor Society
Francis V. Hanavan Memorial Award

Sarah A. Johnson, MD, MPH

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IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
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Professional Profile

Sarah A. Johnson, MD, MPH, serves as Medical Director in IPRO's Managed Care Department. In this role, she oversees clinical activities and staffing for all managed care contracts, including leading focused clinical studies, evaluating plans' performance improvement projects, and developing and refining quality metrics. Much of her work focuses on maternal health, behavioral health, and improving care for patients with chronic conditions. Dr. Johnson has expertise in data-driven quality improvement, primary care transformation, and population health management. She has co-authored several publications and presented at local and national conferences on her work related to quality measurement and improvement.

Education, Training, and Certification

Master of Public Health, Epidemiology, City University of New York Graduate School of Public Health, New York, NY, 2019
Doctor of Medicine, Columbia University College of Physicians and Surgeons, New York, NY, 2015
Bachelor of Arts, Psychology, Wesleyan University, Middletown, CT, 2005
Board Certified, Preventive Medicine and Public Health, 2020
Registered Medical Doctor, State of New York, License #287904

Professional Experience and Achievements

IPRO, Lake Success, NY (2019–Present)
Medical Director, Managed Care

- Oversees clinical activities and staffing for managed care contracts.

Current activities include:

  - Frailty focused study: Overseeing review and evaluation of current frailty assessment tools and developing recommendations regarding the incorporation of such an index into existing MLTC screening tools.
  - Maternal sepsis focused study: Leading study involving clinical record review for over 600 patients with maternal sepsis to 1) describe this population and 2) evaluate the timeliness and effectiveness of patient identification and treatment based on current clinical guidelines.
  - Care Innovation and Community Improvement Program (CICIP): evaluating implementation and development of quality improvement initiatives focused on pre and post-natal care, opioid addiction, and ED utilization.

- Provides clinical guidance relating to the development and refinement of quality measures.

New York City Department of Health and Mental Hygiene, Division of Epidemiology, Long Island City, NY (2017–2019)
Resident Physician, Preventive Medicine and Public Health

- Provided clinical care in sexual health clinic, occupational health clinic, smoking cessation clinic, pediatric environmental health clinic.
- Mental Health Service Corps
    - Led development of data -driven technical assistance for over 200 primary care sites implementing integrated behavioral healthcare.
    - Developed novel curriculum and led trainings for behavioral health clinicians related to the use of evidence-based practices to address common conditions encountered in primary care.
- Improving mortality estimates for reportable conditions in New York City
    - Created clinical algorithm mapping reportable conditions to ICDIO codes corresponding to causes of death.
- Using natural language processing to identify factors associated with improvements in depressive symptoms and cancer screening rates.
    - Used natural language processing to assess fidelity of interventions in study arms and factors predicting change in proportion of patients up to date for cancer screening as well as change in self-reported depressive symptoms.

Health and Hospitals, Department of Population Health, eConsult Project, New York, NY (2017)
Temporary Consultant

New York Presbyterian, Department of Physical Medicine and Rehabilitation (PM&R), New York, NY (2016)
Resident Physician

Mount Auburn Hospital/Harvard Medical School, Department of Internal Medicine, Cambridge, MA (2015–2016)
Resident Physician

College of Physicians and Surgeons at Columbia University, Department of Pediatrics, New York, NY (2014–2015)
Co-Investigator, An Educational Module to Increase Screening for Cyber-Bullying in Primary Care

- Created/presented an education module to physicians to promote screening for cyber-bullying, online behavior, and mobile application use in a primary care.

Mount Sinai Hospital, Department of Emergency Medicine, New York, NY (2012–2013)
Project Coordinator, Advancing Quality Measurement and Care Improvement With Health Information Exchange

- Coordinated and monitored project activities: developed and oversaw protocols for standardization of data acquisition across multiple evaluation sites; conducted preliminary analyses and drafted reports for Agency for Healthcare Research & Quality (AHRQ).

- Conducted a review and qualitative analysis of quality metrics and the extent to which they would be impacted by health information exchange.

RTI International, Washington, DC (2009–2010)
Health Policy Analyst, Technical Assistance to Medicaid and SCHIP for Implementing Health IT and Health Information Exchange

- Coordinated communities of practice to assist Medicaid and SCHIP agencies with health IT adoption and implementation.

Children's Hospital of Philadelphia, Department of Pediatrics, Philadelphia, PA (2008–2009)
Research Intern, Management of ADHD in Pediatric Primary Care: Cultural and Language Barriers to High Quality Care

- Coded qualitative data and conducted qualitative analyses of parent and provider interviews.

The Mongan Institute for Health Policy at Massachusetts General Hospital, Boston, MA (2006–2008)
Manager, Research Assistant, Improving Pediatric Safety and Quality with Health IT, the HIT Adoption Initiative

- Served as coordinator for project information: prepared documents; communicated with Partners Information Services, Partners-Affiliated Pediatric Practices, and AHRQ; conducted site visits and monitored projects to ensure progress.

Publications

Zajac L, Johnson SA, Hauptman M. “Doc can you test me for “toxic metals?” Challenges of testing for toxicants in patients with environmental concerns. *Current Problems in Pediatric and Adolescent Health.* 2020 (50)2:10062.

Shapiro JS, Johnson SA, Onylle A, Angiollio J, Fleischman W, Kuperman GK. Health information exchange improves identification of frequent emergency department users. Health Affairs. 2013; 32 (12):2193- 8.

Co JPT, Johnson SA, Fiskio J, Van Cleave J, Poon EG, Perrin J, Ferris TG. Electronic Health Record (EHR) decision support and quality of care for children with ADHD. Pediatrics. 2010; 126 (2): 239-246.

Bourgeois FC, Linder J, Johnson SA, Co JPT, Fiskio J, Ferris TG. Impact of a computerized template on antibiotic prescribing for acute respiratory infections in children and adolescents. Clinical Pediatrics. 2010; 49 (10); 976-83.

Ferris TG, Johnson SA, Co JPT, Backus MB, Bates DB, Perrin J, Poon, EG. Implementation of an Electronic Results Management System in an ambulatory pediatric practice: A qualitative study. Pediatrics. 2009; 123: S85-91.

Ferris TG, Johnson SA A review of Health Inequality: Morality and Measurement. JAMA. 2009; 301 (2): 222-224.

Dierker L, Sledjeski E, Marshall EM, Johnson SA Substance parity laws and the detection and treatment of substance use disorders among adolescents in mental healthcare. Journal of Dual Diagnosis. 2009; 5 (1): 2-13.

Ferris TG, Johnson SA, Jha AK, DesRoches C, Isaac T, Blumenthal DB. A Framework for Measuring the Impact of Health Information Technology on Quality of Healthcare. Health Information Technology in the United States: Where We Stand, 2008. Prepared for the Robert Wood Johnson Foundation.

Whitney Stansbury, MD, MPH

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
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2) Virginia Hill, RN, MPA – ext. 518
3) Sarah Johnson, MD, MPH – ext. 581

Professional Profile

Whitney Stansbury, MD, MPH, a Medical Officer in IPRO's Managed Care Department, is responsible for overseeing clinical aspects of IPRO's managed care programs and contracts. Dr. Stansbury works with healthcare agencies to improve the quality and availability of healthcare services provided to Medicaid managed care plan enrollees. She participated in the review process for New Mexico's performance improvement projects and will be providing ongoing clinical guidance for the Diabetes Screening for Nebraska Medicaid Enrollees Diagnosed with Schizophrenia of Bipolar Disorder on Antipsychotic Medications PIPs.

Prior to joining IPRO, she worked with Stony Brook University's Cancer Center and the American Cancer Society designing a virtual education tool that teaches communication for researchers. Dr. Stansbury also worked with the Suffolk County Department of Health, leading efforts in reducing COVID-19 transmission in long-term care facilities and with the Nassau DOH, providing clinical guidance in the STI unit. By identifying and characterizing the health needs of different populations within Suffolk and Nassau Counties, providers and health systems were better able to provide patient-centered medicine and protect vulnerable populations. She also provided direct medical care to returning veterans at the Northport Veterans Affairs (VA) Medical Center. There, she also helped to design an obesity prevention and treatment QI program.

Education, Training, and Licensing

Master of Public Health, Health Policy and Management, State University of New York at Stony Brook, Stony Brook, NY, 2020
Residency in General Preventive Medicine and Public Health, State University of New York at Stony Brook, Stony Brook, NY, 2020
Internship in Family Medicine, Boston University Medical Center, Boston, MA, 2017
Doctorate of Medicine, Meharry Medical College, Nashville, TN, 2016
Bachelor of Arts, Philosophy, Chemistry & Religion, University of Miami, Coral Gables, FL, 2010

Professional Experience and Achievements

IPRO, Lake Success, NY (2020–Present)
Medical Officer, Managed Care

- Manages and designs PIPs and their implementation based on identified project aims and resources (e.g., budget, time, and personnel).
- Participates in compliance reviews of health plans.

- Reviews medical literature and clinical practice guidelines to ascertain best practices and develops interventions at the health plan, state and provider levels to promote their adoption.
- Participates in data analysis to assess healthcare delivery or outcomes, including the development, implementation and evaluation of performance improvement measures.
- Develops program-specific measures to assess clinical and non-clinical processes and outcomes.
- Provides technical assistance to health plan staff in their conduct of performance improvement projects.
- Recommends best practices and develops interventions at the health plan, state, and provider levels to promote their adoption.
- Serves as managed care medical liaison between IPRO and CMS and state clients.
- Provides clinical guidance to IPRO staff as needed.

Stony Brook University School of Medicine, Stony Brook, NY (2018–2020)
Clinical Instructor

- Managed public health and clinical exposure surveillance for influenza outbreak at a large academic hospital, Stony Brook University Hospital.
- Conducted research for the American Cancer Society on cancer disparities as an American Cancer Scholar.
- Designed communication workshop to improve researcher-community relations.
- Worked with Suffolk County Department of Health to:
    - reduce COVID-19 transmissions in nursing homes and long-term care facilities,
    - coordinate Suffolk County STI Unit contact tracing and treatment,
    - consult for NYS prison system regarding LGBT-appropriate inmate medical care, and
    - provide clinical preventive telemedicine at Northport VA Medical Center.
- Worked with Nassau County Department of Health to:
    - performed lead (Pb) evaluations,
    - determine parental eligibility for Early Intervention according to State guidelines, and
    - lead Lifestyle Medicine education modules at Women, Infants and Children (WIC) programs.
- Worked with the Northport VA Medical Center to:
    - Lead smoking cessation groups and provide pharmacological management, and
    - Provide clinical preventive telemedicine, preventive medicine screening according to USPSTF guidelines, and OEF/OIF Obesity Prevention QI-PDSA cycle design.

Boston University Medical Center, Boston, MA (2016-2018)
Resident Physician, Family Medicine

- Provided obstetric, geriatric, neonatal patient care, diagnosis and management in the inpatient adult service; managed wide ranges of illnesses and disease severity.
- Performed outpatient family medicine management and procedures at large patient-centered medical home.
- Developed appropriate care plans for patients with complex psychosocial factors.

Meharry Medical College, Nashville, TN (2014-2016)
Researcher, Molecular and Cancer Biology Department

- Researched Differential Expression of Estrogen Metabolizing Enzymes in Breast Tissue of Post-Menopausal African-American and Caucasian Women" under direction of Sakina Eltom, Ph.D.

Vanderbilt University and Meharry Medical College, Nashville, TN (2013)
Research Scholar, Summer Program in Integrative Science and Cancer Research (SPiISCR)

- Clinical Cancer Research Journal of the American Association for Cancer Research abstract publication: "Resources for research: Identification and validation of ovarian cancer cases from the Synthetic Derivative."
- Mammographic Breast Density project research interviewer.

Selected Publications

Alicia Beeghly-Fadiel, Whitney Lovett, RyaJ. Delahanty, Dineo Khabele and Wei Zhang. Resources for research: Identification and validation of ovarian cancer cases from the Synthetic Derivative. [abstract]. In: Proceedings of the AACR Special Conference on Advances in Ovarian Cancer Research: From Concept to Clinic; Sep 18-21, 2013; Miami, FL. Philadelphia (PA): AACR; Clin Cancer Res 2013;19(19 Suppl):Abstract nr B16. Pub status: Published.

Charles Merlino, MBA, CHCA

Three References

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1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Charles Merlino is an experienced Contract Manager and has more than 25 years of data analysis and report development experience relevant to the managed healthcare arena. Mr. Merlino is currently the Contract Manager for the state of Louisiana EQR contract. He is also Contract Manager and lead for validation of encounter data for the State of Kentucky. Mr. Merlino is the lead for several HEDIS/CAHPS related tasks and co-lead for encounter data validation tasks for the Ohio EQR contract. He is also the performance measure validation lead for the Nebraska EQR contract. He is a Certified HEDIS Compliance Auditor (CHCA) and serves as Practice Lead for IPRO. He also serves as the Contract Manager and lead auditor for the Commonwealth of Puerto Rico EQR contract. Mr. Merlino possesses expert knowledge of data systems, relational databases, spreadsheet programs, data extraction and reporting tools, and project management.

Education

Master of Business Administration, Finance, 1986, Long Island University, CW Post Center, Brookville, NY, 1986
Bachelor of Science, Business Administration, 1981, State University of New York at Oswego, 1981

Certification and Licensure

Certified HEDIS Compliance Auditor (CHCA), National Committee for Quality Assurance, Washington, DC

Professional Experience and Achievements

IPRO, Lake Success, NY (2005–Present)
Senior Director, Managed Care (2020–Present)
Director, Managed Care (2013–2020)
Assistant Director (2005-2013)

- Contract Manager of Louisiana Medicaid EQR contract since January 2016. Primary contact person between LDH and IPRO. Responsible for ensuring the day to day activities are accomplished according to the established work plan.
- Contract Manager of Kentucky Medicaid EQR contract since November 2010. Primary contact person between DMS and IPRO. Responsible for ensuring the day to day activities are accomplished according to the established work plan.
- Contract Manager of Puerto Rico EQR contract. Leads the annual Medicaid/Medicare compliance review and the HEDIS Performance Measure Validation task.

- Task lead for Ohio EQR contract for HEDIS/CAHPs and encounter data validation.
- Task lead for Nebraska EQR contract for performance measure validation.
- Develops and manages encounter data validation, quality improvement, and any special projects, focusing on data validation and analysis.
- Assists in ensuring quality and timeliness of deliverables for Medicare and EQR contracts.
- Leads Kentucky encounter data validation projects under IPRO's EQRO contract.
- Serves as a certified HEDIS CHCA and support HEDIS/QARR program development and audit functions.
- Supports quality improvement and focused clinical studies for EQR contracts, including development of indicators/measures and study methodology, and conducts data collection, analysis and reporting.
- Leads production of annual EQR technical reports, including collection and interpretation of data from varied sources (HEDIS, CAHPS, and other performance measures, accreditation, QI/PI projects).
- As MAQRO contract team member, reviews Medicare managed care plan QI projects relative to study methodology, data reliability and validity, and data analysis.

New York-Presbyterian Community Health Plan, New York, NY (2002–2005)
System Administrator (Director-level position)

- Defined IT strategy and objectives for the Community Health Plan.
- Managed programmer group.
- Interpreted and implemented hospital personnel and plan departmental policies and procedures. Determined proper personnel allocation and staffing levels to assure projects and schedules were met.
- Collaborated with key management personnel to determine and initiate methods to identify, profile, and monitor medical costs that could be reduced or controlled by the implementation of system modification and online, automated reporting capability.
- Managed all medical informatics activities and served as Reporting and Information Services liaison to senior managers in Health Services, Medical Management, and Quality. Negotiated content and timing of deliverables while maintaining a cooperative relationship with staff and managers in all areas.
- Oversaw the plan's QARR data needs, including oversight of the plan's vendor who produces the initial QARR data. Completed the Baseline Assessment Tool (BAT) for all IS-related areas, validated the denominator for each measure by creating and running programs to ensure the plan's data completeness, submitting the various QARR data extracts, and developing analyses to monitor reporting progress, provider compliance with requests, and final outcomes.

Advica Health Resources, Islandia, NY (1998–2002)
Director, Reporting and Analysis

NYLCare Health Plans, New York, NY (1996–1998)
Senior Medical Economics Analyst

Vytra Healthcare, Melville, NY (December 1991–1996)
Senior Healthcare Analyst (1993–1996)
Healthcare Analyst (1991–1993)

IDS Financial Services, Melville, NY (1990–1991)
Personal Financial Planner

Astrosystems, Inc., Lake Success, NY (1986–1990)
Project Manager

Grumman Data Systems, Woodbury, NY (1981–1986)
Financial Systems Specialist

Technical Skills

SQL, SAS, Microsoft Access, Excel, Word, PowerPoint, Atlas Geocoding, Crystal Report Writer

Steven Fogel, MA

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Professional Profile

Steven Fogel is a Director in IPRO's Managed Care Department (MCD). Mr. Fogel is the EQR compliance practice lead for the states of Alabama, Kentucky, Louisiana, New Mexico, Nebraska, Puerto Rico and North Carolina. He is the contract manager for Pennsylvania and North Carolina. Additional responsibilities include; department wide leader for all project management processes and tools, leading technical development of surveys, manager for all operational functions for MCD which entails managing staff, developing policies and procedures, enhance quality through Lean initiatives and development of best practices across all areas of the MCD practice. He is responsible developing data tools for multiple projects including PIP tracking, surveys and focus studies for New York, Ohio, Louisiana and Kentucky. He has automated some of our processes for internal quality checks on data for Pennsylvania and New Jersey for performance measures and focus studies. He has developed compliance review tools for New Jersey in addition to the states listed above. He has participated as a compliance team member in New Jersey, North Carolina, New Mexico, Kentucky, Louisiana and Nebraska. Steve has been a PIP reviewer for Alabama, New York and Puerto Rico projects and led data consistency checks on HEDIS and other technical reporting for multiple states. Steve has developed Tableau dashboards for the NY Sepsis study and for Ohio Encounter Data studies and contributed to the design of dashboards for Ohio's care management data. Prior to joining IPRO Steve worked in the insurance industry and has expertise in claims processing, encounter data, statutory financial reporting, contract management and a variety of operation areas.

Mr. Fogel earned his Master of Arts, Educational Communications and Technology from New York University and his Bachelor of Arts in History from the State University of New York at Binghamton.

Education and Training

Master of Arts, Educational Communications and Technology, New York University, New York, NY, 2002
Bachelor of Arts, History, SUNY Binghamton, Binghamton, NY, 1982
Project Management Professional (PMP) Certification Courses – 2019-2020 (will sit for the PMP exam in 2020)

Professional Experience and Achievements

IPRO, Lake Success, NY (2013–Present)
Director, Managed Care (2017–Present)

- EQR Compliance reviews including; team leader for Nebraska, Kentucky, Louisiana, Puerto Rico, New Mexico and North Carolina, pre-onsite and on-site reviews for and New Jersey.
- Performance Improvement Project reviewer for New York MLTC and Alabama, developed internal database for managing PIP process across multiple states (Louisiana, Kentucky, New York).
- Member and Provider Surveys – project management for Ohio, New York, Louisiana and Rhode Island, team member for Nebraska and Kentucky.
- Technical Reports – provide data integrity reviews for multiple states.
- Administration – responsible for team of three staff that provides operational support across all EQRO contracts.

Project Director, VAP Technical Assistance Program (2013–2017)

- Overseeing all aspects of the IPRO VAP technical assistance program for the NYS Department of Health, Office of Health Insurance Programs including writing Task Orders for new engagements, managing the bid process, reviewing and scoring bid responses, drafting award recommendations.
- Quality control of Task Awards including review of sub-contractor submissions, participation, as requested, in VAP updates with various stakeholders and development of metric reporting.
- Development of quarterly status reports to the Department including, key deliverables achieved, issues actual expenses for the technical assistance program.
- Managing relationships with five sub-contractors providing technical assistance to healthcare providers assigned by the NYS Department of Health including contract management, review and approval of monthly invoices and issuance of policies and standards for reporting and other deliverables.
- Managing staff embedded within the NY State Department of Health specifically financial analysts and data analysts working in OHIP, OPCHSM and OQPS on projects that include VAP, DSRIP, IAAF, VAPAP, CRFP as well as rate setting, SPAs and the Medicaid Data Mart.

Productive Practice, LLC, New York, NY (2012–2013)
Lead Consultant

- Designing and delivering training in project management, business analysis, time management, leadership and more.
- One on one coaching for executives on productivity, process design and change management.

American International Group, New York, NY (1993–2012)
Vice President, Financial Planning and Analysis (2006–2012)

- Full life cycle of financial planning including budgeting worldwide Property and Casualty operational P&L, forecasting, consolidations and closing. Expense

management. Responsible for $20Billion annual budget, quarterly closing, cash projections and contributed to annual 10K preparation.
- Participated in audit preparation and Sarbanes Oxley compliance testing
- Business Lead on implementation of SAP for consolidation and planning. All business analysis, development of user requirements, creation of workflow and dataflow diagrams, managed consultants and BAs, lead for user acceptance testing, end user training and post training desk support.

Profit Center CFO (2002–2006)
- Divisional P&L, budgets and forecast. Development of IT business cases. Due Diligence on M&A activity. Analytics and trends on KPIs.

Vice President, eBusiness Risk Solutions (1999–2002)
- Business Lead on all development projects for web delivery; developed detailed use cases, managed BAs and vendors.
- Business Development on Identity Theft, Cyber Crime and Trade Credit products. Managed in-house and out sourced customer service departments. Financial reporting, operations, technology.

Director, Corporate Training and Development (1997–1999)
- Innovated online line and computer based curriculum design and delivery.

Manager, Claims Technology Training (1993–1997)
- Directed team of 20 trainers in delivering classroom based end user training on proprietary claims systems.

AT&T S.M.A.R.T., New York, NY (1993)
Technology Trainer
- Delivered classroom based end-user training on sales force automation system and data based marketing tools.

Tamco Systems, Mineola, NY (1990–1993)
Sales Manager
- Managed team of four selling high tech communications, TV production and educational technology design build services to Fortune 100 companies, secondary and higher educational institutions and non-profits.

Insight Seminars, New York, NY (1987–1990)
Trainer
- Delivered platform training to groups ranging from 10–220 people on communication skills, conflict resolution, personal effectiveness, stress management and interpersonal skills.

Dana Green Bennett, MPH

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Professional Profile

Dana Green Bennett, MPH, is an accomplished IPRO Managed Care Director and quality improvement specialist with a high level of proficiency in Medicaid healthcare data analysis and reporting and in EQR management. Ms. Bennett leads IPRO's Rhode Island, Minnesota, and New Mexico EQRO contracts and leads surveys and provider network adequacy projects for several state contracts. Her professional background includes four years of experience working directly for New York managed care plans, where she managed health services, developed health services programs, managed HEDIS reporting, delivered training, and conducted other activities to improve plan services.

Education

Master of Public Health, Health Policy & Management, Columbia University, NY, 2011
Bachelor of Science, Information Studies and Technology, Syracuse University, Syracuse, 2000

Professional Experience and Achievements

IPRO, Lake Success, NY (2007–Present)
Director, Managed Care (2014–Present)
Assistant Director, Managed Care (2012–2014)
Project Manager, Managed Care (2007–2012)

- Manages up to six staff hired to conduct NYSDOH telephonic surveillance projects. Supervises two employees who support the production of technical reports for Rhode Island, New York, Minnesota, and New Mexico and/or provider and MCO surveillance projects.
- Supports special projects and designs quality improvement studies.
- Contract manager for Minnesota, New Mexico and Rhode Island EQRO contracts. Manages production of annual technical report; validates provider network adequacy and conducts appointment availability surveys and produces MCO and statewide aggregate reports; evaluates MCO quality improvement programs; validates performance improvement projects; conducts compliance reviews and developed appointment availability survey toolkit for MCO use.
- Serves on New York EQRO project team. Manages provider directory and member services survey; PCP & OB/GYN access and availability study; PCP Ratio Survey; Member Services Survey; annual MCO technical reports; and asthma CME program. Managed the Dental Access and Availability Study and provider network database audit. Provided PIP technical assistance to MCOs; co-managed QARR Adolescent Re-review to validate QARR measures reported by MCOs.

- Supports other EQRO tasks. Supported readiness and compliance reviews for Louisiana and New Jersey; assisted in the production of Pennsylvania technical reports; served as secondary auditor for HEDIS/QARR audits for New York and Pennsylvania; collected, compiled, analyzed and summarized data for the Kentucky EQRO technical report and updated report content.

COMMUNITY PREMIER PLUS HEALTH PLAN, Bronx, NY (2004–2007)
Manager, Health Services (2005–2007)
Coordinator, Quality Assurance (2004–2005)

- Direct supervisor of one RN and one BSN.
- Assisted in developing and evaluating all Health Services' programs, including quality assurance, case management and disease management programs.
- Managed HEDIS/QARR reporting program; analyzed access to care data and trends to identify areas of care that need improvement; developed and managed clinical quality improvement activities to improve health outcomes; performed root cause analysis studies to develop provider and member interventions; worked with network providers to improve quality and access to care, and proper claims submission; managed member complaints and grievances in compliance with regulatory requirements; managed New York State and New York City health departments' regulatory PIPs.
- Assisted in writing and producing Provider Newsletter.
- Managed medical record audits that measure adherence to clinical guidelines and billing criteria.
- Worked with vendors to ensure compliance with contractual responsibilities.
- Managed Health Services' related regulatory and department reporting.
- Served as coordinator and member of Quality Improvement Committee, a subcommittee of the Board of Directors.
- Served as member of Corporate Compliance Committee.

METROPLUS HEALTH PLAN, New York, NY (2003–2004)
Managed Care Training Specialist

- Delivered training on Medicaid product lines, facilitated enrollment, sales and communication skills.
- Created training materials and job aids to support course objectives.
- Evaluated effectiveness of training programs against business growth metrics.
- Ensured training programs adhere to HRA guidelines and MetroPlus goals.
- Managed training related applications, including ACCESS training database and WBT Manager® Learning Management System.
- Collaborated on the development of e-learning courses.

GENERAL ELECTRIC CAPITAL SERVICES, Stamford and Danbury, CT (2000–2002)
Information Management Leadership Program (IMLP)
Systems Analyst

- Designed and implemented disaster recovery testing program for business-critical applications.
- Managed multiple company-wide server upgrades and data migrations.
- Facilitated group activities using Six Sigma tools to support change acceleration.
- Organized and executed company-wide training programs on various applications.
- Analyzed compensation data for IT contractors to measure cost benefit of contract agreements.
- Programmed problem management and customer satisfaction dashboards.
- Streamlined work-flow processes of onsite IT contractors for maximum benefits.

Thomas LoGalbo, MBA, CHCA

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3) Paul Henfield, MA – ext. 330

Professional Profile

Thomas LoGalbo, MBA, Director of Managed Care, has more than 24 years of experience implementing the federal external quality review (EQR) protocols and 12 years working in corporate finance and financial analysis. Under IPRO's EQRO contract with the NYSDOH, he has been responsible for assessing the performance of and providing technical assistance to New York's 36 Medicaid Managed Long-Term Care (MLTC) plans. In early 2019, he assumed responsibility for managing the entire New York State EQRO contract. He also leads and/or participates in other EQR activities in multiple states. Mr. LoGalbo led the Louisiana Office of Behavioral Health EQR project, including directing PIP evaluation, performance measure validation, and compliance audits, and administered a survey to assess the claims and encounter data systems processes. He is currently acting as the lead for one component of the Pennsylvania EQR contract, the Office of Long Term Living. Mr.LoGalbo also supports EQR in New Jersey, Minnesota, and Puerto Rico. A Certified HEDIS Compliance Auditor (CHCA), Mr. LoGalbo, also leads HEDIS audits in several states and has conducted Medicare Part C and D Data Validation audits.

Education and Certification

Masters of Business Administration, Adelphi University, Garden City, NY, 1982
Bachelor of Arts, St. Johns University, New York, NY, 1975
Certified HEDIS Compliance Auditor, National Committee for Quality Assurance, Washington, DC, 2002

Professional Experience and Achievements

IPRO, Lake Success, NY (2001–Present)
Director, Managed Care (2013–Present)
Assistant Director, Managed Care (2012–2013)
Project Manager, Managed Care (2001–2012)

- Leads IPRO's Medicaid EQRO contract with the NYSDOH, working with 35 New York MLTC plans and 15 Medicaid Mainstream plans.
- Leads Performance Improvement Project (PIP) validation activities for the NY EQRO, including approving projects, providing ongoing technical assistance and reviewing plans' PIP Final Reports.
- Directs special projects and studies at the NYSDOH's request, such as evaluating the MLTC plans' Falls Prevention Programs, which included developing and deploying a survey tool to collect data; comparing the findings to American and British Geriatric Society guidelines; and preparing a report of the findings for submission to NYSDOH and the MLTC plans.

- Develops and administers the MLTC plan member satisfaction survey. This survey is administered to the NY MLTC plans every two years.
- Recently assumed a lead role for EQRO activities with the Pennsylvania Office of Long Term Living (OLTL), including performance measure validation and PIP review.
- Led the Louisiana OBH EQR contract (2013–2016). In this capacity, directed the following activities:
    - PIP validation,
    - Performance measure validation,
    - Review and evaluation of annual compliance audits,
    - Survey addressing claims and encounter data system processes, and
    - Contract administration responsibilities.
- Participated in annual compliance reviews as part of EQRO contracts with Louisiana, New Jersey, and Puerto Rico. Specific tasks included the review of complaint and grievance procedures, and programs for the elderly and disabled.
- Served as lead auditor on a NY MLTC Utilization Audit to assess accuracy and completeness of plan-reported utilization data. Coordinated audit personnel, onsite scheduling, all onsite review activities including staff interviews and system walkthroughs, preparation of final audit reports, and presentation of audit findings to NYSDOH and health plans.
- Organized and managed several validation audits of clinical assessment data reported by the MLTC plans to the NYSDOH. Coordinated audit personnel, scheduling, preparation of final reports and presentation of audit findings to the NYSDOH and to health plans.
- Directed a study to determine how the NY MLTC plans address advance directives. He developed a survey tool, administered the survey, compiled responses and compiled a best practices report and recommendations for improving their related practices.
- Developed a survey to assess new NY MLTC plans' readiness for reporting data via the Medicaid Encounter Data System (MEDS; 2011–2012).

Certified HEDIS Compliance Auditor, Managed Care (2002–Present)

- As a certified HEDIS Compliance Auditor, conducted on-site planning and reviewed managed care plans, including conducting data analysis, rate analysis, preparation of final audit reports, and assignment of audit designations for HEDIS measures.
- *Conducted Medicare Part C and D Data Validation Reviews.*

Corporate Programs Business Coordinator, Managed Care (1995–2000)

- Supervised bill audit and DRG validation follow up activities. Involved in payment negotiations with healthcare providers. Devised a collection follow-up system to enhance procurement of refunds from providers.
- Participated in system development supporting operations, including report production.
- *Met with clients to assess needs and performance satisfaction in relation to all products.*

CITICORP, New York, NY (1988–1995)
Relationship Account Executive, Mortgage Operations (1994–1995)

- Analyzed mortgage applications for credit decision and provide recommendations to underwriters regarding the credit worthiness of applications.
- Interfaced with sales consultants to insure timely and efficient application processing.
- *Assisted in the implementation of Citibank's automated mortgage application processing system (APS).*

Callback Unit Manager, Bankcard Group (1992–1994)

- Managed an inbound telephone center in an Automated Call System environment.
- *Created and implemented unit productivity and service quality standards.*

Collections Supervisor, Bank Operations (1988–1992)

- Supervised twenty-five collectors.
- Designed and implemented collection strategies.
- *Created procedures to troubleshoot and resolve auto-dialer system issues.*

MANUFACTURERS HANOVER TRUST, New York, NY (1986–1988)
Senior Credit Analyst

- *Prepared credit reviews and financial statement analysis on active accounts. Maintained existing accounts and developed new account relationships. Formulated and presented new loan proposals.*

EXECUTONE, INC., Jericho, NY (1983–1986)
Credit/Collection Manager

- *Completed credit reviews of loan candidates. Reviews included analysis of financial statements and business plans. Established loan limits. Responsible for all collection functions, including onsite visits when necessary.*

Stephan Brown, PhD

Three References

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1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Stephan Brown, PhD, Assistant Director, is responsible for overseeing the behavioral health (BH) aspects of EQR activities in conjunction with IPRO's EQRO contracts. For our Pennsylvania contract, he currently oversees EQR activities for Pennsylvania's autism (Adult Community Autism Program [ACAP]) and BH (Office of Mental Health and Substance Abuse Services [OMHSAS]) programs, leading the development of the statewide technical report, performance improvement projects (PIPs), joint physical/behavioral health special projects, and development and validation of performance measures. For OMHSAS' current PIP focusing on substance-use disorders (SUDs), Dr. Brown developed an optional logic and simulation modeling component as an enhancement to the core PIP. He also provides support for the State's Certified Community Behavioral Health Clinics (CCBHC) and Integrated Care Wellness Clinic (ICWC) Special Projects. Dr. Brown also supports behavioral health EQR work and special projects in other states as needed. Before joining IPRO, Dr. Brown was a Healthcare Program Manager in the New York State Office of Alcoholism and Substance Abuse Services (OASAS), where he led numerous key initiatives related to value-based payment readiness; updated a treatment substance use disorder episode grouping methodology; co-managed an interagency review of Performing Provider Systems under New York's Delivery System Reform Incentive Payment (DSRIP) program; and developed SUD-related quality measures.

Education

Doctor of Philosophy, Urban Studies, Portland State University, Portland, OR, 2011
Graduate Certificate in Computer Modeling and Simulation, Portland State University, Portland, OR, 2008
Master of Arts, Anthropology, University of California at Davis, Davis, CA, 1997
Bachelor of Arts, Anthropology, Distinction in All Subjects, Cornell University, Ithaca, NY, 1992

Professional Experience and Achievements

IPRO, Albany, NY (2014–Present)
Assistant Director, Managed Care

- Supervises Managed Care department BH team; oversees EQR activities for autism (ACAP) and BH (OMHSAS) programs in PA.
- Manages EQRO deliverables for Pennsylvania's CCBHC and ICWC programs, including oversight of data collection for demonstration implementation evaluation and suicide risk assessment measures. Provides technical assistance to clinics related to CCBHC and ICWC.

- Oversees monitoring and evaluation of PA's autism- and BH-MCO PIPs.
- Assists in developing joint PH/BH special projects, including ICP and PCMH.
- Supports development and validation of BH performance measures.
- Co-manages production of Program Evaluation Performance Summary and Statewide Technical Report.
- Supports BH reviews of HARP (Health and Recovery Plan) PIPs in NY.
- Supports clinical focused studies and other EQR activities across EQROs.
- Supports other special projects in other states as needed.

Healthcare Program Manager, NYS OASAS (2015–2017)
Healthcare Program Advisor (2014–2015)

- Agency co-lead for NY OASAS and OMH development and rollout of a $60 million value-based payment (VBP) Readiness Program.
- Team lead for refining and updating a SUD treatment episode-grouping methodology for VBP's Integrated Primary Care Bundle design.
- Co-managed an interagency review and monitoring of Performing Provider Systems (PPS) under NYS's Medicaid reform initiative, DSRIP.
- OASAS liaison with DoH's Office of Quality and Patient Safety in developing SUD-related quality measures for NY's Medicaid Quality Assurance Reporting Requirements (QARR) program.
- Carried out data mining and analyses of Medicaid claims records for various data and reporting requests.
- Served on statewide workgroups and committees related to DSRIP and VBP rollout in NY.

NESTED THINKING, Mayfield, NY (2012–2014)
Independent Consultant

- Developed and tested systems-based methodologies and methods designed to help stakeholders more effectively think about and manage change

COMMUNITY SCIENCE, Gaithersburg, MD (2011–2012)
Managing Associate

- Developed and supervised a national inventory of measures of health outcome and social determinants of health for the National Partnership for Action to End Health Disparities; assisted under contract to carry out formative assessments of various community change initiatives

PORTLAND STATE UNIVERSITY, Portland, OR (2003–2007)
Teaching/Research Assistant

- Assisted in teaching and administering courses and in conducting action research projects

ALCOHOL RESEARCH GROUP, Berkeley, CA (2002–2003)
Research Coordinator

- Managed multiple studies on alcohol consumption, which included instrument development, human subjects protocols, data-collection, and analysis

ALCOHOL RESEARCH GROUP, Berkeley, CA (2000–2002)
Research Associate

- Carried out in-depth interviews and coded and analyzed interview and focus group data on an NIH-funded epidemiological study of sexual risk-taking in the San Francisco Bay Area; supervised interviewers, work-study students, and support staff on several studies

ALAMEDA COUNTY COMMUNITY FOOD BANK, Oakland, CA (1998–2000)
Food Drive Program Coordinator

UNIVERSITY OF CALIFORNIA, Davis, CA (1994–1997)
Teaching Assistant

Publications

Shandas, Vivek, and Stephan E. Brown. 2016. An Empirical Assessment of Interdisciplinarity: Perspectives from Graduate Students and Program Administrators. Innovative Higher Education 41(5):411-423.

Brown, Stephan E. 2011. Navigating the Edges: An Examination of the Relationship between Boundary Spanning, Social Learning, and Partnership Capacity in Water Resource Management, Nohad A. Toulan School of Urban Studies and Planning, Portland State University, Portland.

Brown, Stephan E., and Daniel Lerch. 2007. Systems Thinking: A Tool for Municipalities. In Post Carbon Cities: Planning for Energy and Climate Uncertainty. Vancouver, B.C.: Post Carbon Institute. http://postcarboncities.net/files/PCC-Appdx_Systems-Thinking.pdf

Kerr, William C., Jennifer Tujague, Tom K. Greenfield, and Stephan E. Brown. 2006. The Alcohol Content of Wine Consumed in the U.S. and Per Capita Consumption: New Estimates Reveal Different Trends. Alcoholism: Clinical & Experimental Research (30):516-522.

Kerr, William C., Jennifer Tujague, Tom K. Greenfield, and Stephan Brown. 2005. A Drink Is A Drink? Variation in the Alcohol Content of Beer, Wine and Spirits Drinks in a US Methodological Sample. Alcoholism: Clinical & Experimental Research (29):2015-2021.

Kerr, William C., Stephan Brown, and Tom K. Greenfield. 2004. National and State Estimates of the Mean Ethanol Content of Beer Sold in the U.S. and Their Impact on Per Capita Consumption Estimates: 1988 - 2001. Alcoholism: Clinical & Experimental Research, (28):1524-1532.

Jeffrey Worden, MPH

Three References

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2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Jeffrey Worden, a Data Analyst in IPRO's Managed Care Department and has more than two years of healthcare experience. Previously, Mr. Worden worked for New York City's Department of Health and Mental Hygiene and Westchester County's Continuum of Care. Since joining IPRO, he has assisted with preparing technical reports and validating performance measure (PM) validation and performance improvement projects (PIPs) for IPRO's Nebraska and New York contracts. Additionally, Mr. Worden has conducted data analyses for the Managed Long-Term Care (MLTC) consumer satisfaction survey, and HARP Behavioral Health Focused Clinical Study under IPRO's New York contract.

Education

Master of Public Health, Concentration in epidemiology and biostatistics, SUNY Downstate Medical Center, 2019
Advanced Certificate in Public Health, Brooklyn, NY, 2018
Bachelor of Science, Psychology, West Virginia University, 2014

Professional Experience and Achievements

IPRO, Lake Success, NY (2019–Present)
Data Analyst III, Managed Care

- Conducting data analysis for the HARP Behavioral Health Focused Clinical Study under IPRO's New York Contract. This analysis includes testing for differences in proportions, as well as performing a multiple logistic regression analysis to evaluate predictors of outcome data.
- Generating data validation reports and collaborating with MCO's regarding their Quality Assurance Reporting Requirements (QARR) of health disparities across multiple product lines under IPRO's New York contract.
- Assisted in preparing technical reports, performance measure (PM) validation, and performance improvement projects (PIPs) for IPRO's New York and Nebraska contracts. This includes; assessing project methodology, verifying project findings, and assessing the MCO process for calculating PIPS /PMs to determine whether the process adhered to measure-specific specification.
- Conducted data analysis for the 2019 Managed Long-Term Care (MLTC) Consumer Satisfaction Survey under IPRO's New York contract. This included generating frequency counts by plan type and plan name, generating output for composite variables across six domains, and running statistical tests (Chi-squares, Z-tests, and T-tests) to determine statistical significance, as well as contributing to the writing of the survey summary report.

Westchester County Continuum of Care, White Plains, NY (2018–2019)
Planning Associate

- Worked on the development and management of a multi-agency collaboration known as the Westchester County Continuum of Care. This is a public-private partnership that coordinates all the homeless housing and services providers in Westchester, NY. Job responsibilities include analyzing Homeless Management Information System (HMIS) data for HUD reporting, program monitoring, and voucher review

New York City Department of Health and Mental Hygiene, Queens, NY (2018)
Data Quality Research Assistant

- Worked within the Bureau of Epidemiology Services – Data Governance and Informatics Unit evaluating the data quality of outpatient and ambulatory surgery data reported to the Statewide Planning and Research Cooperative System (SPARCS) to determine it's fitness for use in surveillance, program planning, and evaluation. Additional responsibilities included; checking the accuracy of the 2017 Youth Risk Behavior (YRBS) data generated on a test website and assisting in the creation of an external data catalog containing DOHMH and non-DOHMH data resources to be used for research and surveillance.

The Guidance Center of Westchester, Mount Vernon, NY (2015–2017)
Housing Case Manager/Mobile Outreach Worker

- Provided housing case management and community-wide outreach services to homeless and formerly homeless individuals and families. This included linking individuals and families with community-based housing and supportive services, developing individualized case plans, and assisting clients with managing housing related expenditures.

Skills and Awards

- Proficient in Statistical Programming Packages; SPSS & SAS
- Presenter at the 2019 Westchester GIS User Group Meeting
- Completion of NYC's Health Research Training Program

Tejasvi Kallam, MPH

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 209-5248
1) Charles Merlino, MBA, CHCA – ext.334
2) Sybil Dias, MS – ext.645
3) Aswani Bolagani, MPH – ext.219

Professional Profile

Tejasvi Kallam, a Data Analyst III in IPRO's Managed Care Department, possesses more than two years of experience in the healthcare industry, which includes high-impact research projects relevant to the public health field. Before joining IPRO, she worked as a Research Data Analyst for CUNY School of Public Health, for a studies based on HIV self-testing behavioral modes in Kenya and dental hygiene behaviors using the NHANES (National Health and Nutrition Examination Survey) data.

In her present capacity at IPRO, Ms. Kallam supports Medicaid Healthcare Assessment Program and is mainly responsible for conducting data analysis and preparing CAHPS and HOS (Health Outcomes Survey) reports.

Education

Master of Public Health, City University of New York, NY, 2019
Bachelor of Dental Surgery, India, 2016

Professional Experience and Achievements

IPRO, Lake Success, NY (2019–Present)
Data Analyst III, Managed Care

- Supporting Medicaid Healthcare Assessment Program with acquiring and analyzing data, and data warehouse setup.
- Performing quantitative data analysis/t-tests on claims/encounter/Medicaid data extensively using SAS Macros, PROC SQL.
- Drafting statistical analysis plans and reports as deliverables along with enhancing team productivity to improve review.
- Involved in relevant background research, literature review about CAHPS Survey and HOS Survey for Ohio Dept. of Medicaid.
- Actively involves in analysis, data cleaning, library formats of Medicare/Medicaid Claims data, HEDIS/Non-HEDIS Measures.
- Prepared and revised draft reports of CAHPS Medicaid Managed Care program Member Experience survey results.

CUNY School of Public Health, NY (2018-2019)
Research Data Analyst

- Provided statistical and methodological inputs relating to the design and conduct of studies prior to performing the analyses.
- Executed data collection, management at a vast scale through a range of sources prior to contributing to preparation of dataset.

- Proactively provide feedback on existing processes and identify areas for improvement across the workflow.
- Communicated research concepts and analytical outputs via presentations to a diverse set of stakeholders (internal and external).
- Conducted relevant literature review while employing effective writing methods; Created analysis plans using SAS and documented manuscripts for the review to achieve a publishable quality.

New York Department of Mental Health and Hygiene, NY (2019)
Epidemiology Trainee
- Trained to handle data entry and interviews in case of large outbreaks.
- Investigated cases of public health concern which involved familiarity with disease data.

CUNY Service Corps (NECHAMA), Puerto Rico (2018)
Disaster Epidemiologist Intern
- Studied and analyzed the Social, behavioral and environmental impact on Puerto Ricans while multi-tasking as a volunteer.
- Compiled research findings into an observation report on hurricane Maria's effect of Puerto Ricans lifestyle.

G. C. Dental World, India (2017)
General Dentist
- Supervised dental nurses and patient summary charts about daily progress
- Conducted Patient interviews to deliver specialized counselling and promote awareness about oral hygiene maintenance and public health issues via direct interaction, also addressed emergency preparedness during injuries and accidents.

Skills and Awards

- Proficient in QGIS, Redcap and Microsoft Office Suite.
- SAS Certified Base Programmer.

Paul Henfield, MA

Three References

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1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Edison Machado, MD, MBA – ext. 510

Professional Profile

Paul Henfield serves as a Technical Advisor to IPRO's Managed Care Department. Mr. Henfield has 20 years of experience in managed care quality improvement and performance assessment, survey research, statistical analysis and manipulation of large computer databases. He is an expert in all aspects of external quality review. Mr. Henfield served as Senior Director, Managed Care, and led IPRO's Louisiana EQRO contract since its inception in 2011 and IPRO's EQRO contract with the New York State Department of Health (NYSDOH) since 1998. He also supported the Nebraska EQRO contract since its inception by providing initial training to state and MCO staff and developing wok plans.

Education and Training

Master of Arts, Measurement and Evaluation/Psychometrics, New York University, New York, NY
Earned 90 credits toward doctorate, Research Methodology in Educational Psychology, NYU, New York, NY
Bachelor of Arts, Social Science, Fordham University, New York, NY

Professional Experience and Achievements

IPRO, Lake Success, NY (1995–Present)
Technical Advisor (2019–Present)
Senior Director, Managed Care Department (2001–2019)
Director, Managed Care Department (1998–2001)
Assistant Director, Data Analysis (1996–1998)
Senior Data Analyst (1995-1996)

- Conducts specific EQR activities in support of IPRO's state EQRO contracts, e.g., Nebraska, Kentucky, and Minnesota.
- Managed IPRO's Medicaid Managed Care EQRO contract for the states of Louisiana and New York, leading mandatory and optional EQR protocols and related activities for more than 75 health plans (including managed long-term care plans).
- Implemented and led Louisiana's Medicaid Managed Care EQRO program for the state's physical health plans, working with the Department of Health.
- Led collaborative quality improvement projects, such as the New York Prenatal Care Project.
- Designed methodology and sampling strategies for quality improvement and survey studies and writes summary reports, including working with CAHPs data and vendors to ensure state compliance with federal regulations under CHIPRA.

- Served as an auditor for managed care organizations, evaluating their systems and processes for New York and nationwide.
- Led IPRO-MCO workgroups and provides technical assistance to MCOs.
- Developed data validation studies and writes reports for distribution to state clients, MCOs and other professionals.
- Supervised Managed Care Department data analytic and project staff.
- Worked with IPRO's IT department to develop software and systems to meet department needs.
- Participated in interdepartmental workgroups to improve, review and analyze process efficiency.

THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY, New York, NY (1994–1995)
Human Resources Specialist

- Developed written, oral and work sample tests designed to screen job candidates and determine eligibility for promotion to management positions.
- Designed an interview protocol battery and training materials that standardized office procedures, expedited test development time and reduced personnel costs.
- Performed research studies using descriptive and inferential statistical techniques.
- Provided consultation to staff, assisting them in determining job requirements, writing job bulletins, interviewing and assessing candidates, and making hiring decisions.
- Maintained and extracted information using computerized databases of personnel records.

THE NEW YORK CITY BOARD OF EDUCATION, Brooklyn, NY (1984–1994)
Senior Human Resources Analyst

- Managed a staff of six professionals in the development of multiple choice, essay and oral listening examinations, including budgeting and scheduling. Performed job analysis and sampling studies.
- Conducted focus groups to identify benchmarking standards and maintain quality improvement standards.
- Designed and administered in-basket, conference and video-based performance assessments. Wrote scripts and conducted training workshops for assessors.
- Streamlined office procedures by developing generic test process, thereby decreasing the number of tests developed.
- Testified at NYC Council hearing on teacher licensing alternatives. Presented at community, professional and educational meetings and met with media on issues related to teacher licensing.

THE PSYCHOLOGICAL CORPORATION, Subsidiary of Harcourt Brace Jovanovich, New York, NY (1982–1984)
Research Associate

- Performed statistical analyses of test data.

- Conducted validity and research studies and wrote portions of published technical manuals.

STURM MARKET RESEARCH INC., New York, NY (1982)
Assistant Project Director
- Conducted product evaluation and consumer attitude studies for Fortune 500 clients and participated in focus groups to assess market needs.

HUMAN RESOURCES CENTER, Albertson, NY (1978–1981)
Research Associate
- Conducted a large-scale survey research project to assess attitudes toward mainstreaming.
- Wrote grants, proposals and reports.
- Evaluated a career education program for students with disabilities. Counseled students helping them explore career interests and opportunities.

NEW YORK UNIVERSITY MEDICAL CENTER, New York, NY (1977–1978)
Research Assistant
- Collected and analyzed medical data for cancer research project.
- Developed observational checklist to study socialization of early childhood pupils with disabilities.

Selected Publications

Henfield, P. & Balmaceda, M. (1988) Teacher Licensing: Local Versus National Approaches Brooklyn, NY: New York City Board of Education, (ERIC Document Reproduction Service No. ED 302.566)

Henfield, P. A Career Education Program for Students with Physical Disabilities, Human Resources Center Report, 1981 (Abstracted for the Journal of Career Education, 1982)

Henfield, P. & Stieglitz, M. Attitudes of Parents and Teachers Toward Mainstreaming: Implications for Policy-Making. Human Resources Center, Monograph, 1981

Vicki Randle, RN, MPH

Three References

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2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Vicki Randle, RN, MPH, an epidemiologist and accomplished healthcare professional with extensive experience in disease surveillance and research, is a Clinical Project Manager in IPRO's Managed Care Department. Before joining IPRO, Ms. Randle managed statewide government programs where she participated in all aspects of data collection, analysis, reporting/presentation, and application and evaluation activities. Her prior experience in managed care includes utilization management and quality improvement. Ms. Randle works with IPRO EQRO project teams conducting compliance reviews, focused studies, performance improvement project (PIP) validation and HEDIS data validation. She holds a Master of Public Health from the State University of New York at Albany and a Bachelor of Arts from the Center for Environmental Science at the State University of New York at Plattsburgh.

Education and Licensure

Master of Public Health, School of Public Health, State University of New York (SUNY) at Albany, 1996
Bachelor of Arts, Center for Environmental Science, SUNY at Plattsburgh, 1993
Registered Nurse, Methodist Hospital School of Nursing, Minneapolis, Minnesota, 1975
Registered Professional Nurse, State of New York #387652–1

Professional Experience and Achievements

IPRO, Lake Success, NY (2012–Present)
Clinical Project Manager, Managed Care

- Performs compliance reviews of managed care organization benefits offered to Medicaid and dual-eligible beneficiaries under several state Medicaid contracts, including review of policies, processes and delivery systems across several domains of care. Examples include early and periodic screening, diagnostic and treatment services; physical and behavioral healthcare coordination; disease and case management; and utilization management (with review of member files for denial, grievance and appeal resolution). Additional reviews assess organization network adequacy, provider credentialing and Quality Assessment and Performance Improvement programs.
- Validates PIPs across all IPRO EQR contracts as applicable, including proposal development, quarterly oversight of implementation and recommendations for improvement. Projects have included Behavioral Health and Substance Use Disorder transitions of care; multiple aspects of perinatal and pediatric health care; chronic disease management; and tobacco cessation.

- Researches and summarizes evidence-based professional and CMS/state-specific Medicaid guidelines for focus studies and special projects. Develops abstraction tools, instructions, and training materials for IPRO clinical analysts, and validates tools and instructions developed by subcontractors, abstracting medical records for studies and state-specific performance measures. Serves as technical advisor to the Managed Care Department, state departments of health, and vendors regarding measure specifications.
- Coordinates and over-reads medical record abstraction, investigates data and care quality concerns, and participates in report writing.
- Conducted research and outreach, recruited and maintained physician network, supplied technical assistance, and monitored reporting by 50 distinct providers quarterly for a state health department practice self-assessment requirement and perinatal care quality improvement initiative.

Columbia University, Mailman School of Public Health, New York, NY (2010–2011)
Project Coordinator II/Research Nurse

- Initiated/completed data abstraction for the final Columbia University/CDC TB Epidemiologic Studies Consortia research project on multi-drug resistant tuberculosis
- Protocol development, multi-site IRB approval processes, and documentation management
- Coordinated record retrieval and abstracted medical, diagnostic, treatment, and cost data

New York City Department of Health and Mental Hygiene, New York, NY (2009–2010)
Public Health Epidemiologist II/Network Epidemiology Supervisor

- Supervised epidemiologists assessing the potential for tuberculosis transmission and conducting contact investigations in the community and in collaboration with healthcare facilities
- Compiled results, identified suspect cultures and cases for investigation, and presented findings at Cluster Rounds and the Regional Molecular Epidemiology Annual Meeting

Maryland Department of Health and Mental Hygiene, Baltimore, MD (2003–2009)
Senior Epidemiologist III

- Established systematic surveillance and analysis for the Division of TB Control
- Products included Access databases, county-specific performance reports, grant progress reports, presentations, posters, and press releases/interviews for local/national media
- Implemented revised national surveillance requirements by preparing training materials and providing daylong training sessions for local health departments
- Team training for deployment of the National Electronic Disease Surveillance System

New York State Department of Health, Albany, NY (1995–1996, 2000–2003)
Public Health Representative/Sentinel Physician Surveillance Coordinator (2000–2003)

- Recruited and provided technical assistance to 50 physicians reporting influenza-like illness and submitting patient specimens for viral strain surveillance
- Contributed to a weekly influenza report posted on the health department website to assist providers in quarantine, prophylaxis and vaccination decisions
- Wrote surveillance summaries; presented findings at regional meetings, laboratory seminars, and the CDC International Conference on Emerging Infectious Diseases

Graduate Student Intern (1995–1996)

- Studied outbreaks of long-term care facility-acquired infections reported over one year
- Analyzed initial outbreak reports and developed survey to obtain final outbreak statistics
- Examined utilization and access barriers to laboratories and state laboratory services
- Provided state's first assessment of employee influenza vaccination rates

MVP Health Plan, Schenectady, NY (1997–1999)
Utilization Management Analyst

- Analyzed utilization management in clinically-based programs serving 300,000 members
- Collaborated with regional/program managers in the development and measurement of KPIs
- Identified appropriate data sources and developed program-specific data collection systems
- Wrote policies/procedures and trained approximately 100 nurses in data entry and extraction
- Prepared monthly reports for executives and company-wide distribution

IPRO, Albany, NY (1997)
Medical Record Reviewer

- Collected data elements for standardized indicators measuring healthcare services/quality in compliance with criteria established by the NCQA and the NYS DOH

Various Hospitals and Locations (1975–1991)
Registered Nurse, Crisis Intervention Specialist

- Specialized in mental health and crisis intervention
- Comprehensive assessment of patients experiencing acute psychiatric symptoms, including mental status, history, medication compliance, drug/alcohol use, legal status, comparison to baseline function, living situation and community support
- Developed and implemented ER discharge plans including voluntary or involuntary admission, housing, transportation, medication, follow-up and patient education

Maria Criselda Toledo Sicoy, BSN, RN, MAN

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3) Paul Henfield, MA – ext. 330

Professional Profile

Maria Sicoy is a registered nurse with 24+ years of nursing and administrative experience in several settings, including acute care hospital, acute and chronic dialysis, nursing facility, education. In her current role as Clinical Analyst, Managed Care, she participates in compliance reviews, PIP validation, focus studies, data validation, and conducts medical record reviews. Prior to joining IPRO, she served as Director of Nursing Services and Corporate Compliance Officer for a rehabilitation and nursing center.

Education and Training

Master of Arts, Nursing, University of the City of Manila *(Pamantasan ng Lungsod ng Maynila),* Manila, Philippines, 2006
Bachelor of Science, Nursing, San Juan de Dios Educational Foundation Inc., Pasay City, Manila Philippines, 1996
Theological Studies, Loyola School of Theology, Ateneo de Manila University, Philippines, 2001-2002
Resident Assessment Coordinator/Minimum Data Set 3.0

Certification and Licensure

Registered Professional Nurse, State of New York License # (576274)
Registered Nurse, Manila, Philippines
Commission on Graduates of Foreign Nursing Schools, Course Work in Infection Control, Intravenous Therapy Administration, Hemodialysis
Basic Life Support for Healthcare Providers
NYSDOH Hospital/Community - Patient Review Instrument Assessor
NYSDOH SCREENer
UAS – NY Certified (Uniform Assessment System for New York)

Professional Experience and Achievements

IPRO, Lake Success, NY (2018)
Clinical Analyst

- Participate in review of documents for annual MCO compliance reviews.
- Participate in onsite compliance reviews for various managed care contracts.
- Conducts medical record and case file abstraction for focused clinical studies and special projects such as care management audits.
- Conduct Nursing Facility Level of Care reviews.
- Participate in validation of MCO PIPs.

- Validate MCO reported data (e.g. HEDIS, QARR encounter data) against medical records to support data audit and validation projects.
- Worked with NYSDOH to update the UAS – NY instructions and training.
- Participate in various state teleconferences.

CONCOURSE REHABILITATION AND NURSING CENTER, Bronx, NY (2014-2017)
Resident Assessment Coordinator/Minimum Data Set (MDS) Coordinator (2017)
- Performed clinical assessment and care planning and completion of MDS.

Director of Nursing Services (2014-2017)
Corporate Compliance Officer (2014-2015)
- Managed nursing staff, informed staff of new policies and procedures.
- Responsible for the recruitment, retention, training and discipline of nurses and certified nurse assistants.
- Ensured all regulatory and accreditation standards were met.
- Responsible for all regulatory and accrediting surveys, both routine and complaint.
- Oversight of clinical operation of agency.
- Ensured that legal procedures, nursing laws, and work standards were met in the facility.

NEW YORK RENAL ASSOCIATES, Bronx, NY (2011–2014)
Charge Nurse
- Performed patient assessments, review dialysis orders, document data to determine compliance to dietary or medication regime, review lab work, and work with team to develop patient care plans.
- Administered hemodialysis treatment via subclavian catheters, A-V grafts and fistulas, administer parental and oral medications.
- Coordinated Care with patients, physicians, healthcare team and transplant teams.

DEWITT RREHABILITATION AND NURSING CENTER, New York, NY (2010–2011)
Unit Manager
- Supervision of the Sub-acute unit.
- Completion of MDS 3.0.

SOUTHVILLE INTEERNATIONAL SCHOOL AND COLLEGES, Manila, Philippines (2004–2006)
Professor/Lecturer/Clinical Instructor
- Classroom and Clinical Instructor to Level I and Level II BSN students.

Medical Center of Paranaque, Manila, Philippines (1996-1997, 2002–2004)
Hemodialysis/Peritoneal Dialysis Nurse
- Holistic care of both hemodialysis and peritoneal dialysis patients.

William G. Tremblay Jr., BA

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Steven Fogel, MA, MSS – ext. 562
2) Anne Koke, MBA, MPH – ext. 589
3) Virginia Hill, RN, MPA – ext. 518

Professional Profile

William Tremblay, a Project Manager in IPRO's Managed Care Department, possesses more than 11 years of experience in the healthcare industry. Before joining IPRO, he held positions focusing on continuous quality improvement, regulatory compliance, reportable incident investigations, management, and operations; mostly working within the field of behavioral health. He is skilled in the development of compliance, reporting, and project management tools and solutions using Smartsheet, in which he has earned Product Certified User status from Smartsheet, Inc. Mr. Tremblay is an active member of the Project Management Institute (PMI) and National Association for Healthcare Quality (NAHQ), as well as the National Society of Leadership and Success (NSLS) honor society.

In his present capacity at IPRO, Mr. Tremblay is responsible for conducting compliance activities across thirteen different states in varying capacities, including preparation of review tools, documentation and file reviews, on-site interviews, tabulation and reporting of results to State Medicaid offices as well as Managed Care Organizations. He is responsible for the creation and use of compliance tools to assess the regulatory compliance of health plans' policies and procedures as well as case files with their state and federal contracts. Specifically for the state of Nebraska, Mr. Tremblay has had a large role in creating and populating compliance review tools for 2019 and 2020 reviews, and conducting the subsequent compliance and case file reviews in 2019. He also works on the validation of performance improvement plans (PIPs) and focus studies, and provider monitoring for multiple states.

Education and Certification

Master of Science, Project Management, Keller Graduate School of Management, New York, New York, expected June, 2021
Bachelor of Arts, Psychology, State University of New York at Geneseo, Geneseo, NY, 2007
Project Management Professional (PMP) certification, expected December 2021

Professional Experience and Achievements

IPRO, Lake Success, NY (2018)
Project Manager

- Lead standardization of project management practices within the Managed Care Department of IPRO with the implementation of the Smartsheet application.
- Lead training programs for IPRO personnel related to project management practices and Smartsheet.

- Conduct regulatory compliance activities across thirteen states across all IPRO state contracts.
- Facilitate interdisciplinary meetings between State Medicaid offices, Managed Care Organizations, and IPRO for compliance reviews and PIPs.
- Provide technical assistance as needed pertaining to CMS Final Rule.

SCO Family of Services, Brentwood, NY (2017–2018)
Quality Improvement Specialist

- Direct program administration in meeting and maintaining regulatory compliance with local, NY State and Federal codes and regulations.
- Prepare detailed Quarterly and Annual Reports of Case Record Review and Behavior Management Data with a focus on Trend Analysis and Plans of Corrective Action.
- Conduct internal audits and site inspections annually and as needed, and prepare detailed reports of findings and deficiencies.
- Ensure implementation of Plans of Corrective Action by following up with program administration and performing site inspections as needed.
- Ensure thorough and independent investigation of Reportable Incidents according to NYS Justice Center, OPWDD and Part 624 guidelines.
- Represent SCO Family of Services in inter-agency Quality Assurance Network Meetings, Operational Efficiencies Working Group, and Child Welfare Incident Management Collaborative to develop best practice regulatory guidelines to be implemented across the entire network.

FAMILY RESIDENCES AND ESSENTIAL ENTERPRISES, INC., Old Bethpage, NY (2016)
Operations Director

- Ensured program operations and residence facilities in accordance with applicable Federal and State regulations, Agency policies, practices, procedures and contracts.
- Monitored consumer care, ensuring services provided met physical, social and developmental needs, with adequate protection of each consumer's health, safety, comfort, well-being, civil, human and legal rights.
- Performed daily oversight of supervisors and program specialists' implementation of active treatment and strict adherence to all regulations
- Maintained quality record keeping and charting to meet the standards as prescribed by agency, State and Federal guidelines.
- Reviewed budgetary decisions and audit financial records for programs under supervision on a quarterly basis.
- Maintained open communication with management teams, direct care staff, internal and external providers, and families of consumers served to ensure highest level of quality care.

HUMAN FIRST, Deer Park, NY (2011–2016)
Community Services Coordinator

- Oversaw the Community Habilitation Program, In-home/Out-of-home Respite Program and the ISS Program.
- Worked in conjunction with Case Managers, Internal Supervisors, consumers, parents and outside providers to ensure the department monitored and maintained the service environment according to OPWDD regulations.
- Created and maintained individualized Habilitation Plan for over 50 consumers.
- Responsible for supervision of direct care staff, including conducting screening and hiring determination processes.
- Attended various community job fairs and transition fairs to recruit staff and promote the program.

LIFETIME ASSISTANCE, Inc., Rochester, NY (2009–2011)
Behavior Specialist (2010–2011)

- Developed goals, objectives and methods in collaboration with relevant members of the team to address psychological needs of clients.
- Provided crisis intervention for individuals to prevent injury to themselves and others as prescribed by the Behavior Support Plan.
- Supervised and provided in service training and staff development pertaining to psychological services to agency staff.
- Secured Human Rights and Informed Consent/approval for each individual's Behavior Support Plan and/or the use of medications as needed.

Medical Services Coordinator (2009–2010)

- Provided advocacy, linkages, oversight of services, and support to individuals with developmental disabilities and their families.
- Aided clients in establishing and maintaining positive community linkages in support of the program goals and objectives.

Skills

Smartsheet Product Certified User. Completion of numerous Institute for Healthcare Improvement, Continuous Quality Improvement, Reportable Incident Investigator, Behavior Specialist, Medicaid Service Coordination, agency-specific, and Developmental Disabilities State Office (DDSO) training courses including Leading Quality Improvement, Positive Approaches, Individualized Service Planning (ISP), Developmental Disability Planning (DDP), Compliance and Documentation, Social Evaluation training, Home and Community Based Services (HCBS) Waiver Training, Incident Review training, Urgent Request, Guidelines training, Strategies for Crisis Intervention & Prevention-Revised (SCIP-R) physically restrictive techniques.

Cemile (Blue) Guldal, PhD

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Cemile Guldal, PhD, is a technical writer, editor and experienced project manager. Dr. Guldal develops review tools and final reports of MCOs' performance improvement projects (PIPs), focused studies, and HEDIS® auditing activities and prepares annual technical reports in support of IPRO's EQRO contracts. She has more than 13 years of scientific and technical writing experience including study design, data aggregation and analysis, and scientific publishing in a variety of fields such as cancer research, clinical trials, immigration law, and healthcare/pharmaceutical. She is also proficient in using a variety of current data analysis and web tools. Dr. Guldal's seven years of graduate research addressed the topic of cancer using model organisms, followed by four years of childhood brain cancer research. She also has two years of experience in clinical trial data management and data quality assurance in the field of pediatric cancer.

Education

Doctor of Philosophy, Molecular Biology, Princeton University, Princeton, NJ, 2007
Bachelor of Arts, Biochemistry and Mathematics, Hamilton College, Clinton, NY, 2000

Professional Experience and Achievements

IPRO, Lake Success, NY (2013–Present)
Communications Manager, Managed Care (2015–Present)
Technical Writer, Managed Care (2013–2015)

- Manages and trains the Managed Care Writing Team.
- Writes and edits external quality reviews, annual technical reports, focused studies, and other managed care reports.
- Performs PIP validation.
- Participates in onsite Medicaid managed care compliance audits.
- Created and edits new measurement and audit tools (e.g., compliance, readiness).
- Creates and manages surveys for EQRO clients using SurveyMonkey.

KLASKO, RULON, STOCK & SELTZER, LLP, New York, NY (2012–2013)
Editor and Senior Technical Writer

- Wrote detailed referee letters for client visa and immigration petitions to the U.S. Citizenship and Immigration Services.
- Translated medical and scientific language to make it accessible for a lay audience.
- Edited the work of other technical writers for scientific accuracy, language, grammar, and flow.

- Interacted with clients on a daily basis (face-to-face, phone, and e-mail interaction with medical doctors, scientists, professors, researchers).
- Managed up to 15 client immigration cases of various types and at different stages of development.

BIOSCIENCE EDITING SOLUTIONS, New York, NY (2012–2013)
Freelance Editor

- Improved the language, flow, organization, and clarity of more than 40 scientific manuscripts and grant proposals in diverse subjects, including in oncology, radiology, immunology, infectious diseases, alternative medicine, plant biology, proteomics, metabolomics, and microbiology.

MEMORIAL SLOAN-KETTERING CANCER CENTER, New York, NY (2008–2012)
Post-doctoral Fellow, Department of Cancer Biology and Genetics

- Established an essential role for p38 MAP kinase in Sonic hedgehog-driven medulloblastoma.
- Collaborated on team projects, contributing original data and statistical analyses, and manuscript preparation for publication.
- Trained college and graduate students in project development and research.

Professional Development in Medical Writing

Become a Better Proofreader, Brooklyn Brainery. Three-hour workshop on proofreading, copyediting, and writing techniques. March 10, 2016

Vaccine Trials: Methods and Best Practices, Johns Hopkins University (Coursera course). Seven-week online course on vaccine trial logistics, ethical concerns, and GCP/GMP, with weekly quizzes. June–August 2013

Drug Discovery, Development, and Commercialization, U.C. San Diego (Coursera course). Nine-week online course with weekly quizzes and a final group project. Developed a life cycle strategy plan (LCSP) for infliximab (Remicade) for Crohn's Disease indications. April–June 2013. Completed with distinction

Medical Writing Certificates: Scientific and Regulatory Writer (Biostatistics and Epidemiology, Posters and Abstracts, Regulatory Writing in the US, Scientific Journal Writing; InQuill Medical Communications)

Writing About Science for the Public, NYAS/Science Alliance. One-day, hands-on workshop focusing on writing science for the public on March 3, 2012

Writing for Biomedical Publication, NYAS/Science Alliance/MSKCC, David C. Morrison, Ph.D. and Christopher J. Papasian, Ph.D. One-day workshop on all aspects of scientific manuscript preparation, editorial process, and peer review on January 20, 2012

Writing an Effective Scientific Article, Princeton Writing Program, Judith Swan, Ph.D. Two-hour sessions throughout 2007 with emphasis on the effect of language usage on communication of clear and accessible messages in scientific writing

Selected Publications

Melnik TA, Guldal CG, Schoen LD, Alicandro J, and Henfield P. Barriers in Accurate and Complete Birth Registration in New York State. Maternal and Child Health Journal. 2015 Sep; 19(9):1943-8 PMID: 25652064

Guldal CG, Ahmad A, Korchunov A, Squatrito M, Awan A, Mainwaring LM, Bhatia B, Parathath SR, Nahle Z, Pfister S, and Kenney AM. An essential role for p38 MAPK in cerebellar neural precursors. Acta Neuropathologica. 2012 Feb 3. PMID: 22302101 (Journal Impact Factor: 18.174)

Guldal CG and Broach JR. Assay for adhesion and agar invasion in S. cerevisiae. J Vis Exp. 2006 Nov 8;(1):64 PMID: 18704175 (9,739 views, as of June 2020)

Selected Presentations

Guldal CG, Parathath S, Mainwaring L and Kenney AM. The role of p38/MAPK14 in Sonic Hedgehog-driven CGNP proliferation and medulloblastoma. AACR, Orlando, FL. April 1-6, 2011

Albert Kennedy, MA

Three References

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1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Albert Kennedy, MA, is a technical writer and researcher in IPRO's Managed Care Department. Mr. Kennedy manages and develops written materials and deliverables for EQR projects and provides research and analytical support for annual technical reports, focused study and PIP proposals and reports, and other types of reports. He also has extensive experience developing and maintaining project tools and templates. He has assisted in the development of an annual assessment report for New Jersey, validation of PIPs for Kentucky, technical reports for Nebraska, and screening surveys for New York, among others. A former manager of training and instructional design at a New York MCO, he has designed, developed and tested online content and training modules and conducted employee training. He also served as a communications specialist for the North Shore-LIJ Health System, where he wrote, edited, and formatted documents, manuals, e-learning modules, and a website.

Education

Master of Arts, Industrial/Organizational Psychology, Hofstra University, Hempstead, NY, 2008
Bachelor of Arts, Psychology, Summa Cum Laude, Dowling College, Oakdale, NY, 2005

Professional Experience and Achievements

IPRO, Lake Success, NY (2015–Present)
Technical Writer, Managed Care

- Writes, adapts, and edits reports and other contract deliverables targeted toward various audiences, including state agencies, state legislatures, providers, heath plans, and consumers.
- Assists in the creation, maintenance, management and organization of boilerplate material needed to conduct EQR activities.
- Reviews and edits department reports and other written documents for style, consistency and clarity.
- Conducts preliminary work for Pennsylvania EQR Report per BBA.
- Creation and maintenance of surveys for Managed Care and other departments.

North Shore-LIJ Health System, Independent Practice Association (2013–2015)
Communications Specialist

- Wrote, edited, and formatted documentation for the network of North Shore-LIJ contracted healthcare providers.

- Drafted, edited, and sent letters to contracted physicians regarding credentialing, enrollment, and plan information.
- Wrote, edited, and formatted manuals and handbooks for North Shore-LIJ's Clinical Integration Network IPA, LLC (CIIPA).
- Designed, edited, and maintained e-learning modules for newly contracted physician offices.
- Maintained and edited website for the IPA provider network.
- Partnered with colleagues and SMEs in obtaining accurate information for internal documentation and manuals.
- Created and maintained accurate, clear content (letters, contracts, PowerPoint files) for business and network development and to facilitate the recruitment efforts of Provider Outreach Representatives.
- Maintained accurate, up-to-date content on SharePoint website.
- Shipped and tracked correspondence sent for Network Services department via FedEx.

EmblemHealth, Melville, NY, (2012–2013)
Training and Instructional Design, Operations Quality Training

- Based on ADDIE process, designed, developed, and tested online learning modules on various products and topics for EmblemHealth employee population.
- Created and edited technical content, e.g., software documentation for EmblemHealth software.
- Partnered with SMEs and business owners regarding content development.
- Designed and developed training courses for projects including modules, practice exercises and leader's guides; edited and modified existing content and materials.
- Maintained SharePoint; managed content and organization of folders and materials.
- Maintained learning management system (LMS) for online courses and employee tracking.
- Coached new hires and colleagues on both trainer-specific systems and department workflow systems.
- Served as troubleshooter to new hires, trainees, and other departments and job sites for software training and system refreshers.
- Provided additional forms of training via refreshers and online learning and webinars.

Winthrop-University Hospital, Mineola, NY (2007–2011)
Training and Development, Human Resources Department

- Designed and developed registration websites for training classes.
- Troubleshot and operated GeoLearning employee education site and tracking system.
- Tracked employee training attendance and status in ADP Enterprise and ReportSmith.
- Set up audio/visual equipment (laptops, projectors) for presentations in Human Resources and other departments.

- Generated HRIS reports on training class attendance and HR documentation compliance.
- Facilitated and coordinated New Hire Orientation.
- Handled department inquiries via telephone and email; addressed employee questions and concerns.

Nancy A. Rosenbaum, BA

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Anne Koke, MPH, MBA – ext. 589

Professional Profile

Nancy Rosenbaum is a copy editor in IPRO's Managed Care Department. In this role, Ms. Rosenbaum reviews and corrects all written materials and deliverables for interdisciplinary project teams responsible for producing project reports such as annual technical reports, focused study proposals, performance improvement project proposals, and encounter validation reports. She develops, maintains, and promotes the use of project tools and templates within the department to improve the end product. Ms. Rosenbaum has more than 35 years of experience working in communications, technical writing, and editing, including work with Mathematica Policy Research and JPMorgan Chase.

Education and Training

Bachelor of Arts, English, Mount Holyoke College, 1980
Coursework in technical writing and business communications, Northeastern University and MIT

Professional Experience and Achievements

IPRO, Lake Success, NY (2019–Present)
Copy Editor

- Reviews and corrects all written materials/deliverables for the Managed Care Department interdisciplinary project teams responsible for producing project reports, such as annual technical reports, focused study proposals, performance improvement project proposals, and encounter validation reports.
- Develops, maintains, and promotes the use of project tools and templates to improve end product.
- Ensures accuracy, readability, and fitness for purpose.

Mathematica Policy Research, Princeton, NJ (2016–2018)
On-Call Editor

- Proofread, edited, and performed supplemental writing of technical proposals and status reports to in-house standards.

Independent Contractor, Chicago, IL (2005–2019)
Copy Editor/Content Editor/ Content Writer

- Wrote and edited proposals to perform editing services for student clients.
- Wrote, edited, and managed development of commercial clients' proposals in new and existing templates for submission to commercial and federal/state government organizations.

- Rewrote, edited, and ghostwrote books, marketing materials, abstracts and articles, business communications, and grant applications.
- Transcribed students' audio recordings.
- Transcribed audio recordings of local government board meetings.
- Edited, formatted, and proofread academic papers (e.g., capstones, theses, dissertations) and technical articles.

JPMorgan Chase & Co. (formerly Bank One), Chicago, IL (2003–2005)
Communications Manager

- Wrote and edited proposals in new and existing templates for submittal to federal and state government entities seeking treasury management services and solutions.
- Managed process from searching state and federal databases for opportunities and summarizing those opportunities for go/no-go decisioning to receipt of RFP and delivery of final product.
- Responsible for breaking down RFPs, creating outlines and compliance matrices, storyboarding solutions, interviewing subject matter experts, drafting and editing responses to RFPs, providing guidance and editorial support to proposal team members, overseeing production, and quality control.
- Introduced concepts of change management, style, fact-checking, formatting, voice, themes, ghosting, distinguishing, language, team writing, copyediting, repurposing text, and outlining to a department new to proposal development.

Independent Contractor, Princeton, NJ (1997–2002)
Copy Editor/Content Editor/ Content Writer

- Wrote grant applications in new and existing templates to fund specialty services for a community hospital.
- Wrote and edited interactive documentation for secure web-based e-commerce/materials management clearinghouse applications intended for use by technical and non-technical users.
- Abstracted information and wrote and edited FAA advisory circulars and marketing material.
- Developed policies, procedures, and deliverables strategy to support IT security and Y2K programs for pharmaceutical companies and insurance company.
- Developed and administered MS Access database to support FDA change management requirements.
- Wrote internal communications, including white papers, progress reports, and issues/outcomes reports.
- Wrote and edited marketing material.

Fluor Daniel, Marlton, NJ (1994–1996)
Technical Proposal Writer/Manager

- Led proposal development teams and mentored junior staff in evaluation of RFPs, strategy selection, storyboarding, and response preparation.
- Wrote and edited proposals.

- Conducted financial analyses and company analysis/market research from 10-Ks and annual reports, prepared company and industry abstracts and white papers for company executives, and wrote internal communications, including white papers, industry reports, and news briefings.

Chemical Waste Management/Rust International, Princeton, NJ (1991–1994)
Technical Proposal Writer/Manager

- Led proposal development teams and taught process to junior staffers.
- Developed and enforced style guides.
- Analyzed RFPs, prepared response strategies, storyboarded, scheduled and managed proposal contributors' work products, and interviewed subject matter experts.
- Prepared and presented white papers on potential opportunities for internal company executives.

Maxymillian Technologies, Pittsfield, MA (1988–1991)
Technical Proposal Writer

- Studied and summarized recently promulgated or proposed/pending federal and state environmental and construction safety regulations for environmental/construction company executives.
- Liaised with state and federal regulatory agencies to demonstrate regulatory compliance with environmental remediation activities and construction operations.
- Wrote multi-volume environmental remediation and construction permit applications and proposals.
- Interviewed subject matter experts to draft text for correspondence, permit applications, proposals, and operating plans.

Technical Writer/Editor/Manager, Computer Industry, Boston, MA (1984–1988)

- Wrote and edited functional/user specifications, user guides, installation guides, development guides, training materials, marketing brochures, and release notes for Unix-based software, network communications hardware and software, accounting software, and more.
- Wrote test plans with use cases and scripts, conducted testing, and wrote test results summaries.
- Developed department style and standards guidelines, managed three full-time writers and occasional contract/part-time writers.
- Introduced and promoted the use of graphics/schematics in documentation, developed publication standards, and trained and mentored junior writers.

Evan E. Pierre-Louis, AA

Three References

IPRO, 1979 Marcus Avenue, Lake Success, NY 11042-1072 • (516) 326-7767
1) Clare B. Bradley, MD, MPH – ext. 563
2) Virginia Hill, RN, MPA – ext. 518
3) Paul Henfield, MA – ext. 330

Professional Profile

Evan Pierre-Louis is a Senior Data Coordinator in the Managed Care department with more than eight years of increasingly responsible experience in healthcare administration and quality assurance. Mr. Pierre-Louis is responsible for conducting quality assurance reviews related to provider participation in Medicaid managed care.

Education

Associate of Applied Science, Nassau Community College, Garden City, New York, 2020

Professional Experience and Achievements

IPRO, Lake Success, NY (2000–Present)
Team Coordinator, Managed Care (2020–Present)
Senior Data Coordinator, Managed Care (2012–2020)

- Efficiently and effectively communicate with providers (doctors' offices) to ensure health insurance participation.
- Conduct quality assurance reviews to guarantee program participation.
- Perform preliminary research on healthcare related topics.
- Request medical records from various providers.
- Compile data from providers into Access database, ensuring data integrity and program specific information is accurate.

Senior Program Support Coordinator, Medicaid (2009–2012)

- Handled incoming telephone calls for Medicaid programs. Logged incoming Medicaid cases online, outline forms and requested information from facilities as needed.
- Completed data entry of on-site Medicaid review information, typed correspondence and prepared copies for faxing and faxed to requesting facility the Medicaid determination.
- Logged decisions, photocopied call outline forms and worksheets for Data Department, and maintained files for decisions and statistics.
- Coordinated appointments with evaluator(s) for face-to-face on-site and referral entity assessments. Logged cases assigned to evaluators for on-site SLI reviews and coordinated distribution of questionnaires/documentation and distributed supplies to Medicaid evaluators as needed.
- Coordinated monthly - Annual Resident Review notification and distribution.
- Sent and received cases to/from the Office of Mental Health Clinical Directors.

- Consistently implemented ISO regulations and standards by following policies, procedures and work instructions.
- Maintained consistent emphasis on customer satisfaction with both external and internal customers.

Office Operations Assistant, Office Operations (2000–2009)

- Provided high quality service to internal and external customers.
- Trained and monitored back-up personnel.
- Provided high accuracy and confidential data entry support, typing, filing, sorting and mail distribution for Human Resources Department.
- Communicated with patients, employees, and other individuals to answer questions, disseminate or explain information, take orders and address complaints.
- Completed and mailed bills, contracts, policies, invoices, or checks.
- Operated office machines, such as photocopiers and scanners, facsimile machines, voice mail systems and personal computers.
- Reviewed files, records, and other documents to obtain information to respond to requests.
- Provided information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

Technical Proficiencies

Proficiency with desktop computing platforms and applications (Word, Excel, PowerPoint, Access, and Outlook)

9.1.3. Appendix C. Terms and Conditions

IPRO takes no exceptions to any of the terms and conditions associated with the RFP (Sections II through V), and our initialed copy is provided immediately following this page.

II. TERMS AND CONDITIONS

Contractors should complete Sections II through VI as part of their proposal. Contractor is expected to read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The contractor should also provide an explanation of why the contractor rejected the clause or rejected the clause and provided alternate language. By signing the solicitation, contractor is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and contractor fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this solicitation. The State of Nebraska reserves the right to reject proposals that attempt to substitute the contractor's commercial contracts and/or documents for this solicitation.

The contractors should submit with their proposal any license, user agreement, service level agreement, or similar documents that the contractor wants incorporated in the Contract. The State will not consider incorporation of any document not submitted with the contractor's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

A. GENERAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The contract resulting from this solicitation shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the solicitation;
3. Questions and Answers;
4. Contractor's proposal (Solicitation and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed Contract with the most recent dated amendment having the highest priority, 2) executed Contract and any attached Addenda, 3) Amendments to solicitation and any Questions and Answers, 4) the original solicitation document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

B. **NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Contractor and State shall identify the contract manager who shall serve as the point of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or five (5) calendar days following deposit in the mail.

Either party may change its address for notification purposes by giving notice of the change, and setting forth the new address and an effective date.

C. **NOTICE (POC)**

The State reserves the right to appoint a Buyer's Representative to manage [or assist the Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is expected to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

D. **GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

E. **BEGINNING OF WORK**

The contractor shall not commence any billable work until a valid contract has been fully executed by the State and the successful Contractor. The Contractor will be notified in writing when work may begin.

F. **AMENDMENT**

This Contract may be amended in writing, within scope, upon the agreement of both parties.

G. **CHANGE ORDERS OR SUBSTITUTIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the solicitation. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the Contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

In the event any product is discontinued or replaced upon mutual consent during the contract period or prior to delivery, the State reserves the right to amend the contract or purchase order to include the alternate product at the same price.

*****Contractor will not substitute any item that has been awarded without prior written approval of SPB*****

H. **VENDOR PERFORMANCE REPORT(S)**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The State may document any instance(s) of products or services delivered or performed which exceed or fail to meet the terms of the purchase order, contract, and/or solicitation specifications. The State Purchasing Bureau may contact the Vendor regarding any such report. Vendor performance report(s) will become a part of the permanent record of the Vendor.

I. **NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

J. **BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party's discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchased goods in substitution of those due from the contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor's breach.

The State's failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

K. **NON-WAIVER OF BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

L. **SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

M. **INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

1. GENERAL
The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials ("the indemnified parties") from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses ("the claims"), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, Subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

2. INTELLECTUAL PROPERTY
The Contractor agrees it will, at its sole cost and expense, defend, indemnify, and hold harmless the indemnified parties from and against any and all claims, to the extent such claims arise out of, result from, or are attributable to, the actual or alleged infringement or misappropriation of any patent, copyright, trade secret, trademark, or confidential information of any third party by the Contractor or its employees, Subcontractors, consultants, representatives, and agents; provided, however, the State gives the Contractor prompt notice in writing of the claim. The Contractor may not settle any infringement claim that will affect the State's use of the Licensed Software without the State's prior written consent, which consent may be withheld for any reason.

If a judgment or settlement is obtained or reasonably anticipated against the State's use of any intellectual property for which the Contractor has indemnified the State, the Contractor shall, at the Contractor's sole cost and expense, promptly modify the item or items which were determined to be infringing, acquire a license or licenses on the State's behalf to provide the necessary rights to the State to eliminate the infringement, or provide the State with a non-infringing substitute that provides the State the same functionality. At the State's election, the actual or anticipated judgment may be treated as a breach of warranty by the Contractor, and the State may receive the remedies provided under this solicitation.

3. PERSONNEL
The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker's compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor's and their employees, provided by the Contractor.

4. SELF-INSURANCE
The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (Section 81-8,294), Tort (Section 81-8,209), and Contract Claim Acts (Section 81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

5. ALL REMEDIES AT LAW
Nothing in this agreement shall be construed as an indemnification by one Party of the other for liabilities of a Party or third parties for property loss or damage or death or personal injury arising out of and during the performance of this contract. Any liabilities or claims for property loss or damages or for death or personal injury by a Party or its agents, employees, contractors or assigns or by third persons, shall be determined according to applicable law.

6. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

N. **ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if ordered by the court, including attorney's fees and costs, if the other Party prevails.

O. **ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

P. **CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS OF THE STATE OR ANOTHER STATE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract.

Q. **FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party ("Force Majeure Event"). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party's own employees will not be considered a Force Majeure Event.

R. **CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than $5,000.

S. **OFFICE OF PUBLIC COUNSEL (Statutory)**
If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

T. **LONG-TERM CARE OMBUDSMAN (Statutory)**
Contractor must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

U. **EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.

2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar days written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.

3. The State may terminate the contract immediately for the following reasons:

   a. if directed to do so by statute;
   b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
   c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;
   d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
   e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
   f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
   g. Contractor intentionally discloses confidential information;
   h. Contractor has or announces it will discontinue support of the deliverable; and,
   i. In the event funding is no longer available.

V. CONTRACT CLOSEOUT

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contactor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contactor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

III. CONTRACTOR DUTIES

A. INDEPENDENT CONTRACTOR / OBLIGATIONS

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law;
5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees)

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the contractor's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any Subcontractor engaged to perform work on this contract.

B. **EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at http://das.nebraska.gov/materiel/purchasing.html
2. The completed United States Attestation Form should be submitted with the solicitation response.
3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor's lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

C. **COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their Subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all Subcontracts for goods and services to be covered by any contract resulting from this solicitation.

D. **COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor's intellectual property or proprietary information unless expressly required to do so by this contract.

E. **DISCOUNTS**

Prices quoted shall be inclusive of ALL trade discounts. Cash discount terms of less than thirty (30) days will not be considered as part of the proposal. Cash discount periods will be computed from the date of receipt of a properly executed claim voucher or the date of completion of delivery of all items in a satisfactory condition, whichever is later.

F. **PRICES**

Prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. No additional charges will be allowed for packing, packages, or partial delivery costs. When an arithmetic error has been made in the extended total, the unit price will govern.

All prices, costs, and terms and conditions submitted in the proposal shall remain fixed and valid commencing on the opening date of the proposal until the contract terminates or expires.

The State reserves the right to deny any requested price increase. No price increases are to be billed to any State Agencies prior to written amendment of the contract by the parties.

The State will be given full proportionate benefit of any decreases for the term of the contract.

G. **COST CLARIFICATION**

The State reserves the right to review all aspects of cost for reasonableness and to request clarification of any proposal where the cost component shows significant and unsupported deviation from industry standards or in areas where detailed pricing is required.

H. **PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

I. **OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

J. **INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the Contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;
2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any Subcontractor to commence work until the Subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within two (2) years of termination or expiration of the contract, the contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and two (2) years following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this Contract, the State may recover up to the liability limits of the insurance policies required herein.

1. WORKERS' COMPENSATION INSURANCE

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contactors' employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the Subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the Subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter**. The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any Subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory**. **The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

REQUIRED INSURANCE COVERAGE	
COMMERCIAL GENERAL LIABILITY	
General Aggregate	$2,000,000
Products/Completed Operations Aggregate	$2,000,000
Personal/Advertising Injury	$1,000,000 per occurrence
Bodily Injury/Property Damage	$1,000,000 per occurrence
Medical Payments	$10,000 any one person
Damage to Rented Premises (Fire)	$50,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.	
WORKER'S COMPENSATION	
Employers Liability Limits	$500K/$500K/$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
COMMERCIAL AUTOMOBILE LIABILITY	
Bodily Injury/Property Damage	$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
UMBRELLA/EXCESS LIABILITY	
Over Primary Insurance	$1,000,000 per occurrence
CYBER LIABILITY	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	$1,000,000
Includes Non-Owned Disposal Sites	
MANDATORY COI SUBROGATION WAIVER LANGUAGE	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
MANDATORY COI LIABILITY WAIVER LANGUAGE	
"Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured."	

4. EVIDENCE OF COVERAGE

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services
Division of Medicaid and Long-Term Care
Attn: EQRO Contract Manager
301 Centennial Mall S., 5th floor
Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

5. DEVIATIONS

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers' Compensation, and the type of automobile coverage carried by the Contractor.

K. **ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

L. **CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

M. **STATE PROPERTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor shall be responsible for the proper care and custody of any State-owned property which is furnished for the Contractor's use during the performance of the contract. The Contractor shall reimburse the State for any loss or damage of such property; normal wear and tear is expected.

N. **SITE RULES AND REGULATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor shall use its best efforts to ensure that its employees, agents, and Subcontractors comply with site rules and regulations while on State premises. If the Contractor must perform on-site work outside of the daily operational hours set forth by the State, it must make arrangements with the State to ensure access to the facility and the equipment has been arranged. No additional payment will be made by the State on the basis of lack of access, unless the State fails to provide access as agreed to in writing between the State and the Contractor.

O. **ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its goods or services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

P. **NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)**

Contractor shall review the Nebraska Technology Access Standards, found at https://nitc.nebraska.gov/standards and ensure that products and/or services provided under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

Q. **DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue delivery of goods and services as specified under the specifications in the contract in the event of a disaster.

R. **DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

S. **WARRANTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to Customer, or if Contractor is unable to perform the services as warranted, Contractor shall reimburse Customer the fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

IV. PAYMENT

A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)

Neb. Rev. Stat. §§81-2403 states, "[n]o goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

B. TAXES (Statutory)

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor

C. INVOICES

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. **Contractor shall submit invoices to the DHHS Contract Manager for payment at the fixed rate for services provided in accordance with the Contractor's statement of work upon completion of deliverables. Contractor shall submit invoices within thirty (30) calendar days following the date of deliverable completion and no later than thirty (30) calendar days following the end of each contract term.** The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

D. INSPECTION AND APPROVAL

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or Subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

E. PAYMENT (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2403). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any goods and services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

F. **LATE PAYMENT (Statutory)**
The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

G. **SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS (Statutory)**
The State's obligation to pay amounts due on the Contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

H. **RIGHT TO AUDIT (First Paragraph is Statutory)**
The State shall have the right to audit the Contractor's performance of this contract upon a thirty (30) days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. (Neb. Rev. Stat. §84-304 et seq.) The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of contractor's business operations, nor will contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
CB			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (0.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety (90) days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.

9.1.4. Appendix D. Certificates of Good Standing

IPRO's Certificates of Good Standing for both Nebraska and New York, our domicile state, are provided immediately following this page.

STATE OF NEBRASKA

United States of America, } ss.
State of Nebraska }

Secretary of State
State Capitol
Lincoln, Nebraska

I, Robert B. Evnen, Secretary of State of the State of Nebraska, do hereby certify that

ISLAND PEER REVIEW ORGANIZATION, INC

a New York corporation is authorized to transact business in Nebraska;

that all fees, taxes, and penalties owed to Nebraska wherein payment is reflected in the records of the Secretary of State and to which nonpayment affects the good standing of the corporation have been paid;

that its most recent biennial report required by section 21-19,172 has been delivered to the Secretary of State;

that a Certificate of Withdrawal has not been filed.

This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's financial condition or business activities and practices.

In Testimony Whereof,

I have hereunto set my hand and affixed the Great Seal of the State of Nebraska on this date of

October 1, 2020

Secretary of State

Verification ID b2ca018 has been assigned to this document. Go to nc.gov/go/validate to validate authenticity for up to 12 months.

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of ISLAND PEER REVIEW ORGANIZATION, INC. was filed on 07/27/1983, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

***

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 05th day of October two thousand and twenty.

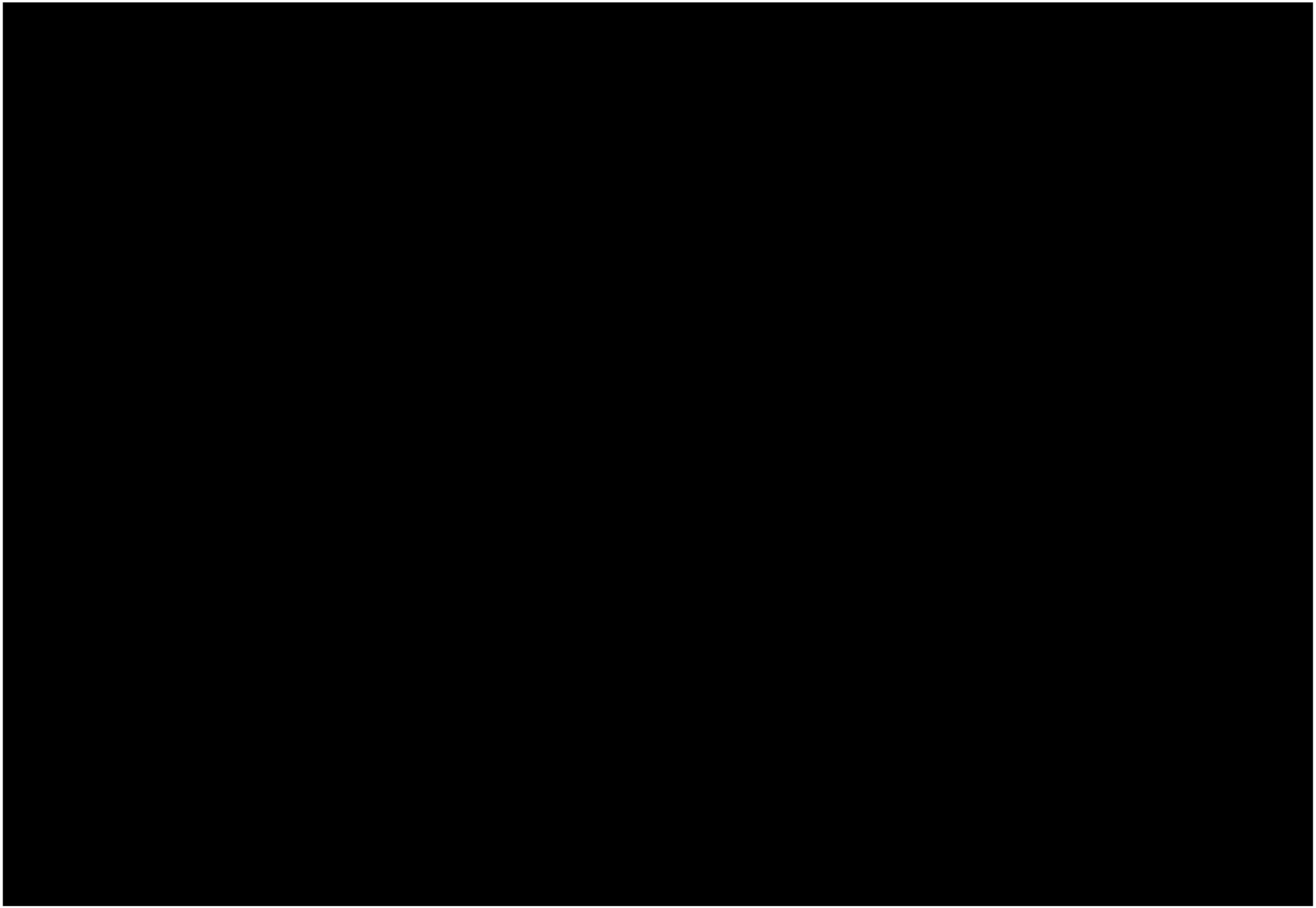
Brendan C. Hughes

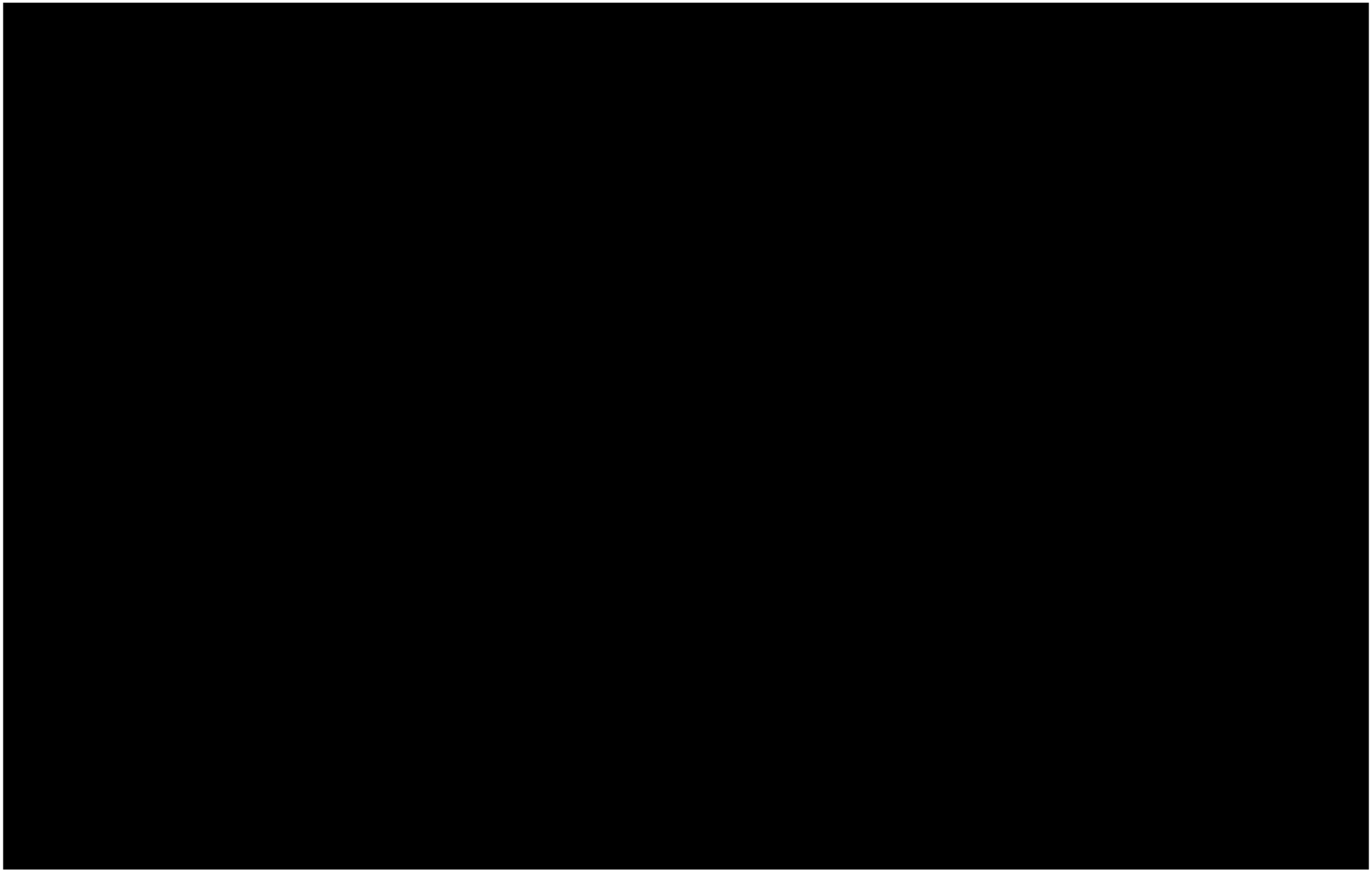
Brendan C Hughes
Executive Deputy Secretary of State

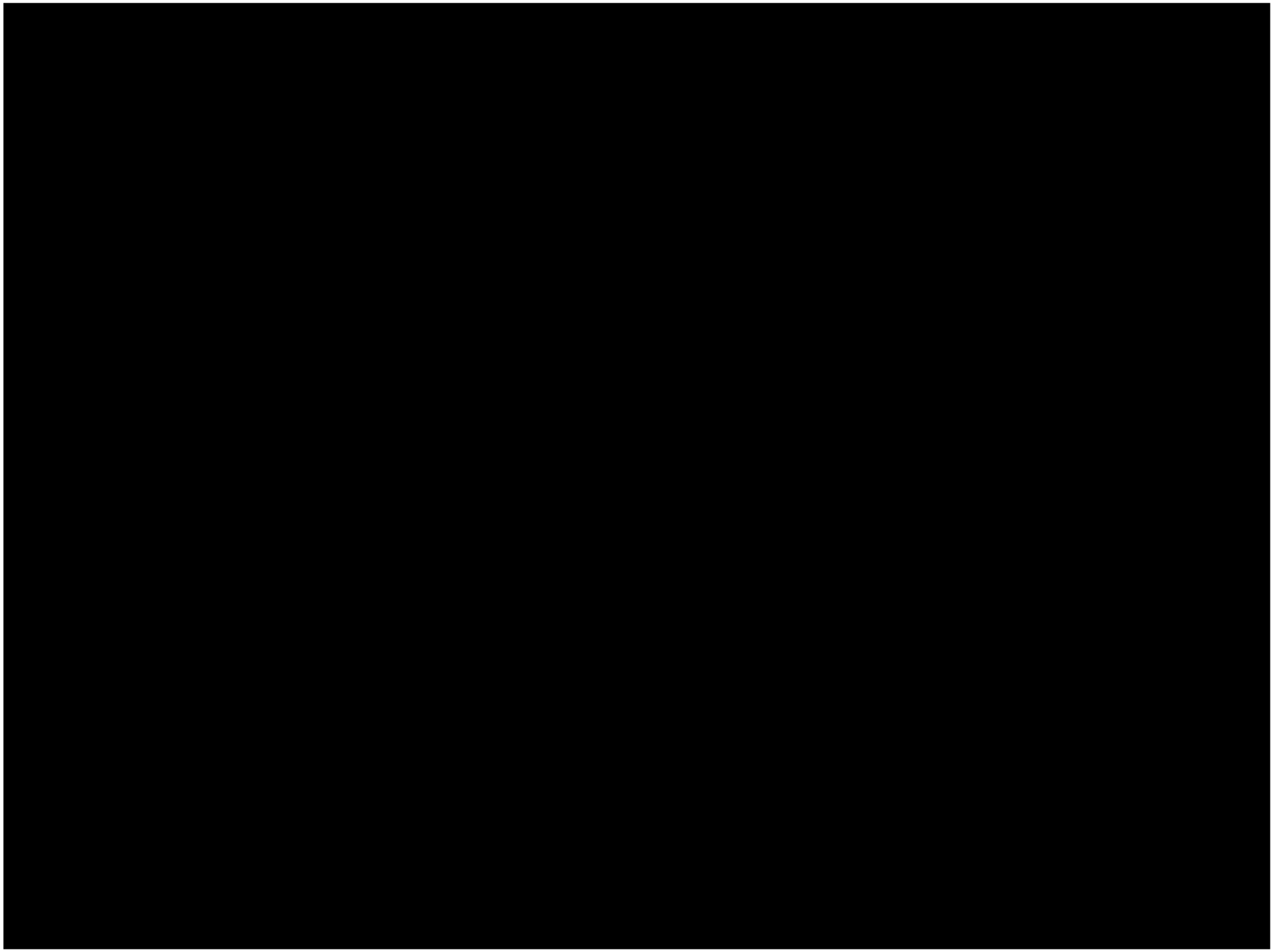
202010060422 38

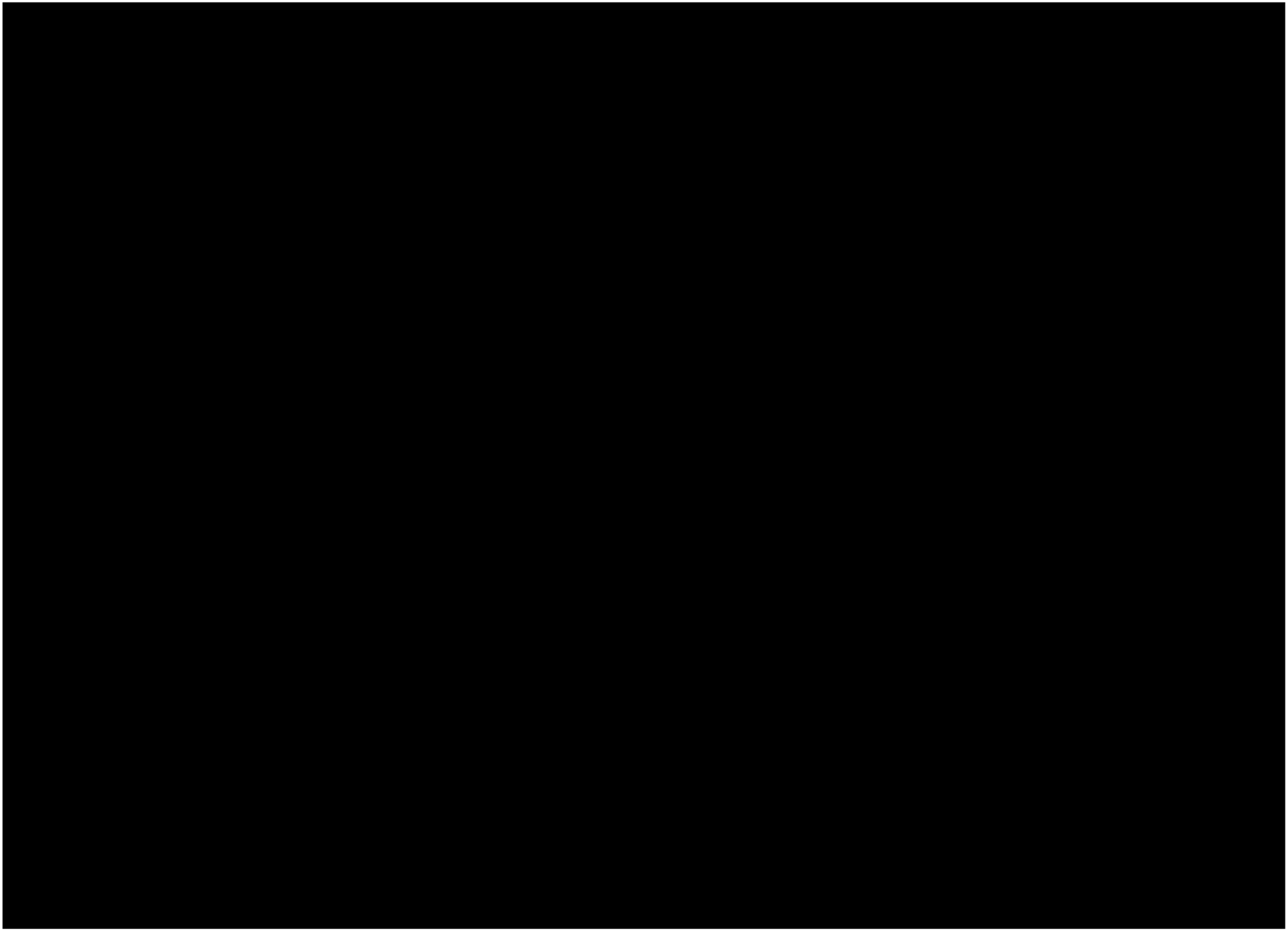
9.1.5. Appendix E. Draft Work Plan

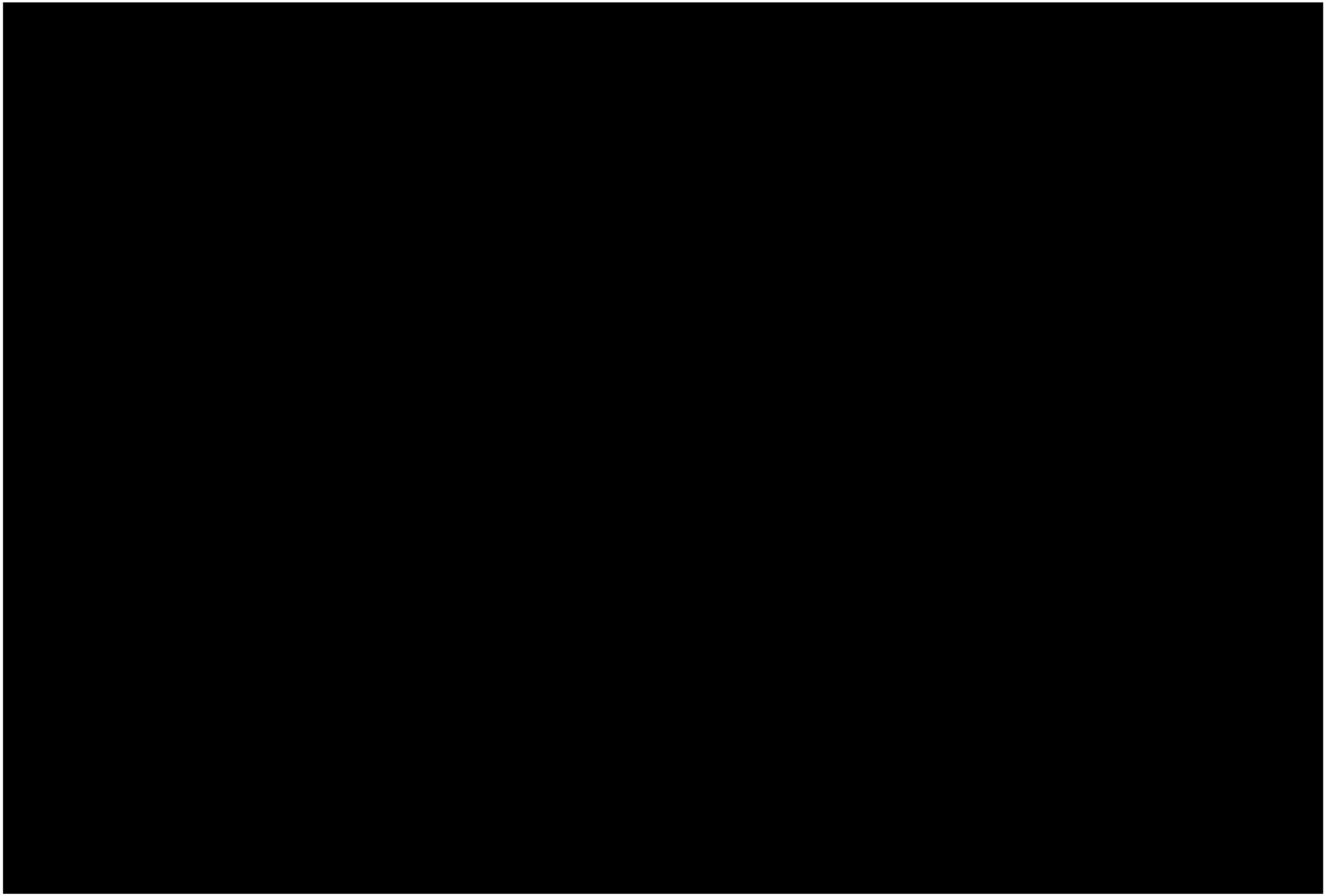
IPRO's NE EQRO Project draft Work Plan (Contract Year One) is provided immediately following this page.

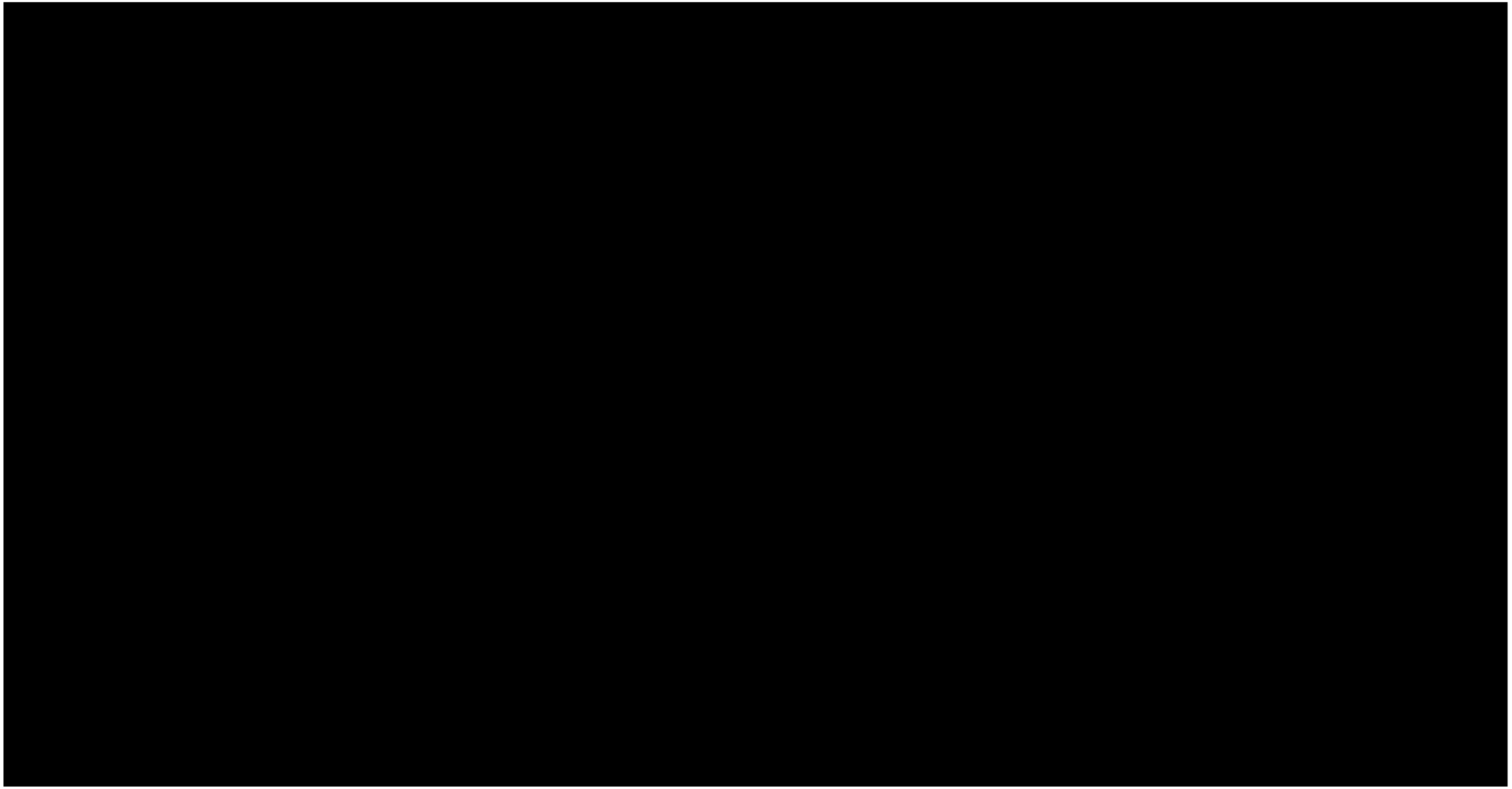






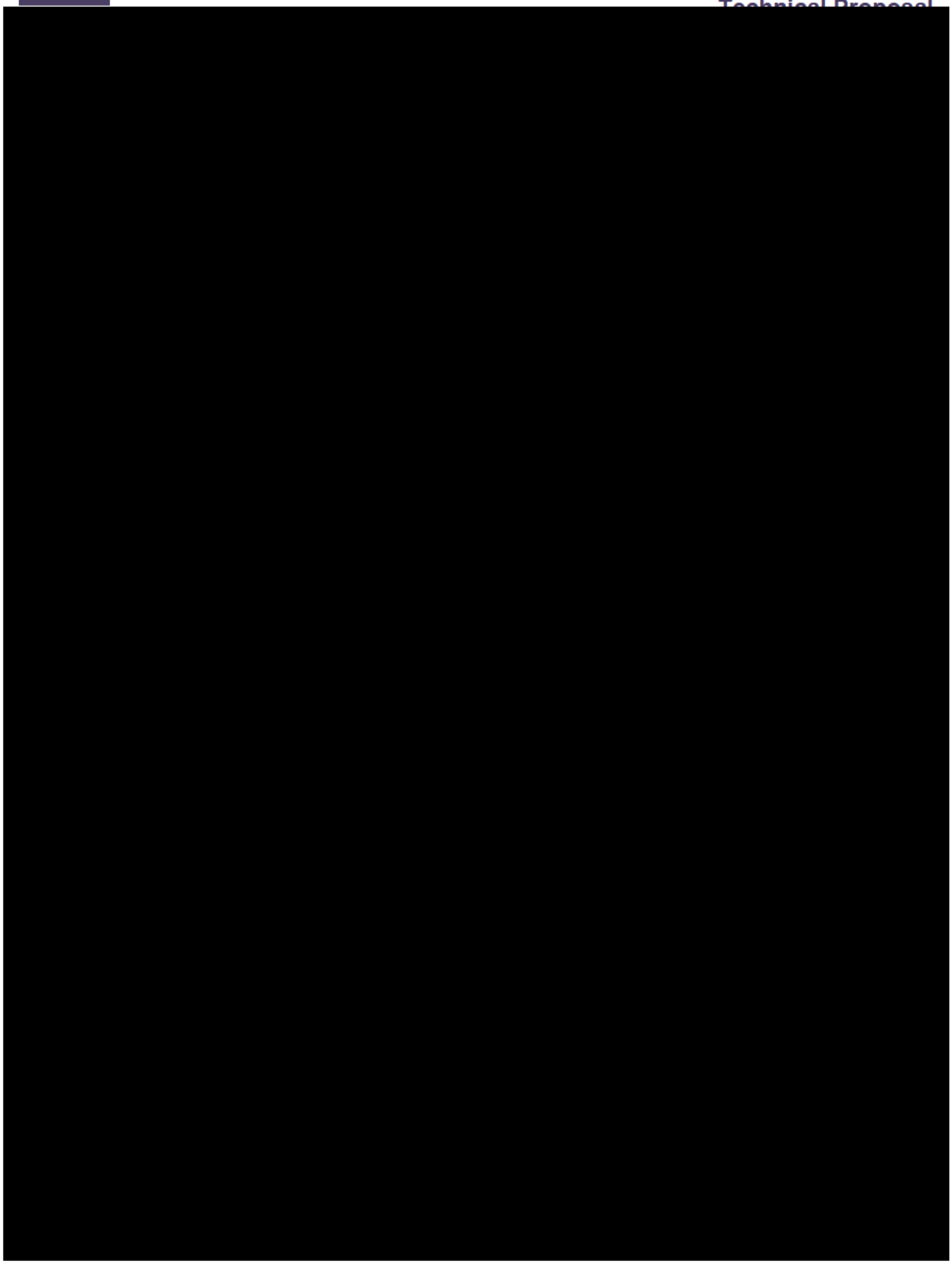


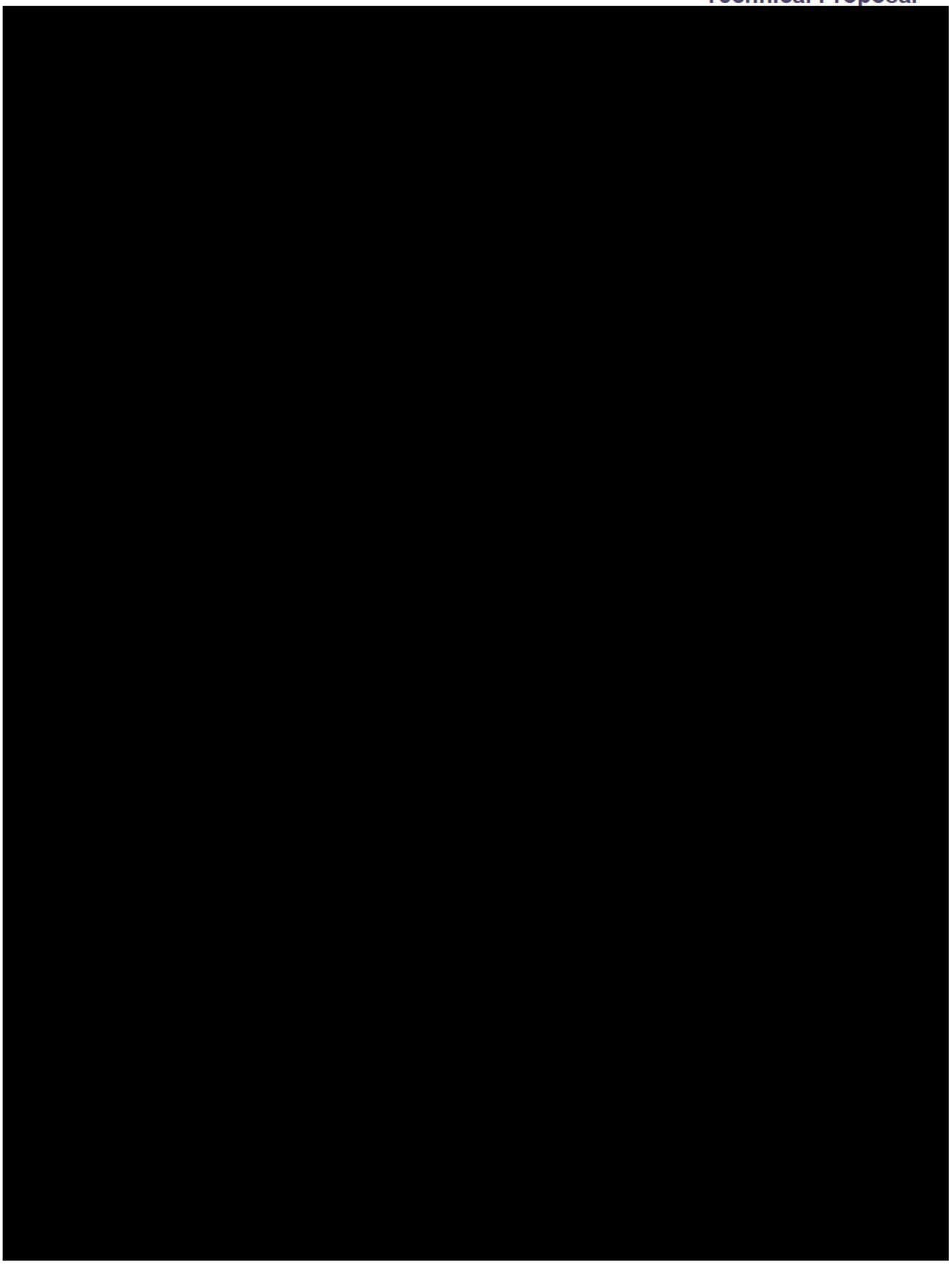


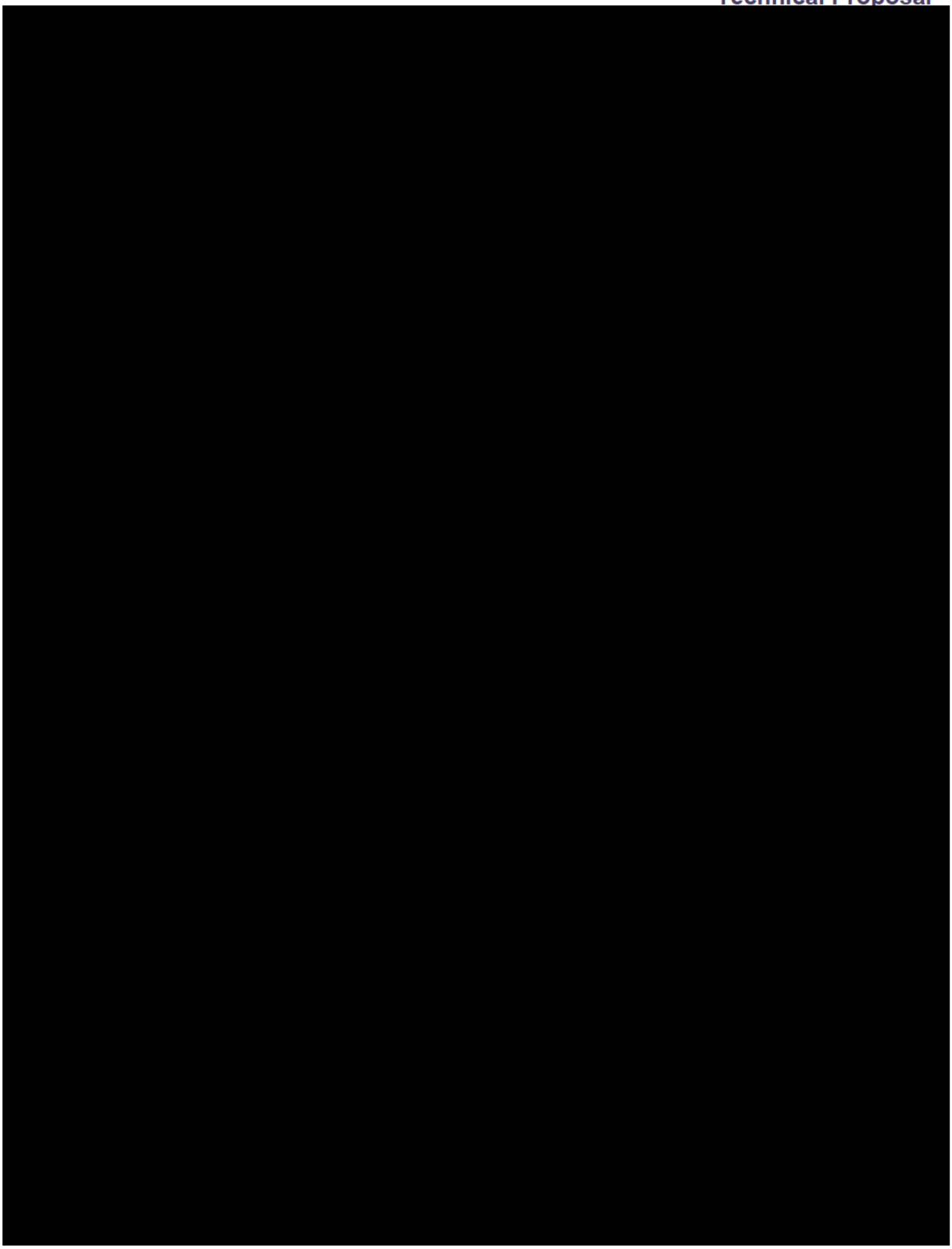


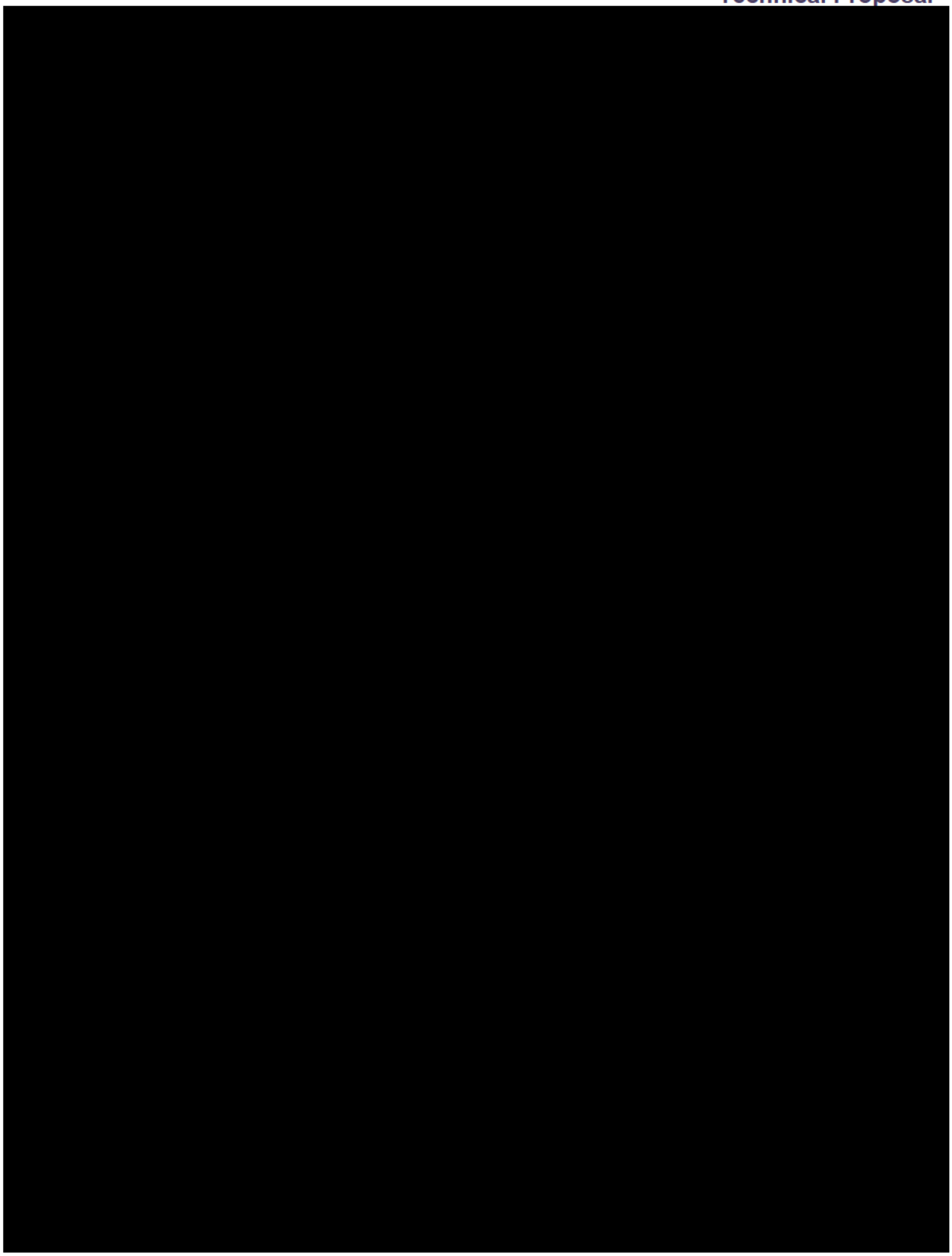
9.1.6. Appendix F. Draft Communications Plan

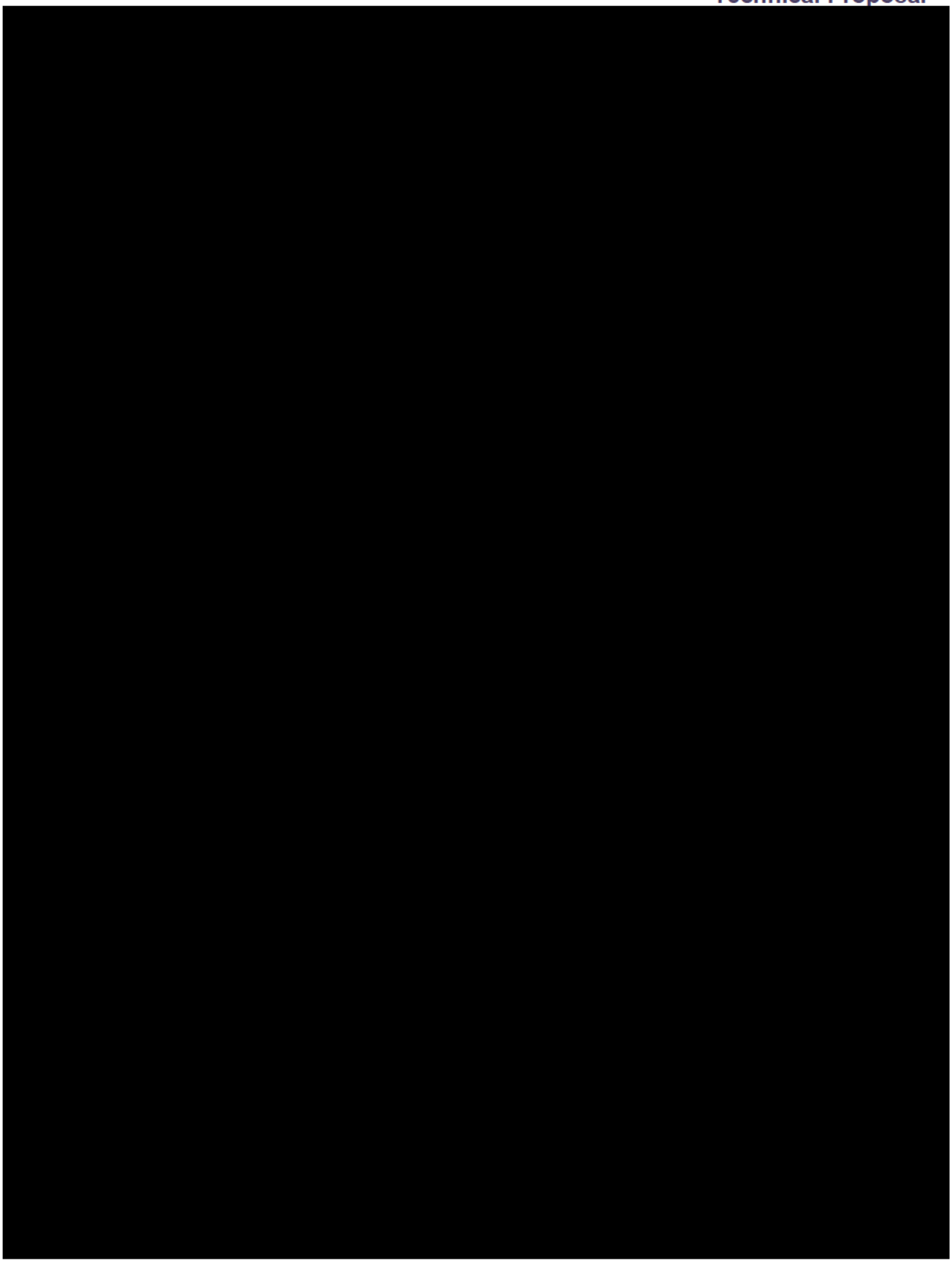
IPRO's NE EQRO draft Communications Plan is provided immediately following this page.

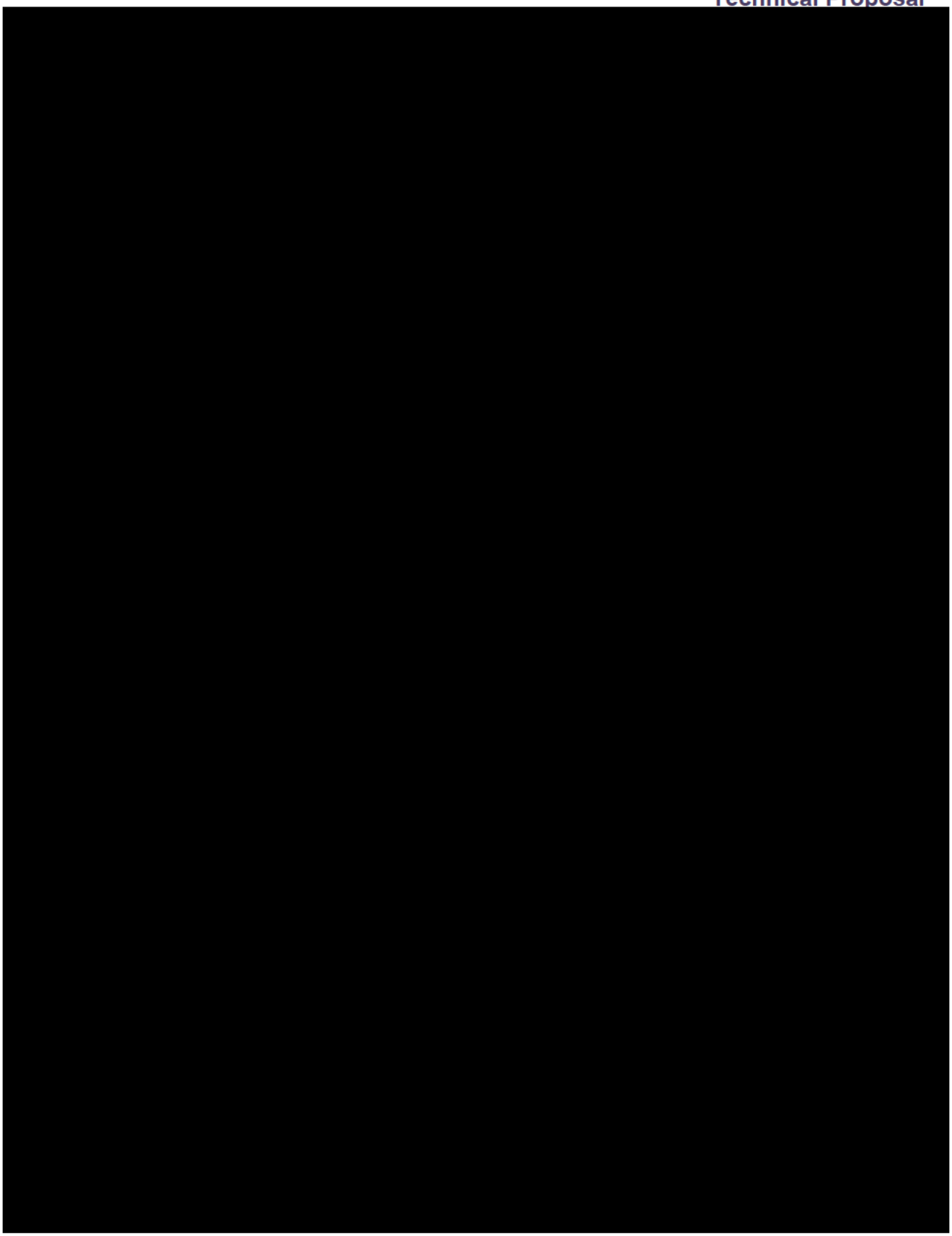


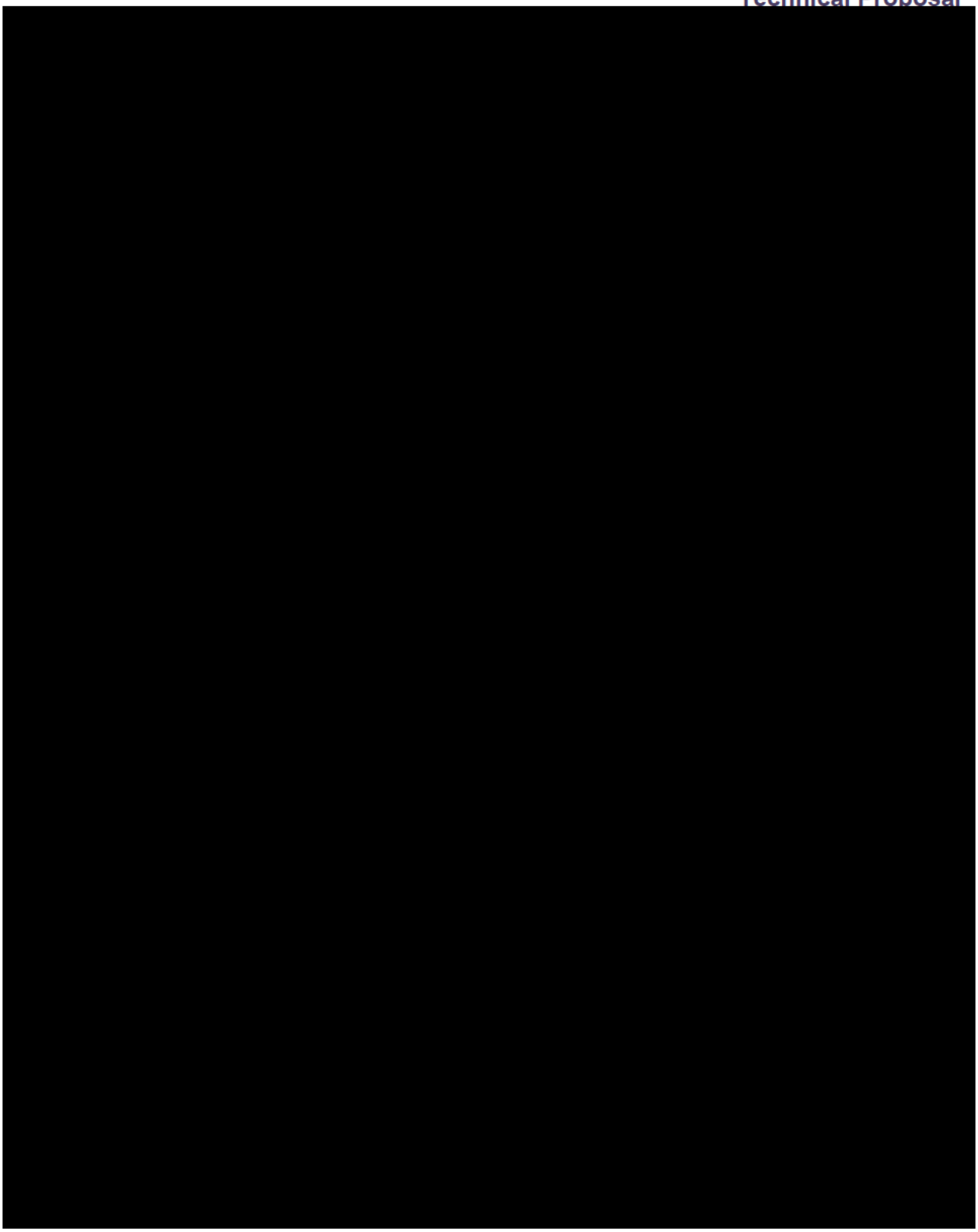












9.1.7. Appendix G. Sample Reports

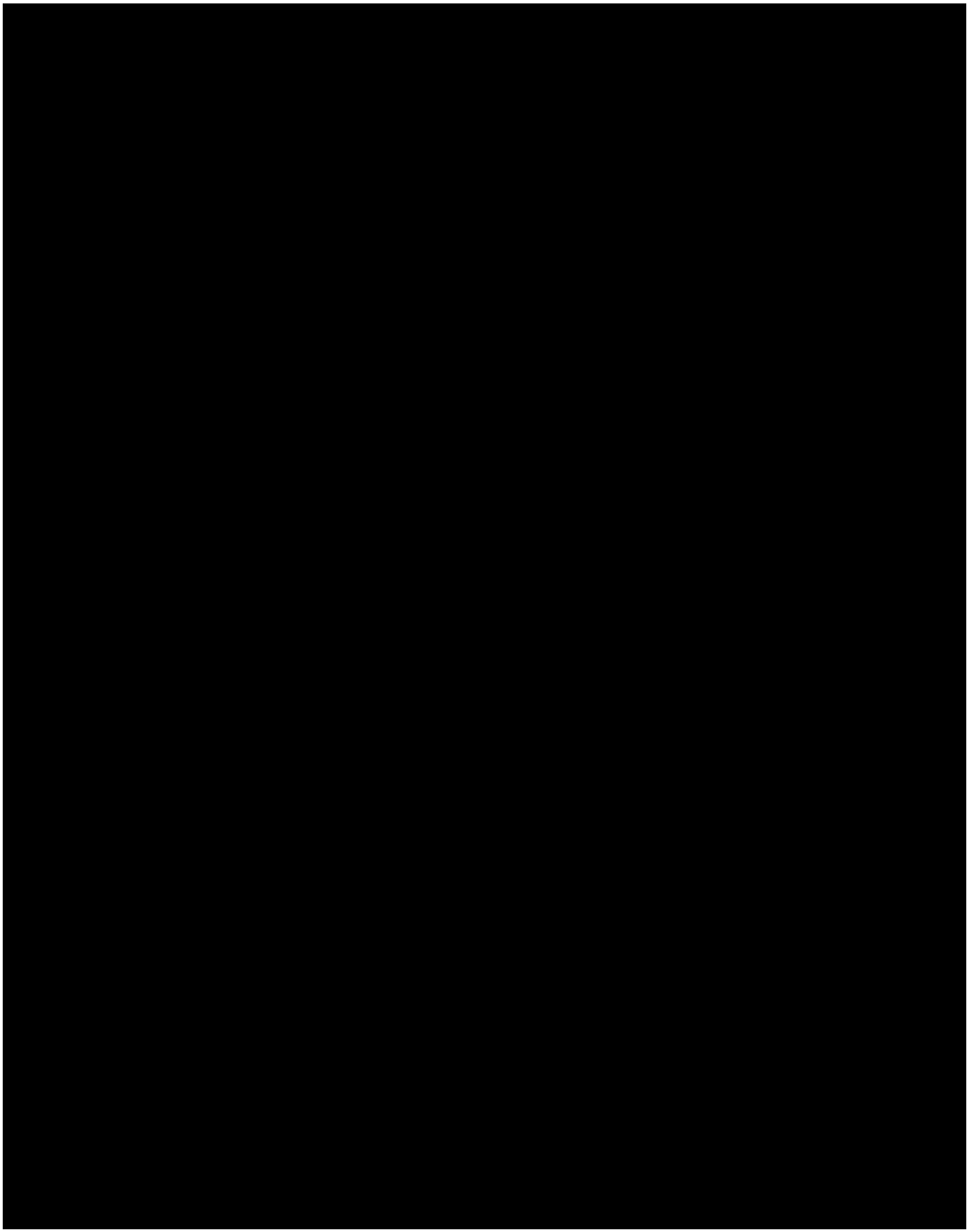
The sample reports listed below are provided, in the order as shown below, following this page.

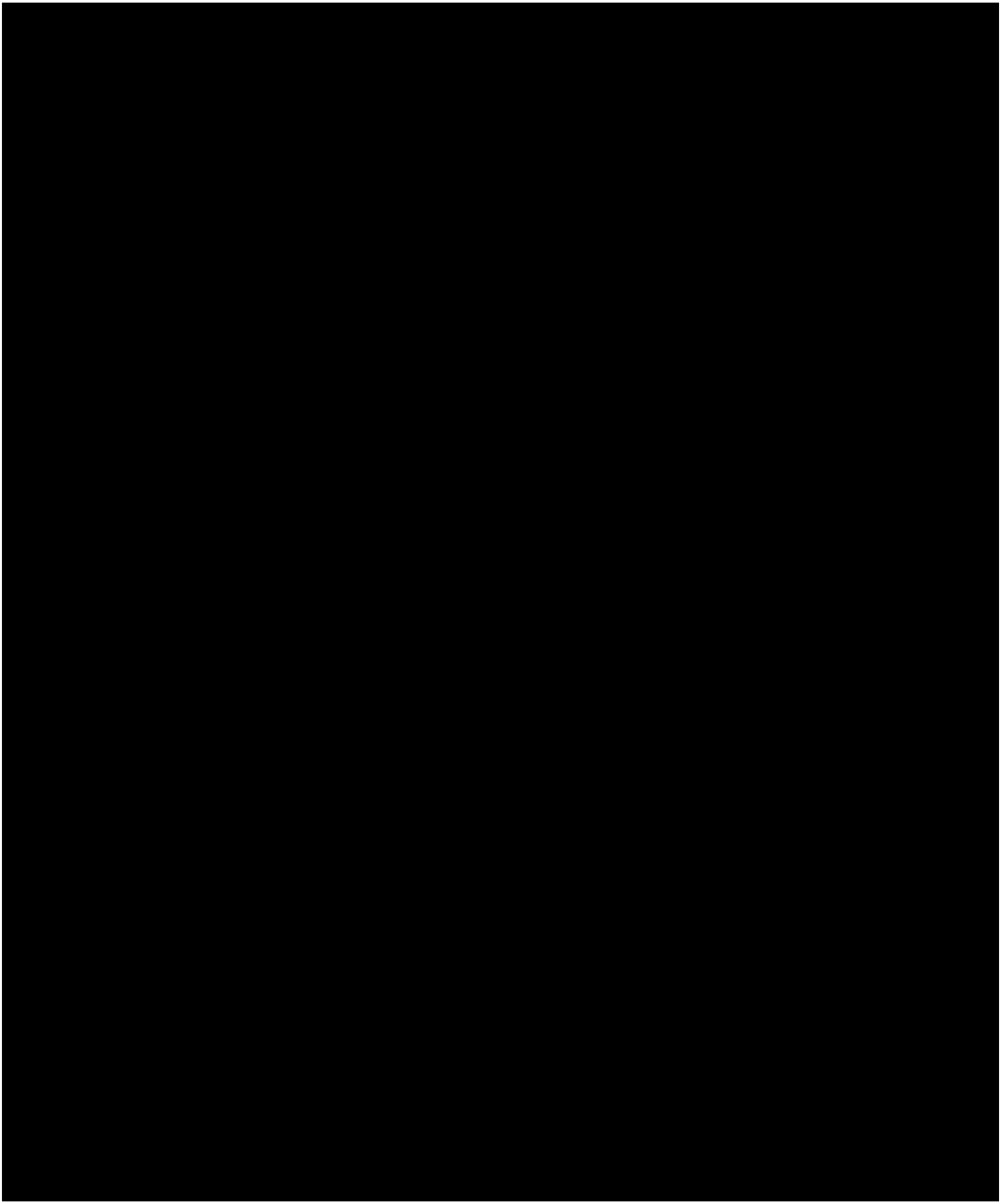
- [redacted]
- Consumer-friendly Health Plan Report Card (Kentucky)

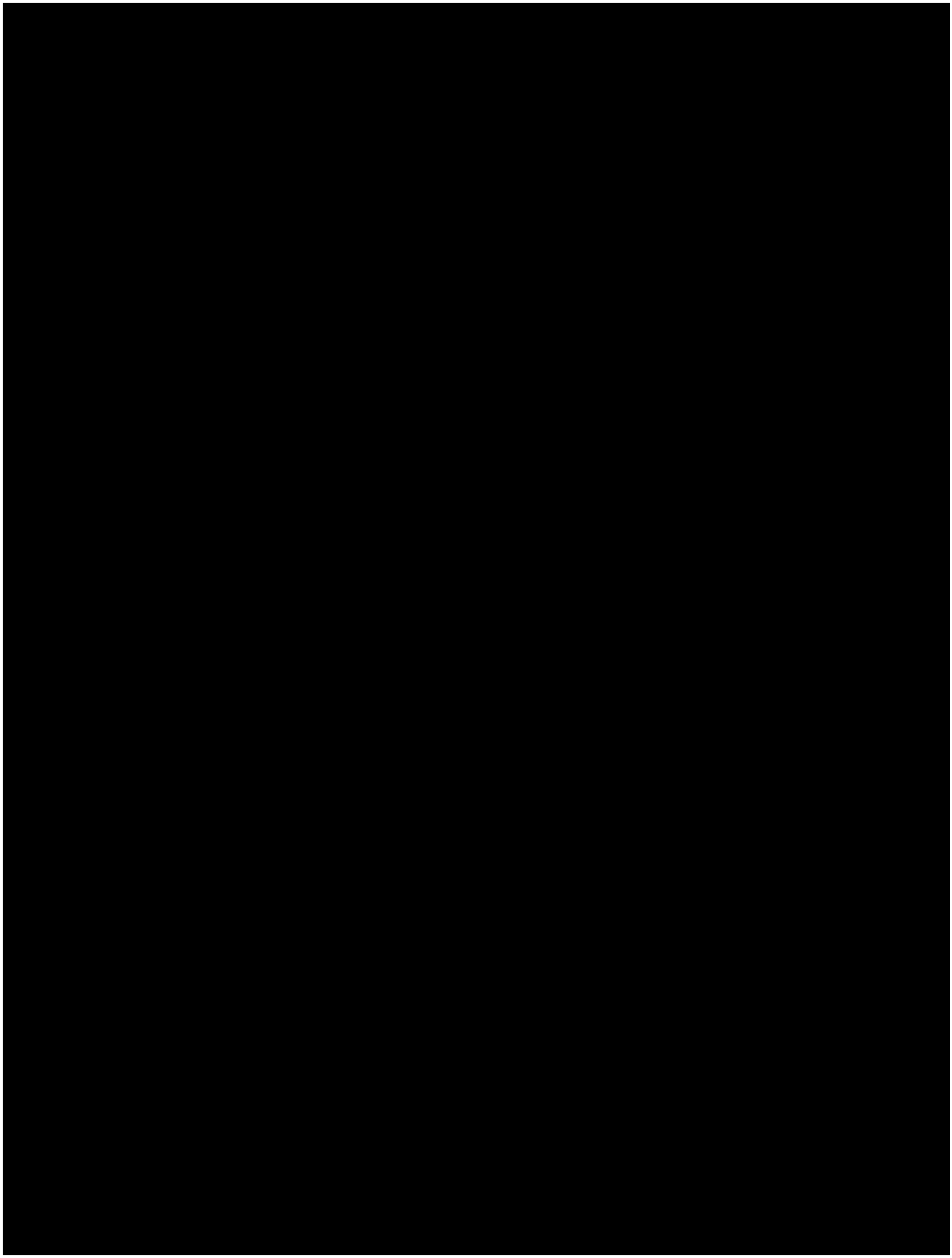
IPRO

Better healthcare, realized.

[redacted]







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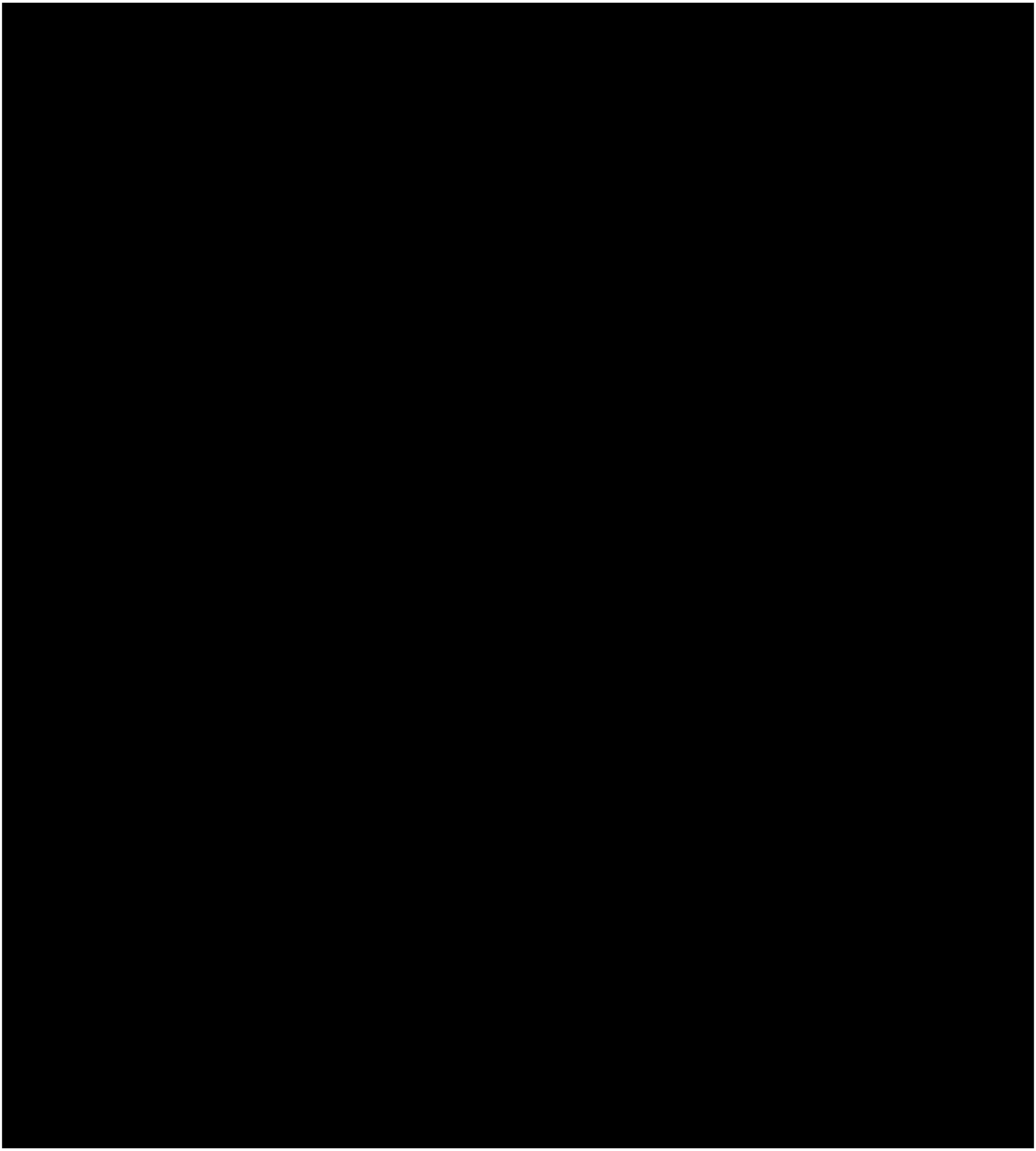

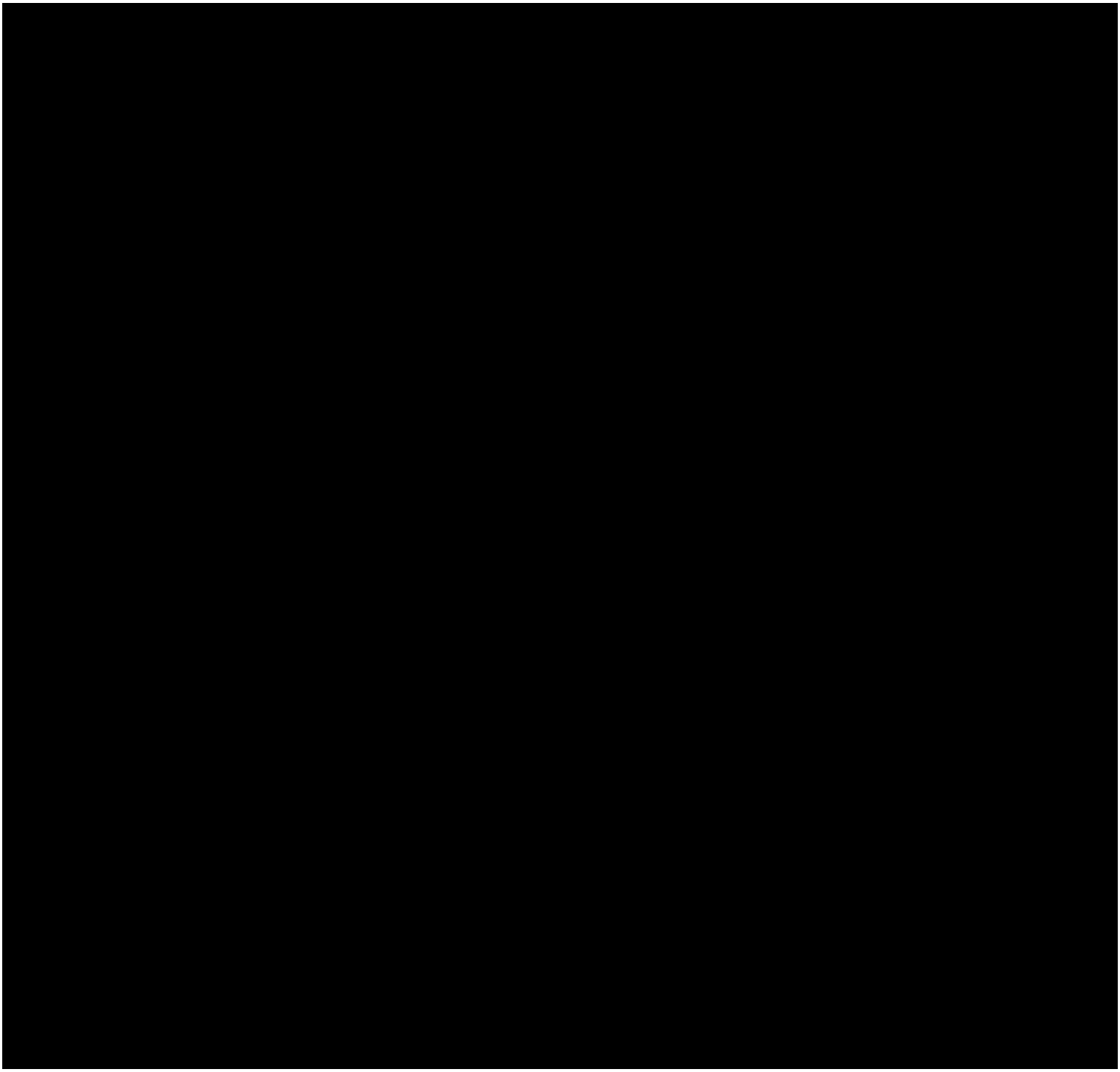

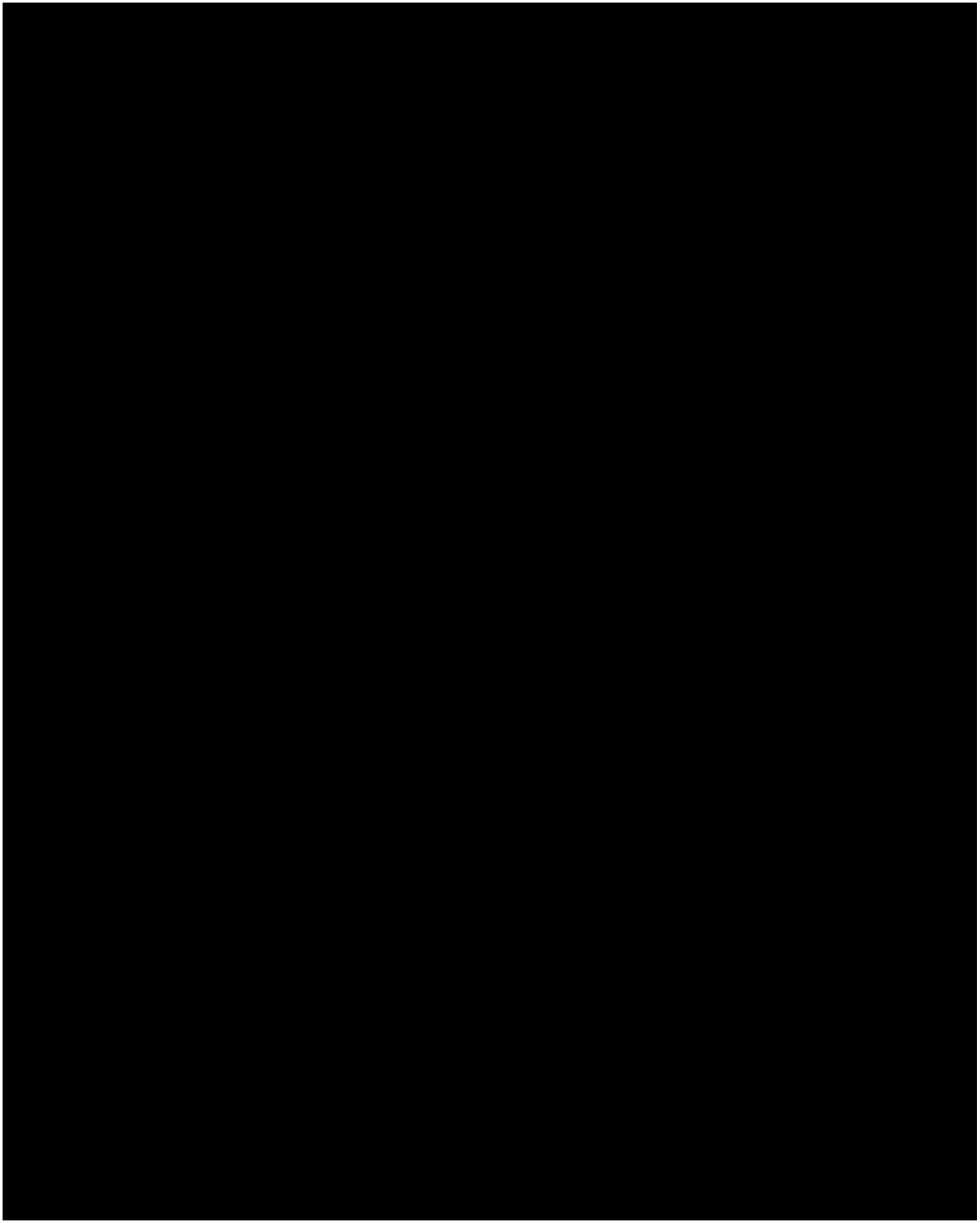

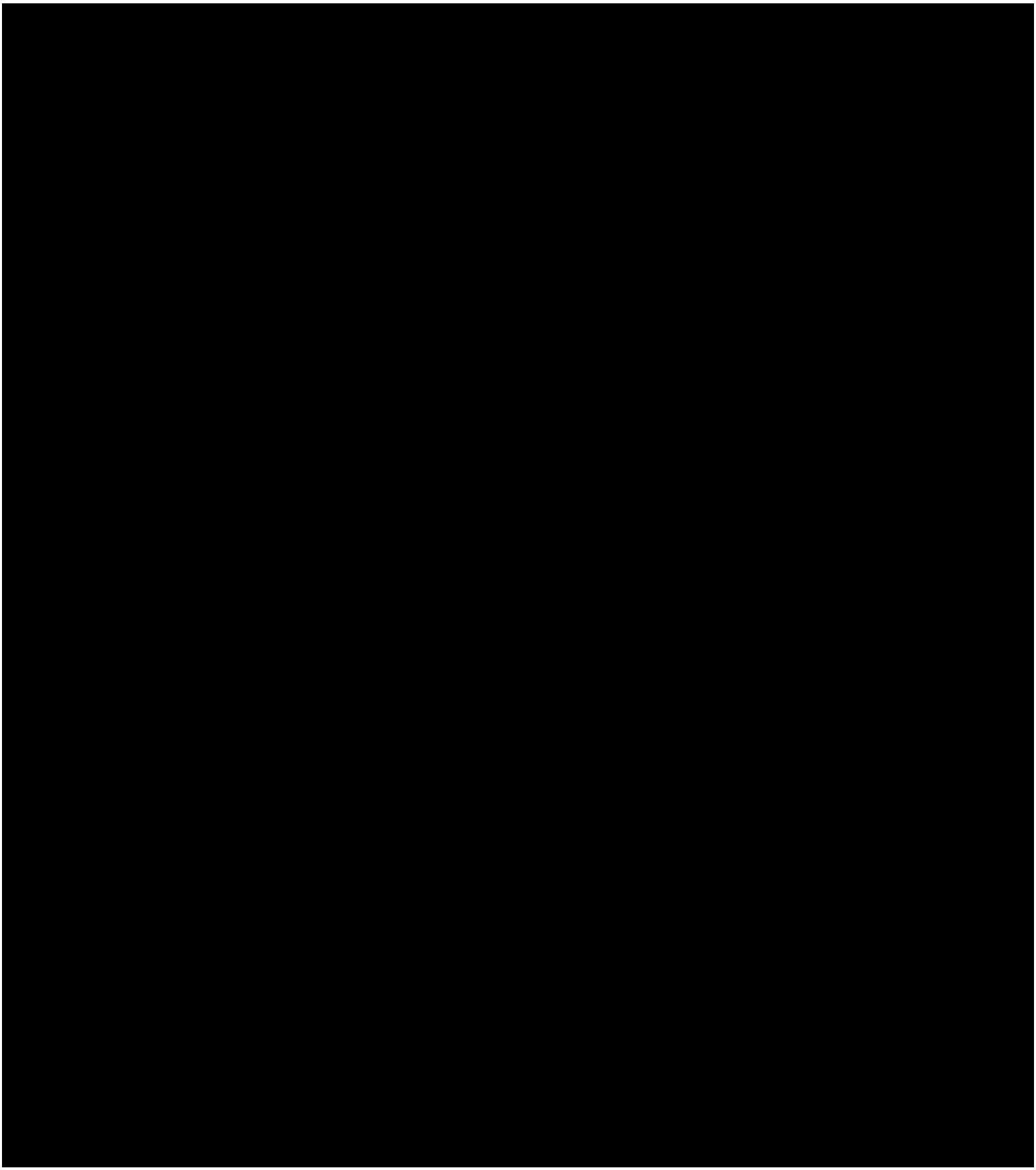

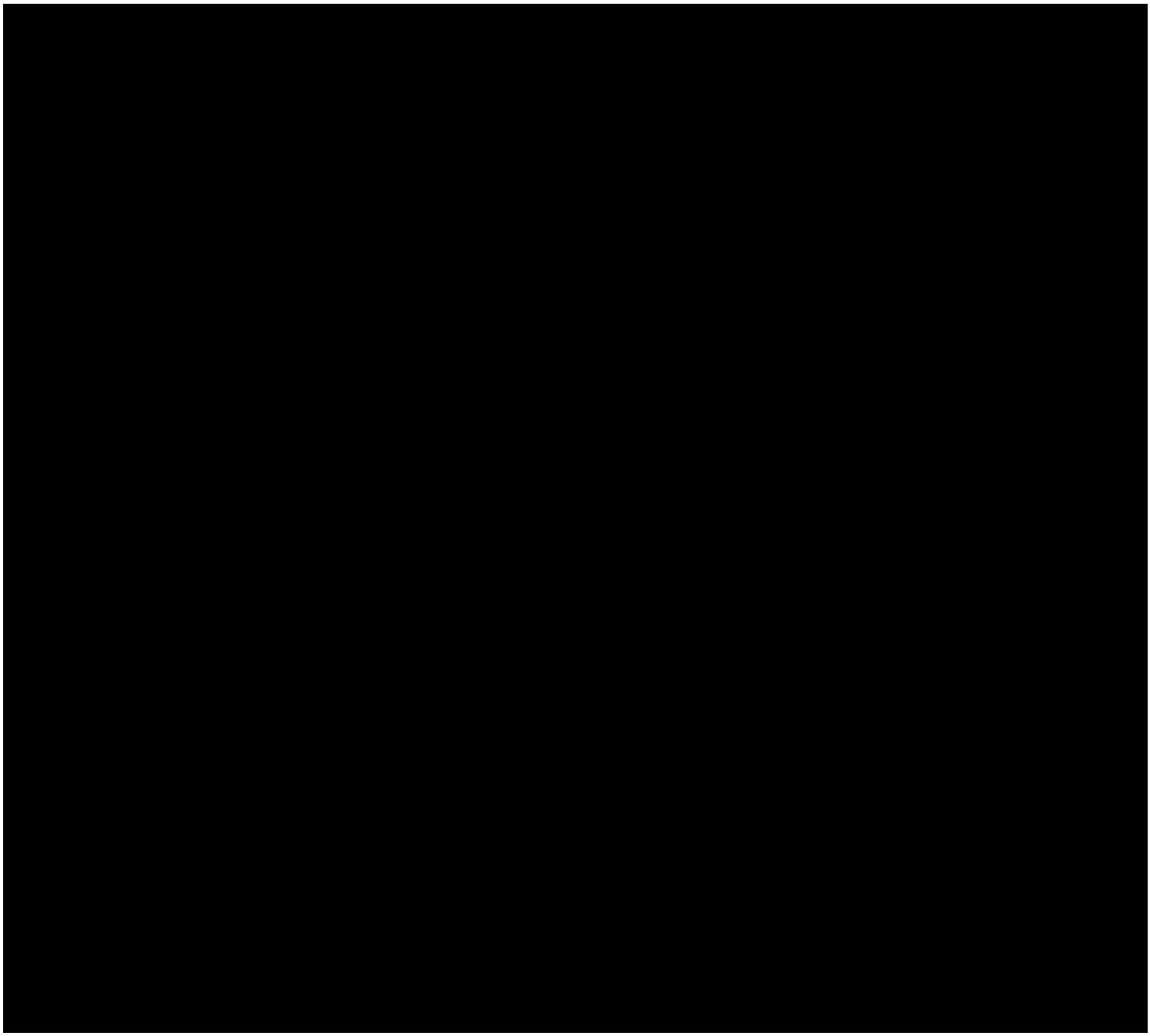

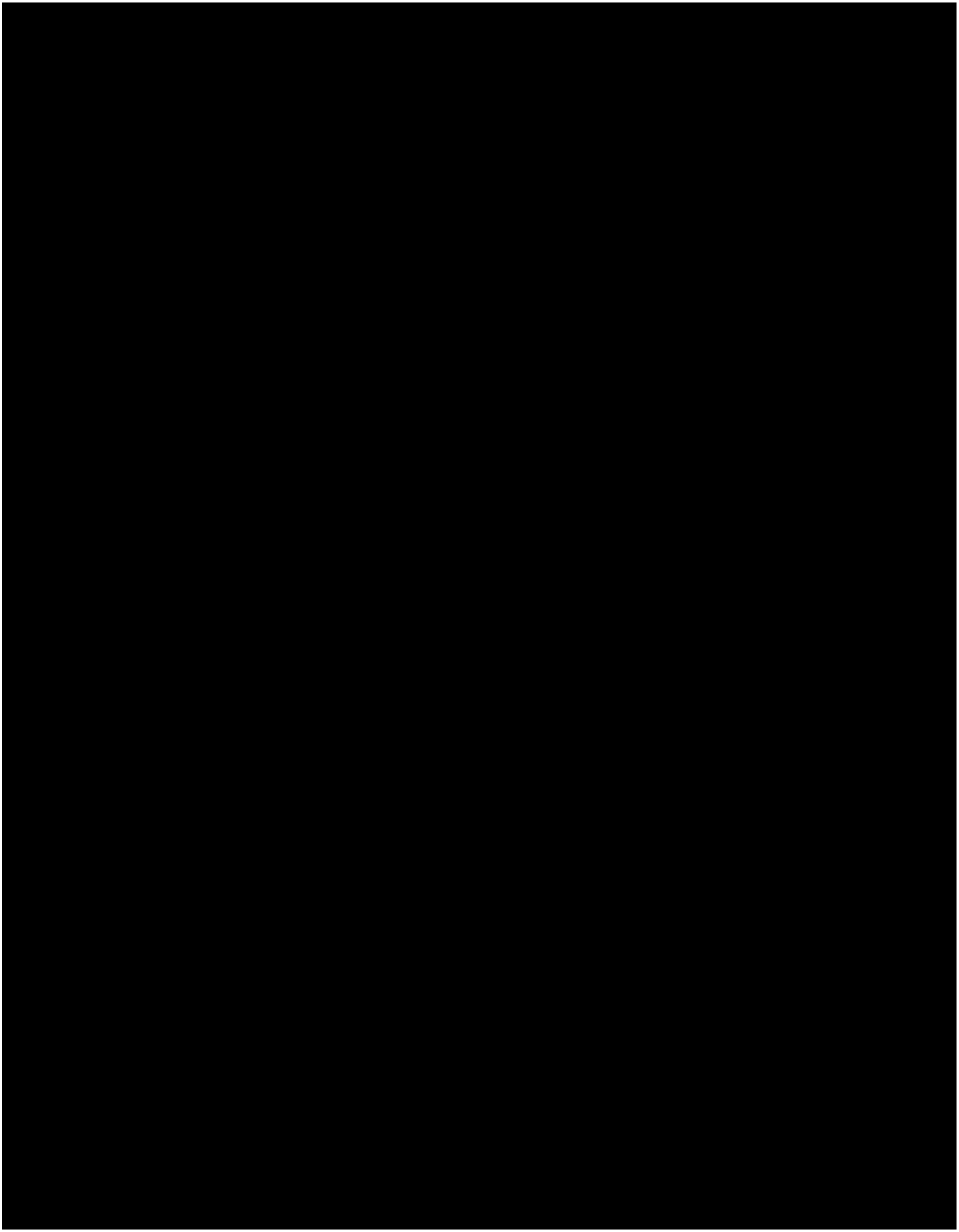

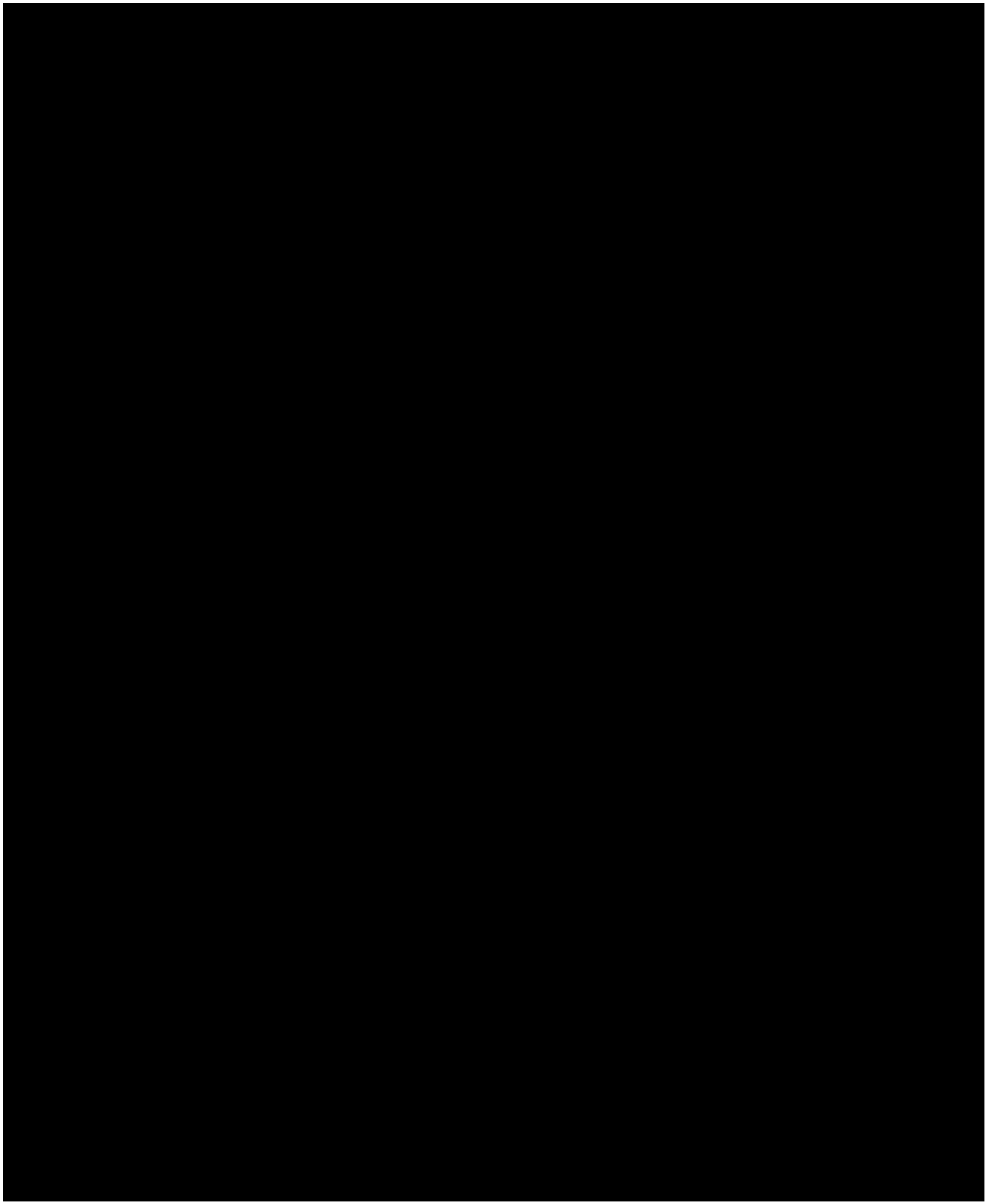

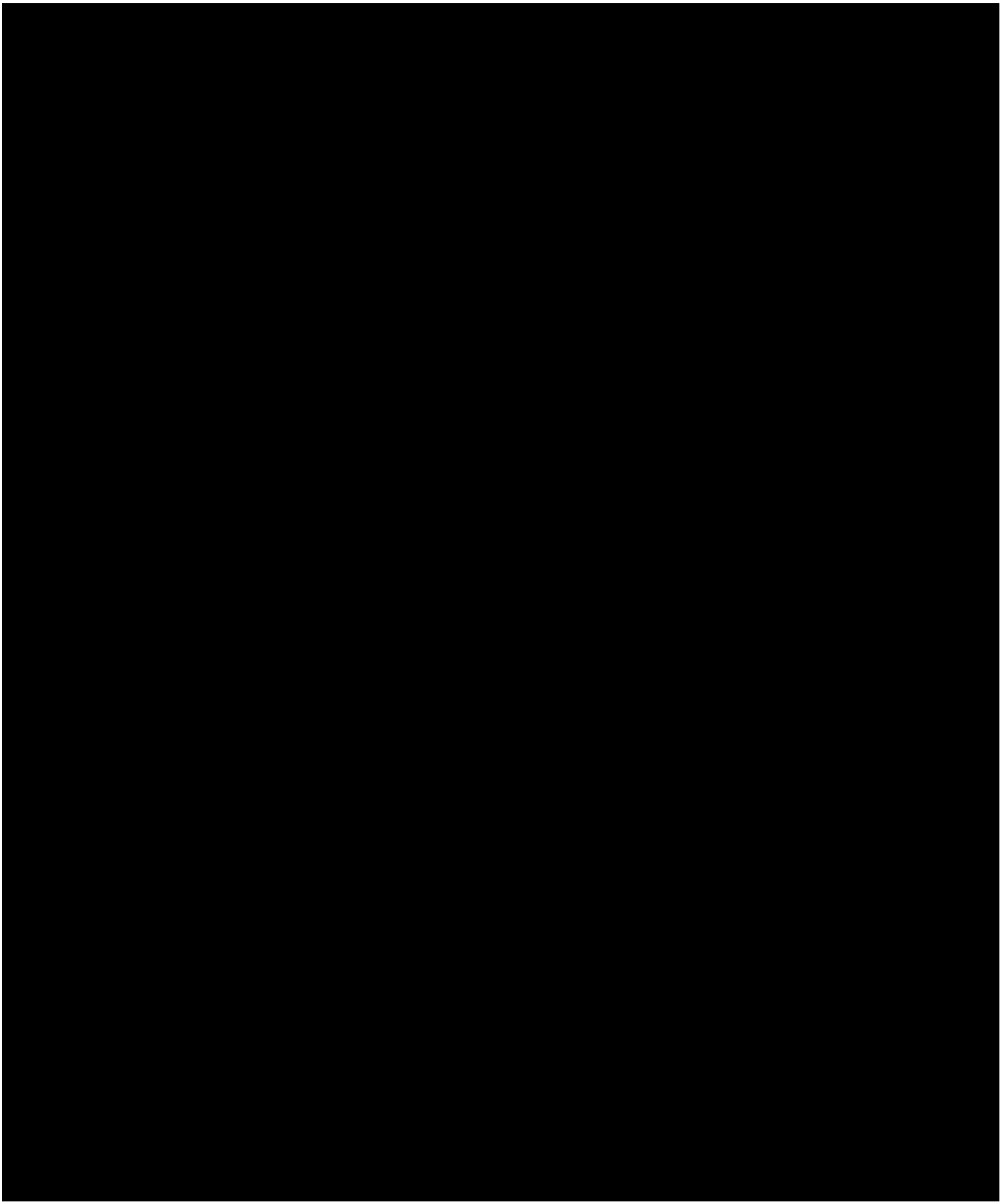

Member Rights

As a Medicaid Member rights. You have the right to:

- Get information about your plan, services, doctors, and providers.
- Get information about your rights and responsibilities.
- Know the names and titles of doctors and other health providers caring for you.
- Be treated with respect and dignity.
- Confidentiality and nondiscrimination.
- Have your privacy protected.
- Have a reasonable opportunity to choose your provider and to change to another provider in a reasonable manner.
- Agree to or refuse treatment and actively participate in making decisions.
- Decide with your doctor on the care you get.
- Talk openly about care you need for your health, no matter the cost or benefit coverage, and the choices and risks involved (this information must be given in a way you understand).
- Timely access to care that does not have any communication or physical access barriers.
- Have the risks, benefits and side effects of medications and other treatments explained to you.
- Know about your health care needs after you get out of the hospital or leave the doctor's office
- Refuse care, as long as you agree to be responsible for your decision.
- Refuse to take part in any medical research.
- Complain about your plan or the care provided; also, to know that if you do, it will not change how you are treated.

Before You Decide

Not all healthcare providers accept all Plans. Make sure your doctor, Dentist, hospital, and pharmacy participate in a plan before deciding on one.

Some other questions to consider before choosing a health plan:

- "Are all my medications covered?"
- "Does the plan have any special services that I or someone in my family might need?"
- "Is there someone at the plan who can speak my language?"

Please visit our website at http://chfs.ky.gov/dms/mcolinks.htm for information you can use to learn more about managed care, or scan this code with your QR scanner.

If you have any questions or problems with your health plan call:

1-855-446-1245

2018

Guide to Choosing a Medicaid Health Plan

See inside for Important Information

Kentucky
UNBRIDLED SPIRIT

2018 Guide to Choosing a Medicaid Health Plan

KEY – ★★★★★ Excellent ★★★★ Above Average ★★★ Average ★★ Below Average ★ Much Below Average

	AETNA	ANTHEM	HUMANA	PASSPORT	WELLCARE
	855-300-5528	855-690-7784	855-852-7005	800-578-0603	877-389-9457
ADULT MEASURES					
Rating of Health Plan	★★	★★	★★★★	★★★★	★★★★★
Got care as soon as needed when care was needed right away	★★★★★	★★★★★	★★★	★★★	★★★★★
Ease of getting care, tests, or treatment	★★★★	★★★	★★★★	★★★	★★★★★
Personal doctor explained things	★★	★★★	★★★★	★★	★★★★
Personal doctor listened carefully	★★★★★	★★★	★★★	★★★★★	★★★★
Personal doctor showed respect	★★★	★★★	★★	★★★	★★★
Personal doctor spent enough time	★★	★★★★	★★★★	★★★	★★★
Got appointment with specialist as soon as needed	★★	★★	★★★★★	★★★★	★★★★★
Customer service provided information or help	NA	★★	NA	★★★★★	★★
Customer service treated member with courtesy and respect	NA	★★★★	NA	★★★★★	★★★★
Health plan forms were easy to fill out	★★★★	★★★★	★★★★	★★★	★★★★★
CHILD MEASURES					
Rating of Health Plan	★	★★	★★	★★★★	★★★★
Got care as soon as needed when care was needed right away	★★★	★★★★	★★★★	★★★	★★★★★
Got check-up routine appointment as soon as needed	★★★★	★★★	★★★★	★★★★	★★★★★
Ease of getting care, tests, or treatment	★★★★★	★★★	★★★★	★★★★	★★★★★
Personal doctor explained things	★★	★★	★★	★★	★★★★★
Personal doctor listened carefully	★★★	★★	★★★★★	★	★★★★★
Personal doctor showed respect	★★★★	★★	★★★	★	★★★★★
Personal doctor spent enough time	★★★★★	★★★	★★★	★★	★★★★★
Got appointment with specialist as soon as needed	★★★★	★★★	NA	★★★★	★★★★★
Customer service provided information or help	★★★	★★★	NA	★★★	★★★★
Customer service treated member with courtesy and respect	★★★★★	★★	NA	★★★★★	★★★★★
Health plan forms were easy to fill out	★★★★★	★★★★	NA	★★★	★★★★★

NA-the health plan did not receive a rating because there were less than 100 members that answered that question.
The Star Ratings are based on a comparison of NCQA (National Committee for Quality Assurance) national averages and information submitted by the health plans.