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REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

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

CONTRACTOR MUST COMPLETE THE FOLLOWING

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:	Qlarant Quality Solutions, Inc.
COMPLETE ADDRESS:	28464 Marlboro Avenue, Easton, Maryland 21601
TELEPHONE NUMBER:	(410) 822-0697
FAX NUMBER:	(410) 822-7971
DATE:	10/28/2020
SIGNATURE:	DocuSigned by: Ronald G. Forsythe, Jr. 2529BBE5E71047E...
TYPED NAME & TITLE OF SIGNER:	Ronald G. Forsythe, Jr., PhD, Chief Executive Officer

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:	
Contractor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

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:	
Contractor Address:	
Contact Person & Title:	
E-mail Address:	
Telephone Number (Office):	
Telephone Number (Cellular):	
Fax Number:	

State of Nebraska
Department of Health and Human Services

Request for Proposal for
External Quality Reviews

Solicitation Number: RFP 6303 Z1

Issued by: Department of Health and Human Services

Submitted by:

Qlarant Quality Solutions

28464 Marlboro Avenue

Easton, MD 21601-2732

Phone: 410-822-0697

Toll-Free: 800-999-3362

Information which is the property of Qlarant is contained herein. Such information is not to be used for purposes other than those for which it is submitted. It is not to be reproduced, distributed, or otherwise disclosed to others without prior written consent from Qlarant. Information considered confidential or proprietary has been highlighted in pink. A chart identifying the affected pages and including justifications for marking the information has been provided and can be found in file RFP 6303 Z1 Proprietary Information File 9 of 9. Qlarant requests that such information be excluded from pubic posting under Nebraska Revised Statute 84-712.

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Acronym List

Anthem: Anthem, Inc.

ASO: Administrative Services Organization

ATR: Annual Technical Reports

Beacon: Beacon Health Options, Inc.

CAHPS®: Consumer Assessment of Healthcare Providers and Systems®

CAP: Corrective Action Plan

CFR: Code of Federal Regulations

CFS: Clinical Focused Studies

CHIP: Children's Health Insurance Program

CMS: Centers for Medicare & Medicaid Services

CR: Compliance Review; *Qlarant's state programs also use the terminology operational systems review or systems performance review*

CRC: Consumer Report Card

DBHDD: Department of Behavioral Health and Development Disabilities

DBM: Dental Benefits Manager

DHHS: Nebraska Department of Health and Human Services

EDV: Encounter Data Validation

EPSDT: Early and Periodic Screening, Diagnostic, and Treatment

EQR: External Quality Review

EQRO: External Quality Review Organization

FS: Focused Study

HEDIS®: Healthcare Effectiveness Data and Information Set®

IHI: Institute for Healthcare Improvement

ISCA: Information Systems Capabilities Assessment

ISO: International Organization for Standardization

IT: Information Technology

MCO: Managed Care Organization

MRR: Medical Record Review

NAV: Network Adequacy Validation

NCQA: National Committee for Quality Assurance

PAHP: Prepaid Ambulatory Health Plan

PCP: Primary Care Provider

PDSA: Plan, Do, Study, Act Model of Quality Improvement

PIHP: Prepaid Inpatient Health Plan

PIP: Performance Improvement Project

PMV: Performance Measure Validation

QA: Quality Assessment

QI: Quality Improvement

Qlarant: Qlarant Quality Solutions, Inc.

Qlarant, Inc.: is a corporate holding company of Qlarant Integrity Solutions, LLC and Qlarant Quality Solutions, Inc. Qlarant, Inc. does not perform government contracts.

QRS: Quality Rating System

RFP: Request for Proposal

RIViR™: Risk Identification, Visualization, and Resolution

SME: Subject Matter Experts

SOW: Scope of Work

TA: Technical Assistance

TB: Terabytes

TG: Technical Guidance

URAC: Utilization Review Accreditation Commission

VBP: Value-Based Purchasing

WellCare: WellCare Health Plan of Nebraska

Technical Proposal: Corporate Overview

Qlarant is Nebraska's Best External Quality Review Solution

The Nebraska Department of Health and Human Services (DHHS) aims to continuously assess, measure, and improve the quality of care for beneficiaries, while ensuring comprehensive and cost effective services. Qlarant Quality Solutions, Inc. (Qlarant) is excited to respond to DHHS's request for proposal (RFP) on the external quality review (EQR) scope of work. We are eager to assist DHHS in achieving Heritage Health goals and improving health outcomes for Nebraska's managed care beneficiaries, by furthering aims in evidence-based care, early intervention, and community based treatment. Qlarant takes pride in offering ***the best people, the best solutions, and the best results.***

Best People. Best Solutions. Best Results.®
Established in 1973. Not for profit.

Profile

External Quality Review • Quality Improvement • Patient Safety • Utilization Review • Person-Centered Review • Health Disparities • Fraud, Waste and Abuse • Medical Claims Review • Data Analytics and Reporting • Predictive Modeling • Training and Education • Root Cause Analysis • Agile CxO Transformation

Populations Served

Medicaid • CHIP • Dental • Medicare • Aging • Intellectual/Developmental Disabilities • Foster Care • Long-Term Care • Veterans • Behavioral Health • Severe Emotional Disorders • Children with Special Needs

Designations

CMS Federally Designated QIO-like Organization • ISO 9001:2015 • CMMI Maturity Level 3 • SOC 2 Compliant • GSA Contractor

Current EQR Contracts

District of Columbia • Maryland • North Dakota Medicaid Expansion • West Virginia

Best EQR Solution for Nebraska

Qlarant

Our 23 years of EQR experience will provide DHHS with knowledge and expertise to enhance managed care organization (MCO) and dental benefits manager (DBM) compliance and beneficiary outcomes. Our subject matter experts' (SMEs') experience across EQR tasks and populations translates into data-driven recommendations and observations to help improve Nebraska's health outcomes.

Qlarant's proposed Nebraska EQR team is ready to begin work immediately. Our expert staff are prepared to make a positive impact on beneficiary outcomes through our:

- **Medicaid and Children's Health Insurance Program (CHIP) Expertise.** Qlarant's EQR SMEs possess a vast knowledge of Medicaid and CHIP policies, data systems, and processes including managed care delivery systems.

- **Dental Population Expertise.** Across state contracts, our team has been successful in supporting state initiatives and improving dental health for beneficiaries. Specifically, Qlarant developed project and population experience with a statewide dental performance improvement project focused on achieving a state's goal, and performed external quality reviews for a dental plan. Qlarant witnessed significant and sustained improvement across MCOs with performance measures for annual dental visits.
- **Achieving Outcomes Expertise.** Qlarant's experienced team provides recommendations and achieves results across all Medicaid populations for our states by improving initiatives for beneficiaries, and enhancing MCO performance.
- **Collaborative Relationship with Nebraska and the MCOs/DBM.** Our collaborative approach facilitates a relationship affording positive and effective results for beneficiaries, MCOs/DBM, and DHHS.
- **Flexibility & Adaptability.** Our proposed Nebraska EQR team is flexible and embraces solutions best meeting the needs of DHHS.
- **Continuous Quality Improvement.** With the cyclical approach of EQR tasks, Qlarant always looks for ways to improve and streamline processes resulting in improved deliverables and efficiencies and lower costs. Our EQR team frequently asks, "How can we do it better?" Qlarant puts "lessons learned" into action.
- **Customer Commitment.** Qlarant brings dedicated customer focus to our partnerships with state programs. EQR team members display extensive attention to detail in our work to aid MCOs/DBMs and state agencies. Our deliverables always include validation steps to ensure we are providing accurate and meaningful results.
- **Cost Effectiveness.** Our extensive experience in EQR activities brings the knowledge to adjust tasks for non-duplication and identify areas to improve cost effectiveness. An experienced team of SMEs who know processes and procedures possess the expertise to perform tasks immediately upon contract implementation. We already have existing tools developed and ready for customization, experience of similar sized contracts and populations, and are ready to drive progress forward.

Qlarant's Nebraska EQR team will provide the resources and experienced team to complete scope of work activities in compliance with Centers for Medicare & Medicaid Services (CMS) EQR protocols while meeting and exceeding Heritage Health program and population goals.

"Qlarant is wonderful to work with. They provide quality reports and excellent technical assistance to the MCOs."
— North Dakota EQR CHIP Contract Administrator

Qlarant demonstrates our ability, capability, and skill to deliver and implement EQR services as an EQR contractor throughout our proposal response.

Corporate Overview (VI.A.1.a-g).

Bidder Response: Qlarant meets and exceeds requirements to perform the EQR SOW as a qualified contractor.

a. Contractor Identification and Information. The contractor should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the contractor is incorporated or otherwise organized to do business, year in which the contractor first organized to do business and whether the name and form of organization has changed since first organized.

Corporate Name: Qlarant Quality Solutions
Address of Corporate Headquarters: 28464 Marlboro Ave, Easton, MD 21601
Entity Organization: Not-For-Profit Corporation
State Incorporated: Maryland
Year Incorporated: **1973**
Form of the Organization: **2018**

Qlarant Quality Solutions, Inc. transitioned from Delmarva Foundation in 2018. Delmarva Foundation was first established as an organization committed to improving health outcomes in 1973.

b. Financial Statements. The contractor should provide financial statements applicable to the firm. If publicly held, the contractor should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the contractor's financial or banking organization.

The contractor must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist. The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.

Qlarant's Financial Statements are included as Appendix 1 Qlarant Quality Solutions, Inc. Financial Statements to this Corporate Overview.

There are no judgments pending, expected litigation, or real or potential financial reversals.

c. Change of Ownership. If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the contractor should describe the circumstances of such change and indicate when the

change will likely occur. Any change of ownership to an awarded contractor(s) will require notification to the State.

No change in ownership or control of the company is anticipated during the twelve months following the proposal due date.

d. Office Location. The contractor's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.

Qlarant will perform all scope of work activities for DHHS at our Easton, Maryland location, with one exception. [redacted], Performance Measure Manager, is home-based in Plano, Texas. Otherwise, our Easton, Maryland headquarters is responsible for EQR performance:

Qlarant, Inc. ● 28464 Marlboro Ave ● Easton, MD 21601

e. Relationships with State. The contractor should describe any dealings with the State over the previous ten (10) years. If the organization, its predecessor, or any Party named in the contractor's proposal response has contracted with the State, the contractor should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.

Qlarant has had no dealings with the state over the previous ten (10) years.

f. Contractor's Employee Relations to State. If any Party named in the contractor's proposal response is or was an employee of the State within the past sixty (60) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.

No parties are named in the contractor's proposal response who have been employed by the state of Nebraska within the past sixty (60) months.

g. Contract Performance. If the contractor or any proposed Subcontractor has had a contract terminated for default during the past ten (10) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the contractor's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the contractor or litigated and such litigation determined the contractor to be in default.

It is mandatory that the contractor submit full details of all termination for default experienced during the past ten (10) years, including the other Party's name, address, and telephone number. The response to this section must present the contractor's

position on the matter. The State will evaluate the facts and will score the contractor's proposal accordingly. If no such termination for default has been experienced by the contractor in the past ten (10) years, so declare.

If at any time during the past ten (10) years, the contractor has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.

No contracts have been terminated for default during the past ten (10) years.

Summary of Contractor's Corporate Experience (VI.A.1.h.)

The contractor should provide a summary matrix listing the contractor's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the contractor during its evaluation of the proposal.

The contractor should address the following:

i. Provide narrative descriptions to highlight the similarities between the contractor's experience and this solicitation. These descriptions should include:

a) The time period of the project;
b) The scheduled and actual completion dates;
c) The Contractor's responsibilities;
d) For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and
e) Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a contractor performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.

ii. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.

iii. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.

Qlarant has **23 years of experience conducting EQR activities**. We have collaborated with state agencies to enhance the quality, access, and timeliness of services for beneficiaries in both Medicaid and CHIP contracts since the release of CMS protocols in 2002; however, we have conducted EQR-like work since 1997. We currently hold EQR contracts in four states:

West Virginia (1998-current) ● Maryland (1997-current) ● District of Columbia (2002-current) ● North Dakota (2011-current)

A summary matrix detailing Qlarant's previous projects that are similar in size, complexity, and scope to this opportunity is located in ***Table 1***. This table also depicts various EQR tasks Qlarant completes for each of these projects.

Table 1. Summary Matrix of Qlarant EQR Experience

EQR Tasks	Qlarant EQR Contracts			
	West Virginia	Maryland	District of Columbia	North Dakota Medicaid (Expansion and CHIP*)
Mandatory Tasks				
Onsite Reviews	✓	✓	✓	✓
Performance Improvement Project (PIP) Reviews	✓	✓	✓	✓
Performance Measure Validation (PMV)	✓	✓	✓	✓
Compliance Review (CR)	✓	✓	✓	✓
Network Adequacy Validation (NAV)	✓	✓	✓	✓
Technical Assistance (TA)	✓	✓	✓	✓
Annual Technical Reports (ATRs)	✓	✓	✓	✓
Ad Hoc Studies and Reports	✓	✓	✓	✓
Optional Quality Review Tasks				
Encounter Data Validation (EDV)	✓	✓	✓	✓
Administration or Validation of Surveys			✓	✓
Calculate Additional Performance Measures			✓	✓
Conduct PIPs	✓		✓	
Conduct Quality Studies	✓	✓		✓
Quality Rating System (Consumer Report Card)	✓	✓	✓	
Technical Guidance (TG)	✓	✓	✓	✓

*The CHIP contract ended in 2019 as a result of North Dakota terminating the CHIP managed care program. The Medicaid Expansion managed care program is still in effect. (North Dakota CHIP EQR Contract: 2011 – 2019. North Dakota Medicaid Expansion EQR: 2014-Current.)

Maryland EQR

Maryland Department of Health Medical Benefits Management Administration

1997 – Current ● 23 years of continuous service ● Nine Medicaid MCOs ● 1,133,369 beneficiaries

Qlarant has held this contract since 1997. The Maryland contract is similar to Nebraska in that we conduct all SOW activities required of the Nebraska EQR RFP. The Maryland SOW has provided Qlarant with a significant amount of transferrable experience. Similar to Nebraska, Maryland requires a comprehensive CR once every three years and requires follows-up on noncompliant findings in alternate years.

SOW Completed as a Prime Contractor:

- Onsite external quality reviews
- Performance improvement project validation (rapid cycle)
- Value-based purchasing
- Compliance/systems performance review
- Network adequacy validation
- Technical assistance
- Annual technical report
- Encounter data validation
- Quality studies (well child medical record review, grievance/appeal/denial review)
- Quality rating system/consumer report card
- Peer reviews

Complexity:

- Assisted the state in the early adoption of the Quality Rating System/Consumer Report Card.
- Conducts more than 5,000 medical record reviews annually.
- Conducts value-based purchasing analysis to drive quality improvement.
- Assisted in the development of the Quality Strategy and MCO Quality Monitoring Policy to ensure MCO accountability.
- Implemented a rapid cycle PIP process.
- Conducted focus group activities to obtain direct feedback from beneficiaries to improve communication of information.

Project Information	
Prime or Subcontractor: Prime	**Period of Performance**: 10/01/2016 to 09/30/2021
Original Scheduled Completion Date: 09/30/2021	**Actual/Currently Planned Completion Date**: 09/30/2021
Original Budget: $5,521,866.60	**Actual/Currently Planned Budget**: $6,038,567.60
Maryland Department of Health Medical Benefits Management Administration	
POC Name: Stephanie Boyd Division Chief of HealthChoice Quality Assurance Managed Care Administration **Phone**: 410-767-1740	**Fax**: 410-333-5620 **Email**: stephaniea.boyd@maryland.gov

"Qlarant continues to provide excellent services to both the Department and the MCOs."

- Maryland EQR Contract Administrator

District of Columbia EQR

District of Columbia Department of Health Care Finance

2002 - Current ● 18 years of continuous service ● Three MCOs and One Prepaid Inpatient Health Plan (PIHP) ● 193,072 beneficiaries

Qlarant has held this contract since 2002. The District of Columbia contract is similar to Nebraska in the number of managed care entities served (three MCOs plus one PIHP vs three MCOs plus one PAHP). The District of Columbia SOW has provided Qlarant with significant transferrable experience to Nebraska. Qlarant provides extensive technical assistance to the District, as well as the MCOs/PIHP. Similar to Nebraska, the District of Columbia requires a comparable SOW.

SOW Completed as a Prime Contractor

- Onsite external quality reviews
- Performance measure validation
- Performance improvement project validation
- Compliance/operational systems review
- Network adequacy validation
- Encounter data validation
- Conduct Consumer Assessment of Healthcare Providers and Systems survey
- Encounter data validation
- Calculate performance measures
- Analyze Centers for Medicare & Medicaid Services core measure results
- Annual technical report
- Technical assistance

Complexity

- Assisted the District in facilitating two collaborative PIPs: (1) Improving Birth and Perinatal Outcomes, and (2) Improving Pediatric Asthma Outcomes. MCOs demonstrated sustained improvement in numerous performance measures.
- Developed "homegrown" performance measures for the collaborative PIPs.
- Conducts PMV activities for PIP, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), and Health Home performance measures.
- Provides technical assistance to the state on topics including federal requirements, accreditation, goal development, and more.

Project Information	
Prime or Subcontractor: Prime	**Period of Performance**: 08/07/2017 to 08/06/2022
Original Scheduled Completion Date: 08/06/2022	**Actual/Currently Planned Completion Date**: 08/06/2021
Original Budget: $8,073,279.58	**Actual/Currently Planned Budget**: $6,855,343.67
District of Columbia Department of Health Care Finance	
POC Name: Kerda DeHaan Management Analyst Department of Health Care Finance **Phone**: 202-442-8443	**Fax**: 202-722-5686 **Email**: kerda.dehaan@dc.gov

"Qlarant exhibits professionalism, reliability and flexibility when performing contract deliverables."

- District of Columbia EQR Contract Administrator

North Dakota EQR

North Dakota Department of Human Services, Medical Services Division

North Dakota Medicaid Expansion EQR

2014 - Current ● One Medicaid Expansion MCO ● 20,601 beneficiaries

North Dakota Children's Health Insurance Program EQR

2011 – 2019 ● One CHIP MCO and One Dental Prepaid Ambulatory Health Plan ● 2,311 beneficiaries

Qlarant has held a contract with North Dakota's Department of Human Services since 2011, **providing 14 years of continuous service.** Qlarant was initially contracted for completing EQR activities for the CHIP program, followed by the Medicaid Expansion program. Qlarant's CHIP contract ended in 2019 as a result of North Dakota terminating the CHIP managed care program. Our Medicaid Expansion contract remains in place.

Scheduled and actual completion dates for both contracts are the same. The North Dakota contract is similar to Nebraska in regard to populations served including Medicaid Expansion, CHIP, and a dental plan. We have assisted each population in improving performance and compliance. We also assist North Dakota in facing challenges serving populations in urban, rural, and frontier areas.

SOW Completed as a Prime Contractor:

North Dakota Medicaid Expansion

- Onsite external quality reviews
- Performance improvement project validation
- Performance measure validation
- Compliance review
- Network adequacy validation
- Encounter data validation
- Quality focused study
- Validate survey
- Analyze HEDIS and CAHPS Results
- Annual technical report
- Technical assistance
- Independent waiver assessment

North Dakota CHIP

- Onsite external quality reviews
- Performance improvement project validation
- Performance measure validation
- Compliance review
- Network adequacy validation
- Encounter data validation
- Analyze survey
- Analyze Healthcare Effectiveness Data and Information Set results
- Analyze Centers for Medicare & Medicaid Services core measures results
- Annual technical report
- Technical assistance

Complexity:

- Completed Readiness Review activities for the new Medicaid Expansion population.
- Provided state recommendations for network adequacy standards.
- Provided input into annual quality strategy updates.

- Recommended PIP topics based on an analysis of state priorities and MCO/DBM performance compared to benchmarks.
- Provided recommendations for improvement to the Medicaid Expansion MCO, which resulted in improved performance by more than 13 percentage points in its Follow-Up After Hospitalization for Mental Health (30 Days) PIP performance measure.
- Provided recommendations to the CHIP MCO, which resulted in significant and sustained improvement in the Well Child Visits PIP.

Project Information	
Prime or Subcontractor: Prime	**Period of Performance**: 10/01/2014 to 06/30/2021
Original Scheduled Completion Date: 06/30/2015 (Contract was extended)	**Actual/Currently Planned Completion Date**: 06/30/2021
Original Budget: $100,218.35	**Actual/Currently Planned Budget**: $748,477.29
North Dakota Department of Human Services, Medical Services Division	
POC Name: Stephanie Waloch North Dakota Medicaid Expansion Administrator Department of Human Services **Phone**: 701-328-1705	**Fax**: 701-328-1544 **Email**: swaloch@nd.gov

"Qlarant stays on task in regard to their timeline. Quality has been thorough and outstanding."

—North Dakota EQR Medicaid Expansion Contract Administrator

Summary of Contractor's Proposed Personnel/Management Approach (VI.A.1.i.)

Qlarant's EQR team consists of exceptionally qualified professionals dedicated to providing DHHS and the MCOs/DBM success in meeting contract requirements and Heritage Health goals. Our proposed Nebraska EQR team members possess a combination of direct experience with advanced training and credentials, and demonstrate experience and knowledge of:

The best people…the best solutions…the best results…

Exceeding Requirements: We assist our clients in meeting and exceeding their managed care program goals through reducing costs, improving member and provider experience, and achieving better outcomes.

- Medicaid beneficiaries, policies, data systems and processes
- Managed care delivery systems, organizations, and financing
- Quality assessment and improvement methods
- Research design and methodology, including statistical analysis

- CHIP program policies, data systems, and processes
- EQR technical report writing
- Knowledge of and access to industry standards, tools, and data[1]

In order to be an EQRO, the Contractor must have the following:

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

Qlarant's Experience with Medicaid beneficiaries, policies, data systems, and processes. Qlarant's experience with Medicaid beneficiaries, policies, data systems, and processes dates back to 1973. Our quality improvement (QI) and utilization review (UR) activities provide evidence of our experience since the company's founding. Staff descriptions (Corporate Overview) and resumes (Appendix 2) outline our EQR team's proficiency in Medicaid programs and review activities. Decades of EQR experience inform our review of Medicaid beneficiary information through various processes including encounter data, grievance and appeal file reviews, PIPs, and MCO, DBM, and aggregate reporting. Our EQR team maintains updated knowledge of federal requirements and policy. We review MCO policies and member materials against these requirements and provide guidance when opportunities for improvement are identified. Qlarant's EQR team, analysts, and Information Technology (IT) professionals are adept at managing large beneficiary and provider databases. Equally proficient in merging hybrid and administrative data for calculation of performance measures, our data team is flexible in working with various stakeholders for direct acquisition or exchange of data. Data management and exchange plans are developed based on collaboration between Qlarant, states, and MCOs/DBM for large encounter data files.

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

Managed care delivery systems, organizations, and financing. Qlarant has conducted reviews of managed care delivery systems since 1997. We have worked with states as they transition their programs from primary care case management to managed care delivery systems. Our experience includes assisting states and various managed care entities with achieving their program goals. Qlarant's approach fosters collaborative relationships and encourages open communication. Collaborative relationships allow us to gain a more thorough comprehension of program initiatives, progress with meeting goals, and a better understanding of the challenges organizations face. Our understanding of gaps in care and areas of noncompliance

[1] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass, and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

position us to make the most effective recommendations for improvement. We are mindful and cost-conscious when we make our realistic, targeted, and actionable recommendations.

"I really appreciate the collaborative approach that your team takes in your reviews. I can see why your team has been together for so long…you all work really well as a team and cover the material without judgement, but with facts and encouragement."
—Maryland MCO

We understand financial constraints facing states and their MCOs/DBMs. ***We are sensitive to budgets*** and can provide recommendations related to:

- Value-based purchasing and incentive programs to promote accountability, improved outcomes, and cost-efficient services.
- Encounter data validation to ensure complete, timely, and accurate encounter data, which can be useful in monitoring program integrity and assisting determination of capitation rates.
- Fraud, waste, and abuse and program integrity monitoring to identify under- or overutilization and/or other abusive practices.

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

Quality assessment and quality improvement methods. Qlarant is a CMS Federally designated QIO-like organization with EQR staff well versed in quality assessment (QA) and improvement methods. Several EQR team members possess certifications in health care quality and have completed **Triple Aim training** through the Institute for Healthcare Improvement (IHI). This initiative aims to **improve health outcomes and experience of care, and reduce health care costs.**

QLARANT, INC.
AND ITS SUBSIDIARIES
QLARANT INTEGRITY SOLUTIONS
QLARANT QUALITY SOLUTIONS
Easton, Maryland
QSR-1065 for the ISO 9001:2015
Quality Management System Standards

Our corporate Quality Management System is International Organization for Standardization (ISO) 9001:2015 certified and ensures staff follow the plan, do, study, act (PDSA) model of quality improvement. We implement this model internally with our work procedures and externally when making recommendations for improvement to MCOs. The PDSA quality improvement model is especially useful in our rapid cycle PIP approach as we provide technical assistance to MCOs.

> ***The best people…the best solutions…the best results…***
>
> ***Exceeding Requirements:*** Qlarant is ISO 9001:2015 Certified. Our Quality Management System model is customized to meet contract requirements and ensures complete customer satisfaction. Excellent contract results are achieved through a combination of continuous quality improvement and contract performance transparency.

Our extensive experience providing QI technical assistance spans national, state, and MCO levels. We provide recommendations and prescribe best practices to motivate a measureable impact on the health outcomes of Medicaid and CHIP beneficiaries. During the last measurement period, **all MCOs sustained improvement in their performance measures** for our two collaborative PIPs in the District of Columbia. We base QI recommendations on our extensive experience reviewing and validating various PIP topics and on lessons learned. A few examples of internal processes and actionable insights show how we translate our expertise for our MCO/DBM and state clients:

- **Actionable insight for prescribing best practices**. Changing a process rather than utilizing passive interventions generally delivers performance improvement. For example, if a PIP focuses on increasing postpartum visit rates, improvement is much more likely to occur if postpartum visits are scheduled by hospital discharge planners, rather than waiting for mothers to schedule the appointments themselves after being reminded via a passive mailing about postpartum care.
- **Internal Lessons Learned.** EQR team members reflect, discuss, and identify improvements and efficiencies after annual completion of tasks per state contract. Within workgroups, we identify successful approaches to repeat, discuss issues we encountered, and identify steps to improve tasks across state contracts, and annually in preparation for the next review cycle.
- **Internal QI Processes.** Across state contracts, Qlarant team members utilize tools customized per contract requirements to streamline efficiencies, reduce opportunity for error, and meet or exceed timelines.

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

Qlarant's skilled EQR and analytic team applies extensive experience in research methodology, various statistical analytic techniques, and reporting capabilities from many types of data/databases to all aspects of the EQR work. We routinely handle encounter, claims, and survey data.

Qlarant's focused studies have assisted MCOs in pinpointing opportunities for QI and provided meaningful reporting to states. Using various statistical techniques, we have conducted a variety of studies including birth outcomes, behavioral health, asthma, emergency room, psychotropic drug use, predictors of individual outcomes, and more.

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Exceeding Requirements: Our analytic and data management experts possess extensive experience and expertise:

- Our Performance Measure Manager possesses over 34 years in project management and analytic experience with the last 18 concentrated in EQR.
- Our Analyst possesses 32 years of data collection, statistical analysis, and survey design experience.
- Our Data Management Director possesses 27 years of related experience.

v. Physical, technological, and financial resources to conduct EQR or EQR-related activities.

Qlarant possesses the following physical, technological, and financial resources to deliver EQR services effectively and efficiently for Nebraska DHHS.

- **Physical Resources.** Qlarant operates a business unit dedicated specifically to managing office space, resources, and physical security and storage of hardcopy protected health information. Our Facility Operations Leader ensures we have the physical resources and facilities to meet our contract needs. Our Easton, Maryland corporate office will serve as the primary location for services related to this contract. Our office is physically locked at all times and accessible only by electronic key cards.

- **Technological Resources.** Our corporate office data center houses most of our information systems. More than 300 servers running Microsoft Windows 2016 for file and application services and Active Directory for directory services serve local and wide area networks for over 500 associates. Internet Information Services platforms provide web services. We provide extensive, sophisticated database services on Microsoft SQL Server 2019. We host mail on a Microsoft Exchange 2016 environment in all offices. A 3Par storage area network with approximately 220 terabytes (TB) of storage space, expandable to over 800 TB, provides information storage. Multiple firewalls provide an architecture meeting and exceeding CMS requirements. Voice and video conferencing, and secure web portal technology are examples of additional technical resources available to assist with communication and create a shared workspace with our clients. Our portal technology allows the EQR team to store and share documents, reports, and deliverables for the EQR

scope of work. We build portals for our clients and the MCOs we serve. Qlarant maintains a Business Continuity and Contingency Plan addressing resources, personnel, and procedures to follow in the event of a disaster. The plan provides guidance for physical disaster prevention and restoration of critical application services.

Qlarant uses several layers to protect our Information Technology environment in the event of a disaster. The first level is disk backup of all our data center assets. This technology utilizes data deduplication to allow us to store our backups in 10% of the space a traditional backup solution would require. The second layer is a pair of Quorum devices that synchronize contract data, websites, and portals to an offsite location to ensure Qlarant can meet contract deliverables. This is tested quarterly by restoring data in an isolated environment. The final layer of our disaster recovery plan is complete SAN-to-SAN duplication offsite. This includes not just the sites and data but full duplication of our VMware environment and all of our virtual servers including our active directory and email systems.

Internally Developed Tools and Applications. Qlarant's EQR team maintains internally developed standard tools and applications to complete activities. Utilizing our tools and applications allows Qlarant the flexibility to meet and exceed DHHS's IT and health care needs. In building custom applications, we can quickly update tools to align with health care goals and maximize performance, while ensuring information security remains at high levels. We have developed review tools ranging from simple spreadsheets with formulas to complex interactive applications, such as our web-based tools. EQR team members utilize our internally developed tools and applications across compliance review, medical record review, encounter data validation, and network adequacy validation activities to create efficiencies, reduce errors, guide reviewers, and create shared work processes.

- **Financial Resources.** Qlarant has the financial capability and working capital needed to undertake all tasks associated with the resultant contract. Our commitment to fiscal integrity is demonstrated by internal and external metrics such as an excellent Dun & Bradstreet rating, and compliance with Generally Accepted Accounting Principles and applicable circulars for the US Office of Management and Budget.

vi. Other clinical and nonclinical skills necessary to carry out EQR or EQR-related activities and to oversee the work of any subcontractors.

Qlarant's EQR team possesses clinical and non-clinical skill sets advantageous to state programs to support improvements in access to care and health care outcomes for beneficiaries. Our qualified and well-rounded team possesses, or accesses, Qlarant SMEs with the following expertise:

- Aged, Blind, Disabled
- Aging and Disability
- Behavioral Health
- Substance and Opioid Use Disorder
- Case Management
- Children with Special Needs
- Epidemiology
- Foster Care
- Fraud, Waste, and Abuse
- Health Homes
- Health Inequities/Disparities
- Home and Community Based Services
- Intellectual and Developmental Disabilities
- Intermediate Care
- Long Term Care
- Medical Homes
- Medicare-Medicaid
- Pharmacy
- Quality and Performance Improvement
- Root Cause Analysis
- Utilization
- Severe Emotional Disorders

Senior level quality improvement professionals, registered nurses, health care analysts, coders, and an array of IT professionals and SMEs demonstrate commitment to quality improvement by obtaining a variety of advanced credentials referenced in our proposed Nebraska EQR team organization chart displayed in the Corporate Overview. Our clinical and non-clinical certifications are also highlighted below in ***Figure 1***.

Figure 1. Nebraska EQR Team Clinical and Non-Clinical Certifications

Qlarant *Best People. Best Solutions. Best Results.®*

Additional Expert Resources

Qlarant, Inc. and its subsidies, Qlarant Quality Solutions, Inc. and Qlarant Integrity Solutions, LLC, employ approximately 500 highly-skilled experts including physicians, nurses, epidemiologists, biostatisticians, psychologists, social workers, programmers, health analysts, fraud experts, and many other talented and dedicated professionals who work together to assist and support our work and our clients. Qlarant Quality Solutions, Inc. directly employs 90 of these individuals. Qlarant can tap into these expert resources to fuel DHHS's Heritage Health goals. For example, our Nebraska EQR team can access Fraud, Waste, and Abuse detection services to help DHHS uncover and correct risks before they become costly problems. Our Information Technology experts in application development and data management collaborate and aid in technological upgrades and tool development to better measure data, evaluate findings, and improve reporting. Our Disability Services and Aging Solutions teams conduct person-centered reviews and present a 360-degree perspective of the strengths and opportunities at individual, provider, and statewide service delivery system levels. Figure 2 below includes a snapshot of additional resources readily available to our clients.

Figure 2. Qlarant Solutions

The contractor should present a detailed description of its proposed approach to the management of the project.

Qlarant's EQR project management is in alignment with our corporate Quality Management System ensuring quality, timely deliverables and a satisfied client. The following strategies assist us in our approach to successful project management.

Qlarant follows Communication Plans. Qlarant developed a draft Communications Plan for DHHS's consideration (Draft Communications Plan). The plan ensures clear, collaborative, and continuous communication with DHHS and we will follow it in our approach to project management. Our draft Communications Plan addresses our approach to:

- Communicating changes in staffing.
- Distributing EQR reports, assessments, and recommendations.
- Planning and conducting meetings.
- Providing technical assistance and guidance.
- Submitting draft and final deliverables.
- Responding to ad-hoc deliverable requests.
- Maintaining and keeping DHHS informed of work plan progress.

Qlarant follows Work Plans. Qlarant's Nebraska Project Manager develops work plans in consultation with our EQR task-specific SMEs and ensures consistency with contract targets and expectations. The approved work plan is shared with all EQR staff assigned to the project and they use the work plan as a guide to complete their activities

in a timely manner. Qlarant's Project Manager follows the work plan closely to monitor progress and anticipate next steps.

Qlarant uses qualified and experienced staff and SMEs. Qualified and experienced staff and SMEs collaborate to deliver quality deliverables to our state clients. SMEs lead task-specific workgroups to provide expertise across contracts. Our SMEs guide workflows and coach newer staff on tasks.

Qlarant anticipates and mitigates risk. Qlarant's Project Manager communicates with staff frequently and participates in all task-specific work groups to monitor progress. This allows opportunity to anticipate risks, such as possible strains in resources or delays in receiving information from MCOs/DBMs. Anticipating these risks provides opportunity to develop plans to mitigate potential impact. In the first example, regarding a strain in resources, we will adjust internal timelines and shift resources to meet our required deliverable dates. In the second example, Qlarant will attempt to obtain MCO/DBM information as soon as possible and strive to meet milestones in the work plan; however, should Qlarant experience significant delays in obtaining needed information, we will discuss the challenges with DHHS and develop reasonable resolutions. Qlarant will keep DHHS informed of developing risks and mitigation strategies.

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Exceeding Requirements: Impact from COVID has required adjustments on methodologies and approaches to EQR tasks. Despite remote work situations, Qlarant maintains success with managing timelines and collaborating with state clients to decrease provider burden and move forward with tasks remotely.

Qlarant ensures quality and accurate deliverables. Qlarant uses a validation process while completing deliverables. Our draft reports undergo a validation process of review by quality, analytic, and technical writers to ensure correct content, format, and data before DHHS receives the draft for review and approval. Qlarant's peer review process includes:

- Validation of data, results, and analysis by peers.
- Edits by Technical Writer.
- Format application by Technical Writer.
- Final review and approval by the Nebraska Project Manager.

Qlarant's validation process will provide DHHS confidence in our deliverables.

Qlarant seeks client input. Qlarant asks questions, confirms requirements, and seeks clarification to ensure our EQR activities and deliverables are not only meeting, but exceeding expectations. Qlarant will obtain this input through informal channels, such

as email, and through monthly meetings. Qlarant will also solicit feedback via a satisfaction survey. We request our clients provide insight on our performance through the following metrics: quality, timeliness, cost control, and business relationship.

The contractor should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.

Qlarant is pleased to present our proposed Nebraska EQR team (Figure 3). **Our qualified and experienced team is in place and ready to begin work immediately.** Our team possesses experience conducting both mandatory and optional EQR activities for our state clients.

[redacted], BSN, RN, CPHM provides leadership for the EQR team and is responsible for contract success. Sara Dixon, MS will serve as the Nebraska EQR Project Manager and ensure Qlarant is meeting or exceeding DHHS expectations with all contract deliverables. Qlarant's Nebraska EQR team bios and assigned tasks are provided below. Our draft work plan highlights team member subtask responsibilities.

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Exceeding Requirements: Qlarant's proposed team completing the scope of work has a combined 56 years of EQR-specific experience, and 136 years of health care related experience. Our Nebraska EQR team is dedicated to helping DHHS, the MCOs, and DBM succeed.

[redacted], BSN, RN, CPHM serves as EQR Director for Nebraska's EQR team. [redacted] has worked with State Medicaid and CHIP managed care programs on EQR activities since 2016. She provides oversight for multiple EQR contracts and ensures client satisfaction with quality and timely deliverables. [redacted] has held multiple management level positions with Qlarant and a long-term care facility. She provides effective leadership for the EQR team and ensures compliance with our Quality Management System. She interfaces with shared services including contracts, finance, human resources, and information technology. [redacted] is supported by senior management including Qlarant's Senior Vice President and Chief Executive Officer. Her EQR experience includes conducting PIP reviews, CRs, clinical focused studies (CFSs), EDV, and medical record review (MRR) activities. She dedicates her more than 29 years of experience in health care and human services to helping states succeed.

[redacted] is a Registered Nurse and Certified Professional in Health Care Management (CPHM).

Nebraska EQR responsibilities include:

- Providing contract oversight and success.
- Ensuring client satisfaction.
- Mitigating risk and solving problems.
- Ensuring qualified and experienced staffing levels.
- Serving as an EQR SME.
- Assisting with contract implementation.
- Developing MCO/DBM orientation materials.
- Supporting the Nebraska EQR Project Manager.

[redacted], MS serves as Project Manager for Nebraska's EQR team.

[redacted] dedicates eight years of relevant experience to helping states succeed. Four of her eight years of experience were concentrated in quality improvement and compliance for a developmental disabilities program at a previous organization. Since joining Qlarant in March 2019, she serves as an EQR Project Manager where responsibilities include conducting PIPs, compliance reviews (CRs), annual technical reports (ATRs), and technical writing. She manages assigned projects across multiple contracts. [redacted] currently assists a skilled nursing facility with developing and implementing a quality plan. She conducts root cause analyses and provides the facility with technical assistance on corrective actions.

[redacted] is expecting to obtain her Certified Professional in Healthcare Quality (CPHQ) in the fall of 2020.

Nebraska EQR responsibilities will include:

- Implementing and operating the contract.
- Serving as the primary point of contact.
- Communicating with DHHS and the MCOs/DBM.
- Coordinating and facilitating meetings with DHHS and developing agendas and taking meeting minutes.
- Developing MCO/DBM orientation materials.
- Adhering to the work plan.
- Ensuring quality and timely deliverables.
- Serving as an SME for and leading PIP and CR activities.
- Conducting onsite EQR activities.
- Writing technical reports.
- Providing technical assistance.
- Meeting or exceeding all Nebraska EQR requirements.

[redacted], MBA, CPHQ, PMP serves as Performance Measure Manager for Nebraska's EQR team. [redacted] has worked with state Medicaid managed care programs on EQR activities since 2002. She dedicates her 34+ years of project management and analytic experience in health care quality and insurance to helping states succeed. Since joining Qlarant's EQR team in 2002, [redacted] manages performance measure validation (PMV) processes across multiple EQR contracts and serves as the PMV SME. She led and participated in HEDIS and CAHPS audits for Medicaid, Medicare, and commercial organizations as a Certified HEDIS compliance auditor from 2008-2015. She also participates in the development and analysis of the quality rating system and value-based purchasing initiatives.

[redacted] currently holds professional designations in Project Management and Healthcare Quality as a PMP and CPHQ, respectively. Her certifications and experience contribute to her extensive knowledge and experience working with nationally

recognized performance measures and developing client-specific measures. Utilizing her extensive experience, she recommends methodologies to enhance performance measure results.

Nebraska EQR responsibilities will include:

- Managing and completing PMV activities and reporting.
- Conducting onsite EQR activities.
- Serving as an SME and leading PMV, surveys, calculating performance measures, and quality rating system activities.
- Providing technical assistance.

[redacted], **BMUS serves as Quality Improvement Coordinator for Nebraska's EQR team.** [redacted] dedicates ten years of health care related experience to helping states succeed. Since joining the EQR team in 2017, she has performed various EQR activities across all contracts, which include but are not limited to, participating in PMV, PIPs, and CRs; [redacted] managing medical records; ensuring quality deliverables with validations; and developing scoring tools for EQR tasks. Prior to joining EQR, she was a National Benefit Integrity Medicare Drug Integrity Contractor customer complaint specialist. In this position, she researched complaints related to fraud, waste, and abuse in Medicare Part C and D programs, and also helped redirect other types of complaints to the appropriate government agencies or insurance plans.

[redacted] completed HEDIS training through the National Committee for Quality Assurance and running large-scale improvement initiatives through the Institute for Healthcare Improvement. She is a Certified Lean Six Sigma Yellow Belt (LSSYB).

Nebraska EQR responsibilities will include:

- Supporting the Performance Measure Manager and completing PMV activities and reporting.
- Validating technical report data and analyses.
- Participating in optional EQR activities including surveys, calculating performance measures, and quality rating system.

To Be Hired serves as Quality Improvement Coordinator for Nebraska's EQR team. Qlarant will hire a Quality Improvement Coordinator to support the Project Manager in day-to-day contract activities. The coordinator must have an associate's degree, at minimum, with at least two years of quality improvement or related experience.

Nebraska EQR responsibilities will include:

- Supporting the Project Manager.
- Participating in meetings with DHHS and MCOs/DBM.
- Conducting onsite EQR activities.
- Participating in CR.
- Conducting surveys for NAV.
- Validating data and analyses in technical reports.
- Assisting with medical records management for optional EDV and clinical focus studies.

[redacted], **BS, CQIA serves as Analyst for Nebraska's EQR team.** [redacted] dedicates over 32 years of experience with data collection, statistical analysis, and survey design to helping states succeed. She possesses significant experience gained from working with extensive time series datasets and complex population dynamics. Her EQR experience includes EDV, NAV, PIP, QRS and activities, and ATR analysis. Specifically concerning the QRS/CRC scope of services, she develops methodologies, prepares files, conducts calculations and analysis, validates, and identifies ratings. She also participates in value-based purchasing analysis and validation activities.

[redacted] completed improvement capability training through the Institute for Healthcare Improvement. She is a Certified Quality Improvement Associate (CQIA).

Nebraska EQR responsibilities will include:

- Validating PIP statistical testing.
- Selecting samples and conducting analyses for NAV and technical reports.
- Providing analytic services and analyses for optional EQR activities including EDV, surveys, calculating performance measures, conducting PIPs, quality focus studies, quality rating system/consumer report card.
- Providing technical assistance.

[redacted], **MFA serves as Technical Writer & Editor for Nebraska's EQR team.** [redacted] dedicates nine years of relevant experience to helping states succeed. Since joining Qlarant in 2017, she has written and edited reports across multiple EQR contracts and has developed knowledge in health care quality assurance and improvement. [redacted] has additionally developed expertise with Section 508 compliance for ATRs.

Nebraska EQR responsibilities will include:

- Writing, editing, and formatting technical reports.
- Ensuring annual technical reports are compliant with Section 508 requirements.

[redacted], **BS, CHES serves as Operations Coordinator for Nebraska's EQR team.** [redacted] dedicates over three years of health care experience, including community patient experience, to helping states succeed. Her knowledge and capabilities include health literacy and communication in analyzing and designing effective media campaigns to increase health literacy and access to health information. [redacted] community research experience includes conducting a needs assessment to address childhood obesity and development of a nutrition plan and interventions for adolescents. Since joining the EQR team in 2020, [redacted] has assisted with medical record management activities, [redacted], and validated data for deliverables. She provides administrative support across quality and performance improvement activities for state contracts. She collaborates among the EQR team to plan and develop strategies to meet and exceed contract objectives, enhance workflows, and ensure activities meet deadlines.

[redacted] holds a Health Education Specialist certification (CHES).

Nebraska EQR responsibilities will include:

- Supporting the Project Manager.
- Conducting surveys for NAV.
- Validating data in technical reports.
- Conducting medical records management activities for optional EDV and clinical focus studies.

[redacted], **BSN, RN, CPC serves as Clinical Quality Specialist for Nebraska's EQR team.** [redacted] dedicates over 24 years of clinical experience including nursing, case management, hospice, and claims analysis to helping states succeed. She developed expertise in quality assurance, quality improvement, and compliance while serving as Quality Manager and Director of Clinical Services in a hospice setting. [redacted] joined Qlarant in 2015 and participated in claims review activities to identify potential fraud and abuse practices. A member of the EQR team since 2017, she works across contracts providing clinical expertise.

[redacted] developed Qlarant's NAV methodology and serves as the SME. She is a Registered Nurse and Certified Professional Coder (CPC). [redacted] is expecting to obtain her Certified Professional in Healthcare Quality (CPHQ) in the fall of 2020.

Nebraska EQR responsibilities will include:

- Providing clinical expertise.
- Leading NAV activities.
- Serving as an SME and leading NAV and optional activities including EDV and clinical focus studies.

- Conducting medical record reviews for mandatory and optional activities.
- Providing technical assistance.

[redacted], BS serves as Data Management Director for Nebraska's EQR team. [redacted] has over 27 years of experience in health care data analysis, rising from a statistical analyst to managing Qlarant's Data Management. His extensive experience includes working with Medicaid, Medicare, HEDIS, CAHPS, and focused studies for EQR contracts. He also completes data management functions for utilization review and developmental disabilities contracts. He dedicates over 22 years of experience specific to EQR to helping states succeed.

[redacted] is well versed in quality improvement and system automation. He works with state departments and MCOs. He oversees the secure transfer of all data, including claims and encounter data, into and out of our corporate databases; prepares data for multidisciplinary teams of doctors, nurses, social workers, and analysts; develops databases as custom solutions for corporate contracts; and creates report solutions to provide accurate information quickly to both internal and external customers. His experience includes selecting samples from defined populations to complete EQR activities. He consistently provides reliable results while also considering budget constraints. [redacted] was instrumental in the development of each of the custom electronic review tools used by our EQR team.

Nebraska EQR responsibilities will include:

- Providing data management needs for mandatory and optional EQR activities.
- Preparing tools.
- Providing technical assistance.

The contractor should provide resumes for all personnel proposed by the contractor to work on the project. The State will consider the resumes as a key indicator of the contractor's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.

Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.

Appendix 2 includes resumes for Qlarant's proposed Nebraska EQR team.

Subcontractors (VI.A.1.j.)

If the contractor intends to Subcontract any part of its performance hereunder, the contractor should provide:

i. name, address, and telephone number of the Subcontractor(s);
ii. Specific tasks for each Subcontractor(s);
iii. Percentage of performance hours intended for each Subcontract; and
iv. Total percentage of Subcontractor(s) performance hours.

Qlarant will not be using subcontractors for the Nebraska EQR SOW.

Qlarant's Satisfied Customers

Qlarant's commitment to providing exceptional customer service is validated by our outstanding customer satisfaction results in the following areas:

- Quality of deliverables and services
- Timeliness of performance
- Cost control
- Business relationships

Qlarant satisfaction results are based on a 5-point scale where one indicates poor performance and five represents outstanding performance. ***Figure 4*** displays our 2019 EQR customer satisfaction results **demonstrating we can be trusted to provide DHHS with the very best service to help you reach your program goals.**

Figure 4. 2019 EQR Customer Satisfaction Results

Corporate Overview Appendices

Appendix 1: Qlarant Quality Solutions, Inc. Financial Statements

Qlarant submits the following Financial Statements identified in RFP section VI.A.1.b as Appendix 1 to the Corporate Overview.

Qlarant Quality Solutions, Inc.

Financial Report
June 30, 2020

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RSM

Independent Auditor's Report

RSM US LLP

Board of Trustees
Qlarant Quality Solutions, Inc.

Report on the Financial Statements
We have audited the accompanying financial statements of Qlarant Quality Solutions, Inc., which comprise the statements of financial position as of June 30, 2020 and 2019, the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Qlarant Quality Solutions, Inc. as of June 30, 2020 and 2019, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

RSM US LLP

Baltimore, Maryland
September 17, 2020

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Qlarant Quality Solutions, Inc.

Statements of Financial Position
June 30, 2020 and 2019

	2020	2019
Assets		
Current assets:		
Cash and cash equivalents	$ 7,563,615	$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Prepaid expenses and other current assets	110,065	137,699
Due from affiliate	3,698,487	1,954,059
Total current assets	20,918,111	19,393,802
Property and equipment, net	26,557	24,658
Deposits	27,073	27,073
Total assets	$ 20,971,741	$ 19,445,533
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued expenses	$ 221,792	$ 383,898
Accrued salaries and related expenses	413,346	534,318
Accrued vacation	593,860	619,385
Deferred rent	42,187	49,830
Provision for insurance claims	206,156	159,265
Reserve for contract loss	400,000	-
Note payable	901,800	-
Total current liabilities	2,779,141	1,746,696
Commitments and contingencies		
Net assets:		
Without donor restrictions	18,192,600	17,698,837
Total net assets	18,192,600	17,698,837
Total liabilities and net assets	$ 20,971,741	$ 19,445,533

See notes to financial statements.

Qlarant Quality Solutions, Inc.

Statements of Activities
Years Ended June 30, 2020 and 2019

	2020	2019
Contract revenue	$ 14,716,949	$ 18,920,045
Direct expenses:		
Labor	4,535,724	5,442,535
Annual and sick leave	693,263	876,077
Fringe benefits	2,009,085	2,176,374
Consultants:		
Legal and accounting	10,502	21,004
Other consultants	101,774	325,025
Review subcontractors	799,636	1,728,882
Travel	313,560	612,249
Equipment maintenance	3,357	9,405
Office supplies	8,137	14,943
Reproduction	19,906	41,957
Occupancy	585,877	690,142
Recruitment	1,158	3,086
Postage	26,380	24,308
Telephone	52,247	65,682
Meeting costs	10,779	13,601
Subscriptions	3,875	-
Advertising	-	6,750
Licenses, fees and dues	48,689	48,249
Total direct expenses	9,223,949	12,100,269
Indirect expenses:		
General and administrative	5,192,513	5,104,135
Total operating expenses	14,416,462	17,204,404
Operating income	300,487	1,715,641
Other income (expense):		
Intercompany cost transfers from related parties	-	75,674
Intercompany cost transfers to related parties	-	(904,776)
Other income	-	15,790
Investment income, net	193,276	190,448
Total other income (expense), net	193,276	(622,864)
Change in net assets	493,763	1,092,777
Net assets without donor restrictions:		
Beginning of year	17,698,837	16,606,060
End of year	$ 18,192,600	$ 17,698,837

See notes to financial statements.

Qlarant Quality Solutions, Inc.

Statement of Functional Expenses
Year Ended June 30, 2020

	Program					
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy	Total	General and Administrative	Total
Labor	$ 557,850	$ 3,942,366	$ 35,508	$ 4,535,724	$ 2,795,694	$ 7,331,418
Annual and sick leave	85,265	602,571	5,427	693,263	427,308	1,120,571
Fringe benefits	247,098	1,746,259	15,728	2,009,085	1,238,344	3,247,429
Consultants:						
Legal and accounting	-	10,502	-	10,502	6,473	16,975
Other consultants	98,048	3,726	-	101,774	62,731	164,505
Review subcontractors	-	799,636	-	799,636	-	799,636
Travel	2,733	310,779	48	313,560	193,270	506,830
Equipment maintenance	1,050	2,307	-	3,357	2,069	5,426
Office supplies	(76)	8,213	-	8,137	5,015	13,152
Reproduction	2,766	17,094	46	19,906	12,270	32,176
Occupancy	83,149	493,784	8,944	585,877	361,119	946,996
Recruitment	209	949	-	1,158	714	1,872
Postage	634	25,702	44	26,380	16,260	42,640
Telephone	672	51,470	105	52,247	32,204	84,451
Meeting costs	-	10,779	-	10,779	6,644	17,423
Subscriptions	-	3,875	-	3,875	2,388	6,263
Licenses, fees and dues	6,036	42,653	-	48,689	30,010	78,699
Total expenses	$ 1,085,434	$ 8,072,665	$ 65,850	$ 9,223,949	$ 5,192,513	$ 14,416,462

See notes to financial statements.

Qlarant Quality Solutions, Inc.

Statement of Functional Expenses
Year Ended June 30, 2019

	Program					
	Quality Improvement & Public Reporting	External Quality Review	Payment Accuracy	Total	General and Administrative	Total
Labor	$ 940,506	$ 4,330,838	$ 171,191	$ 5,442,535	$ 2,678,468	$ 8,121,003
Annual and sick leave	26,541	703,723	145,813	876,077	431,149	1,307,226
Fringe benefits	85,934	1,748,207	382,233	2,176,374	1,071,072	3,247,446
Consultants:						
Legal and accounting	-	21,004	-	21,004	10,337	31,341
Other consultants	215,802	108,955	268	325,025	159,956	484,981
Review subcontractors	-	1,453,217	275,665	1,728,882	-	1,728,882
Travel	11,482	595,950	4,817	612,249	301,310	913,559
Equipment maintenance	-	9,405	-	9,405	4,629	14,034
Office supplies	5,132	9,420	391	14,943	7,354	22,297
Reproduction	7,977	31,652	2,328	41,957	20,648	62,605
Occupancy	139,227	459,287	91,628	690,142	339,646	1,029,788
Recruitment	-	3,086	-	3,086	1,519	4,605
Postage	511	21,826	1,971	24,308	11,961	36,269
Telephone	922	80,668	4,092	85,682	32,325	98,007
Meeting costs	770	12,467	364	13,601	6,694	20,295
Advertising	6,750	-	-	6,750	3,322	10,072
Licenses, fees and dues	5,701	42,519	29	48,249	23,745	71,994
Total expenses	$ 1,427,255	$ 9,612,224	$ 1,080,790	$ 12,100,269	$ 5,104,135	$ 17,204,404

See notes to financial statements.

Qlarant Quality Solutions, Inc.

Statements of Cash Flow
Years Ended June 30, 2020 and 2019

	2020	2019
Cash flows from operating activities:		
Change in net assets	$ 493,763	$ 1,092,777
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	11,547	14,155
Net realized and unrealized gain on investments	(2,817)	(41,373)
Increase in reserve for contract loss	400,000	-
Changes in assets and liabilities:		
Decrease (increase) in:		
Accounts receivable	1,251,052	1,381,210
Prepaid expenses and other current assets	27,634	(5,245)
Due from affiliate	(1,744,426)	(1,149,895)
Deposits	-	41,892
(Decrease) increase in:		
Accounts payable and accrued expenses	(162,106)	(295,349)
Accrued salaries and related expenses	(120,972)	(475,250)
Accrued vacation	(25,525)	(28,574)
Deferred rent	(7,643)	(7,282)
Provision for insurance claims	46,891	5,528
Net cash provided by operating activities	167,396	532,594
Cash flows from investing activities:		
Purchases of property and equipment	(13,446)	(9,680)
Purchases of investments	(173,385)	(10,022,042)
Proceeds from sale of investments	2,517,775	-
Net cash provided by (used in) investing activities	2,330,944	(10,031,722)
Cash flows from financing activities:		
Proceeds from note payable	901,800	-
Net cash provided by financing activities	901,800	-
Net increase (decrease) in cash and cash equivalents	3,400,140	(9,499,128)
Cash and cash equivalents:		
Beginning of year	4,163,475	13,662,603
End of year	$ 7,563,615	$ 4,163,475
Supplemental schedule of noncash investing activities:		
Transfer of investments to satisfy due to affiliate	$ -	$ 4,032,536

See notes to financial statements.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies

Nature of activities: Qlarant Quality Solutions, Inc. (QQS or the Company) was formed as a Maryland Corporation and provisions of the Internal Revenue Code (IRC) in April 1973. QQS is a private, non-profit organization with the mission to create solutions that transform health and improve the quality of healthcare. QQS is a subsidiary of Qlarant, Inc. (Qlarant).

QQS works with healthcare providers across the continuum of care to create sustainable and cost-effective programs, improved care delivery processes and learning opportunities that improve patient outcomes.

A summary of QQS's significant accounting policies follows:

Basis of accounting: The accompanying financial statements have been prepared on the accrual basis of accounting, whereby revenue is recognized when earned and expenses are recognized when incurred.

Basis of presentation: The financial statement presentation follows the recommendations of the Financial Accounting Standards Board (FASB). As required by the Not-for-Profit Entities Topic of the FASB Accounting Standards Codification (ASC), QQS is required to report information regarding its financial position and activities according to two classes of net assets: net assets without donor restrictions and net assets with donor restrictions.

Net assets without donor restrictions are the net assets that are neither invested in perpetuity, nor purpose or time restricted by donor-imposed stipulations.

Net assets with donor restrictions are contributions whose use is limited by donor-imposed stipulations in perpetuity or that either expire by passage of time or can be fulfilled and removed by actions of QQS pursuant to these stipulations. Net assets may be restricted for various purposes, such as use in future periods or use for specified purposes. There were no net assets with donor restrictions at June 30, 2020 and 2019.

Revenue and cost recognition: Revenue from cost-reimbursed type contracts is recognized on the basis of reimbursable costs incurred during the period, plus the fee earned. Revenue from time-and-material contracts is recognized on the basis of hours worked, multiplied by billable rates provided, plus other reimbursable contract costs incurred during the period. Revenue from fixed-price type contracts is recognized based on deliverables met or percent of completion. Under this method, individual contract revenue earned is based upon the percentage relationship that contract costs incurred bear to management's estimate of total contract costs. QQS provides currently for all known or anticipated losses on contracts. QQS bills federal and state governments in conformity with government contract schedules. QQS defers the recognition of revenue when fees received from these government contracts are in advance of the services performed by QQS.

Cash and cash equivalents: Cash and cash equivalents include all cash balances and highly liquid debt instruments purchased with a maturity of three months or less and designated to fund operations.

Credit risk: QQS has deposits in a financial institution in excess of federally insured amounts. QQS has not experienced any losses in such accounts and management believes it is not exposed to any significant credit risk on cash.

Substantially all of QQS's accounts receivable and revenue are derived from prime contracts and subcontracts with U.S. federal and state agencies or commercial prime contractors thereof. All contract receivables are on an unsecured basis.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Accounts receivable: Accounts receivable are carried at their original invoice amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a monthly basis. QQS's ability to collect outstanding receivables from clients is critical to operating performance and cash flows. Typically, QQS's client agreements require monthly payments to mitigate such risk. Management determines the allowance for uncollectible accounts by regularly evaluating accounts receivable and considering the client's financial condition, credit history and current economic conditions. Accounts receivable are written off when deemed uncollectible. Recoveries of accounts receivable previously written off are recorded when received. Receivable balances are considered past due if any portion of the balance is outstanding for more than 90 days. Interest is not recorded on any past due receivables.

Unbilled receivables relate to contracts in which the work has been performed or changes in indirect rates though invoicing has not occurred. Generally, unbilled receivables relating to services performed will be billed within 12 months, while unbilled receivables relating to changes in indirect rates can, in some instances, only be billed as part of the contract close out phase.

Investments: Investment securities are carried at fair value. QQS invests in a professionally managed portfolio that contains fixed income securities. Accordingly, the change in unrealized appreciation or depreciation of marketable securities for the year is reflected in investment income, net in the statements of activities. Realized gains and losses on sales of investments are computed on a specific identification basis and are recorded on the settlement date of the transaction in investment income, net in the statements of activities. Cash, money market funds and certificates of deposit included in investments are carried at cost, which approximate fair value.

QQS invests in a professionally managed portfolio that contains government bonds, and money market funds. Such investments are exposed to various risks such as interest rate, market and credit. Due to the level of risk associated with such investments and the level of uncertainty related to changes in the value of such investments, it is at least reasonably possible that changes in risks in the near-term would materially affect investment balances and the amounts reported in the financial statements.

Property and equipment: QQS capitalizes all property and equipment purchases of $2,500 or more, and these assets are carried at cost. Depreciation is provided on the straight-line method over the estimated useful lives of the depreciable assets as follows:

Asset Description	Life (Years)
Leasehold improvements	*
Furniture, fixtures and office equipment	5-10
Computer hardware	2-5
Computer software	2-5

* Leasehold improvements are depreciated over the shorter of the lease term or estimated useful life.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Valuation of long-lived assets: QQS accounts for the valuation of long-lived assets under FASB ASC 360-10-15, Impairment or Disposal of Long-Lived Assets. This guidance requires that long-lived assets and certain identifiable intangible assets be reviewed for impairment whenever events or circumstances indicate that the carrying amount of an asset may not be recoverable. Recoverability of long-lived assets is measured by a comparison of the carrying amount of the asset to future undiscounted net cash flows expected to be generated by the asset. If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the estimated fair value of the assets. Assets to be disposed of are reported at the lower of the carrying amount or fair value, less costs to sell. Management determined that no impairment of long-lived assets existed at June 30, 2020 and 2019.

Deferred rent: Rent expense on operating leases is charged to operations on a straight-line basis over the term of the related leases. The difference between rent expense recognized and rental payments, as stipulated in the lease agreement, is reflected as deferred rent in the statements of financial position.

Functional allocation of expenses: The costs of providing various program and supporting activities have been presented on a detailed basis in the statements of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. Certain expenses are attributable to more than one program. Direct costs associated with specific programs are recorded as program expenses. Indirect expenses and fringe benefits are allocated to specific programs based on modified total direct costs and total labor dollars, respectively.

Income taxes: QQS is exempt from federal income taxes under Section 501(c)(3) of the IRC. Income which is not related to exempt purposes, less applicable deductions, is subject to federal and state corporate income taxes. QQS had no material unrelated business income for the years ended June 30, 2020 and 2019.

QQS adopted the accounting standard on accounting for uncertainty in income taxes, which addresses the determination of whether tax benefits claimed or expected to be claimed on a tax return should be recorded in the financial statements. Under this policy, QQS may recognize the tax benefit from an uncertain tax position only if it is more likely than not that the tax position would be sustained on examination by taxing authorities, based on the technical merits of the position. Management has evaluated QQS's tax positions and has concluded that QQS has taken no uncertain tax positions that require adjustment to the financial statements to comply with provisions of this guidance.

Generally, QQS is no longer subject to income tax examinations for the U.S. federal, state or local tax authorities for years before June 30, 2017.

Use of estimates: The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Indirect expenses: Indirect costs are billed to U.S. government and state agency contracts based on a provisional billing rate negotiated with the Department of Health and Human Services (HHS) who oversee the Centers for Medicare and Medicaid Services (CMS). Payments to QQS from HHS are provisional and subject to adjustment upon audit. QQS has been audited by HHS through 2016. During the years ended June 30, 2020 and 2019, QQS's indirect cost rates were calculated based on modified total direct cost.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Allocation of expenses/due from (to) affiliates: QQS incurs expenses associated with Qlarant, Qlarant Advisory Solutions, Inc. (QAS), Qlarant Foundation, Inc. (QF) and Qlarant Integrity Solutions, LLC (QIS), which are related entities. These expenses are allocated based upon allocation methodologies approved by the Defense Contractor Audit Agency (DCAA). The balance of these expenses which have not been repaid by related parties are included in due from affiliate in the statements of financial position. Payment of the balance is expected to occur during the year ending June 30, 2021. QQS received $75,674 of intercompany cost transfers from Qlarant for the year ended June 30, 2019. For the year ended June 30, 2019, QQS made intercompany cost transfers to Qlarant and QF totaling $904,776 to fund operations and investments in grants. There were no intercompany cost transfers made during the year ended June 30, 2020.

Reclassification: Certain 2019 amounts have been reclassified to conform to the 2020 presentation. These reclassifications have no effect on the previously reported net assets or change in net assets.

Recent accounting pronouncements: In May 2014, the FASB issued Accounting Standards Update (ASU) 2014-09, *Revenue from Contracts with Customers (Topic 606)*. This requires an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods and services to customers. ASU 2014-09 replaces most existing revenue recognition guidance in GAAP. The ASU also requires expanded disclosures relating to the nature, amount, timing and uncertainty of revenue and cash flows from contracts with customers. In June 2020, the FASB issued ASU 2020-05, *Revenue from Contracts with Customers (Topic 606) and Leases (Topic 842): Effective Dates for Certain Entities*. In the ASU, the FASB provided one-year effective date deferrals for certain entities. ASU 2014-09 is now effective for the fiscal year beginning July 1, 2020. QQS is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*. The guidance in this ASU supersedes the leasing guidance in Topic 840, *Leases*. Under the new guidance, lessees are required to recognize lease assets and lease liabilities on the statement of financial position for all leases with terms longer than 12 months. Leases will be classified as either finance or operating, with classification affecting the pattern of expense recognition in the statement of activities. A modified retrospective transition approach is required for lessees for capital and operating leases existing at, or entered into after, the beginning of the earliest comparative period presented in the financial statements, with certain practical expedients available. As a result of the aforementioned ASU 2020-05, ASU 2016-02 is now effective for the fiscal year beginning July 1, 2021. QQS is currently in the process of evaluating the impact of the new accounting guidance on its financial statements.

In June 2018, the FASB issued ASU 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This ASU clarifies the guidance for evaluating whether a transaction is reciprocal (i.e., an exchange transaction) or nonreciprocal (i.e., a contribution) and for distinguishing between conditional and unconditional contributions. The ASU also clarifies the guidance used by entities other than not-for-profits to identify and account for contributions made. When the Company is the resource provider, the ASU is applicable to contributions made beginning July 1, 2020. The impact of adopting ASU 2018-08 on the Company's consolidated financial statements for subsequent periods has not yet been determined.

Litigation: QQS has certain pending legal proceedings that generally involve employment issues. These proceedings are, in the opinion of management, ordinary routine matters incidental to the normal business conducted by QQS. In the opinion of management, such proceedings are substantially covered by insurance, and the ultimate disposition of such proceedings is not expected to have a material adverse effect on QQS's financial position, activities or cash flows.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 1. Nature of Activities and Significant Accounting Policies (Continued)

Uncertainties: On January 30, 2020, the World Health Organization declared the coronavirus (COVID-19) outbreak a "Public Health Emergency of International Concern" and on March 11, 2020, declared it to be a pandemic. Actions taken around the world to help mitigate the spread of the coronavirus include restrictions on travel, and quarantine in certain areas, and forced closures for certain types of public places and businesses. The coronavirus and actions taken to mitigate it have had and are expected to continue to have an adverse impact on the economies and financial markets of many countries. It is unknown how long these conditions will last and what the complete financial effect will be on QQS. The extent of the impact of COVID-19 on QQS's operations and financial performance are uncertain and cannot be predicted. Management is continually monitoring the impact of COVID-19.

Subsequent events: QQS has evaluated subsequent events through September 17, 2020, which is the date the financial statements were available to be issued.

Note 2. Liquidity and Availability

QQS is primarily supported by contracted service fees. As part of QQS's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. Further, QQS has a line of credit, as described in Note 6, available to meet any obligations due which would not be covered by available financial assets.

Financial assets available for general expenditures, that is, without donor or other restrictions limiting their use, within one year of the date of the statements of financial position, are comprised of the following as at June 30, 2020 and 2019:

	2020	2019
Cash and cash equivalents	$ 7,563,615	$ 4,163,475
Accounts receivable, net	1,824,102	3,075,154
Investments	7,721,842	10,063,415
Financial assets available to meet cash needs for general expenditures within one year	$ 17,109,559	$ 17,302,044

Note 3. Accounts Receivable

Accounts receivable, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Billed contract receivables	$ 2,242,478	$ 3,125,020
Unbilled contract receivables	544,866	913,376
	2,787,344	4,038,396
Less allowance for doubtful accounts	(963,242)	(963,242)
	$ 1,824,102	$ 3,075,154

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 4. Property and Equipment

Property and equipment, net consists of the following at June 30, 2020 and 2019:

	2020	2019
Leasehold improvements	$ 43,428	$ 43,428
Furniture and fixtures	96,168	96,168
Office equipment	32,732	19,286
Computer hardware	7,418	7,418
	179,746	166,300
Less accumulated depreciation	(153,189)	(141,642)
	$ 26,557	$ 24,658

Depreciation was $11,547 and $14,155 for the years ended June 30, 2020 and 2019, respectively.

Note 5. Investments

In March 2019, pursuant to a plan approved by the Board of Directors, QQS purchased investments with available cash.

Investments consist of the following at June 30, 2020 and 2019:

	2020		2019	
Description	Cost	Fair Value	Cost	Fair Value
Cash and money market funds	$ 2,680,724	$ 2,680,724	$ 2,544,494	$ 2,544,494
Government bonds	5,058,023	5,041,118	7,480,020	7,518,921
	$ 7,738,747	$ 7,721,842	$ 10,024,514	$ 10,063,415

Investment income consists of the following for the years ended June 30, 2020 and 2019:

	2020	2019
Interest and dividends, net of fees	$ 190,459	$ 149,075
Net realized and unrealized gain on investments	2,817	41,373
	$ 193,276	$ 190,448

Note 6. Revolving Note Agreement

Qlarant, along with its subsidiaries QQS, QAS, QF and QIS, has a revolving note agreement with a financial institution, which is collateralized by QQS's accounts receivable and certain receivables of its affiliates. Under the agreement, Qlarant may borrow up to $7,500,000 at the one-month London Interbank Offered Rate (LIBOR) plus 1.75% (1.91% and 4.19% at June 30, 2020 and 2019, respectively). As of June 30, 2020 and 2019, there were no outstanding borrowings on the revolving note agreement. The revolving note agreement expires in October 2020, and is subject to certain financial covenants.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 7. Employee Benefit Plans

QQS participates in a defined contribution pension plan, the Quality Health Strategies Money Purchase Pension Plan, covering substantially all of its employees. QQS contributes 10% of each covered employee's eligible compensation, including eligible bonuses and excluding compensation paid for vacation time earned but not taken as vacation. Participants are prohibited from making contributions. Employees hired on or after July 1, 2003, are eligible after one full calendar year of service and vest at a rate of 25% annually over the four years following entry into the pension plan. Employer contributions were $505,901 and $586,330 for the years ended June 30, 2020 and 2019, respectively.

QQS also has a 403(b) plan, where eligible employees may contribute up to 100% of compensation up to the federal limit.

Note 8. Leases

QQS leases property and equipment for its program services and for its office space under operating lease agreements with various expiration dates through July 2023. The future minimum rental commitments under non-cancelable operating leases noted below represent expenses that are owed directly by QQS. Rent expense, including portions allocated to indirect costs, was $298,702 and $379,760 for the years ended June 30, 2020 and 2019, respectively.

The future minimum lease payments at June 30, 2020, are as follows:

Years ending June 30:	
2021	$ 295,234
2022	175,068
2023	160,321
2024	7,091
	$ 637,714

Note 9. Medical Benefit Self-Insurance Program

QQS is self-insured for employee health insurance claims. The Plan has an annual stop-loss coverage of $75,000 per claim. Plan expenses include claims incurred, as well as management's estimates of claims incurred but not reported. At June 30, 2020 and 2019, the portion of the accrual for claims incurred but not yet reported allocated to QQS by Qlarant based on covered employees was $206,156 and $159,265, respectively, and the related expense was $1,026,829 and $1,011,366, respectively, which is recorded as a component of fringe benefits in the statements of activities.

Note 10. Fair Value Measurements

QQS has adopted guidance issued by the FASB which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date and sets out a fair value hierarchy. The fair value hierarchy gives the highest priority to quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Inputs are broadly defined as assumptions that market participants would use in pricing an asset or liability. The three levels of the fair value hierarchy are described below:

Level 1: Unadjusted quoted prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date. The types of investments included in Level 1 include listed mutual funds.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 10. Fair Value Measurements (Continued)

Level 2: Inputs other than quoted prices within Level 1 that are observable for the asset or liability, either directly or indirectly; and fair value is determined through the use of models or other valuation methodologies. Investments which are generally included in this category include certificates of deposit, corporate loans, less liquid, restricted equity securities and certain corporate bonds and over-the-counter derivatives. A significant adjustment to a Level 2 input could result in the Level 2 measurement becoming a Level 3 measurement.

Level 3: Inputs are unobservable for the asset or liability and include situations where there is little, if any, market activity for the asset or liability. The inputs into the determination of fair value are based upon the best information in the circumstances and may require significant management judgment or estimation. In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases an investment's level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement. QQS's assessment of the significance of a particular input to the fair value measurement in its entirety requires judgment and considers factors specific to the investment.

The following section describes the valuation techniques used by QQS:

Level 1: QQS has no Level 1 financial instruments as of June 30, 2020 or 2019.

Level 2: Observable market based inputs or unobservable inputs corroborated by market data at the measurement date.

Level 3: QQS has no Level 3 financial instruments as of June 30, 2020 or 2019.

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2020:

	Total	Level 1	Level 2	Level 3
Government bonds	$ 5,041,118	$ -	$ 5,041,118	$ -
Total	$ 5,041,118	$ -	$ 5,041,118	$ -

The table below presents the balances of assets and liabilities measured at fair value on a recurring basis by level within the hierarchy as of June 30, 2019:

	Total	Level 1	Level 2	Level 3
Government bonds	$ 7,518,921	$ -	$ 7,518,921	$ -
Total	$ 7,518,921	$ -	$ 7,518,921	$ -

The fair value hierarchy excludes cash and money market funds as they are generally measured at cost, which approximates fair value. As such, $2,680,724 and $2,544,494 of cash and money market funds held in QQS's investment portfolio at June 30, 2020 and 2019, respectively, have been excluded from this table.

Qlarant Quality Solutions, Inc.

Notes to Financial Statements

Note 11. Note Payable

QQS applied for and received a loan (the Loan) of $901,800 from Truist Bank on April 23, 2020, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which was enacted March 27, 2020. The interest rate is 1.0% per annum, payable monthly commencing on November 23, 2020. The loan is guaranteed by the Small Business Administration and matures on April 23, 2022. There is no application or other fees associated with this Loan. Proceeds may be used to pay compensation and benefit costs in order to retain workers and to make mortgage interest payments, lease payments, and utility payments. QQS intends to use the entire Loan amount for qualifying expenses. Under the terms of the Loan, some or all of the Loan may be forgiven if the funds are used for qualifying expenses as described in the CARES Act. As a result, QQS has reflected this Loan as a current liability on the statement of financial position. The Loan may be prepaid at any time without penalty.

Appendix 2: Qlarant Quality Solutions, Inc. Proposed Nebraska Team Resumes

Qlarant submits the following resumes of our proposed Nebraska EQR team.

[redacted], BSN, RN, CPHM

Project Role: EQR Director

Qualification Highlights

[redacted] has worked with State Medicaid and Children's Health Insurance Program (CHIP) managed care programs on external quality review (EQR) activities since 2016. She provides oversight for multiple EQR contracts and ensures client satisfaction with quality and timely [redacted] has held multiple management level postions with Qlarant and a long-term care facility. She provides effective leadership for the EQR team and ensures compliance with our Quality Management System. She interfaces with shared services including contracts, finance, human resources, and information technology. [redacted] is supported by senior management including Qlarant's Senior Vice President and Chief Executive Officer. Her EQR experience includes conducting performance improvement project reviews, compliance reviews, clinical focused studies, encounter data validation (EDV), and medical record review (MRR) activities. She dedicates her more than 29 years of experience in health care and human services to helping states succeed. [redacted] is a Registered Nurse and a Certified Professional in Health Care Management (CPHM).

EDUCATION

Bachelor of Science in Nursing, Wilmington University, Wilmington, DE

Associate of Science, Chesapeake College/MGW Nursing School, Wye Mills, MD

CERTIFICATIONS & PROFESSIONAL LICENSES

Certified Professional in Healthcare Management

Registered Nurse in Maryland

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing
- ✓ Knowledge of and access to industry standards, tools, and data[2]

[2] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

Relevant Experience

2011 - Present **Qlarant Quality Solutions, Inc., Easton, MD**

2020 - Present *External Quality Review, Project Director*

Provides daily oversight and management of the North Dakota Medicaid Expansion EQR contract. Completes contract and project planning, implementation, and management activities to ensure compliance with EQR protocols. Ensures quality and timely deliverables for all EQR contracts. Maintains working knowledge of customer needs, budget management, and resource requirements. Responsible for overall direction, coordination, and evaluation of the team. Carries out supervisory responsibilities in accordance with Qlarant's policies and applicable laws.

2017 - 2020 *External Quality Review, Project Manager II*

Provided daily oversight and management of the North Dakota Medicaid Expansion and North Dakota CHIP EQR contracts. Completed project planning, implementation, and management of contract deliverables. Provided guidance to managed care organizations (MCOs)/prepaid ambulatory health plans (PAHPs) during onsite reviews regarding policy revisions and development in an effort to meet and/or maintain regulatory compliance and identify program vulnerabilities. Assisted MCOs/PAHPs with meeting and/or sustaining compliance with regulatory standards. Provided clinical support including conducting MRRs for EQR tasks. Carried out supervisory responsibilities in accordance with Qlarant's policies and applicable laws.

2016 - 2017 *External Quality Review, Project Manager I*

Provided daily oversight and management of the North Dakota Medicaid Expansion and North Dakota CHIP EQR contracts. Completed project planning, implementation, and management of contract deliverables. Provided guidance to MCOs/PAHPs during onsite reviews regarding policy revisions and development in an effort to meet and/or maintain regulatory compliance and identify program vulnerabilities. Assisted MCOs/PAHPs with meeting and/or sustaining compliance with regulatory standards. Provided clinical support including conducting MRRs for Early and Periodic Screening, Diagnostic, and Treament, EDV, and clinical quality focused studies.

2016 *External Quality Review, Quality Improvement Coordinator II*

Conducted EQR tasks, including MRR activities. Demonstrated knowledge of EQR protocols and policies. Alerted the Project Manager and/or Director of process concerns and any updates related to projects/tasks. Developed and fostered relationships with customers, team members, and ancillary departments within Qlarant. Identified opportunities to improve processes and procedures and used quality improvement techniques to continuously improve processes.

2011 - 2016 *Maryland Medical Assistance Contract, Review Associate II*

Performed comprehensive review of medical records to determine medical necessity, appropriateness of utilization level of care, continued stay, and/or coding and quality

issues in accordance with pre-established criteria. Conducted reviews prior to nursing facility admission, concurrently and retrospectively. Used Interqual, an evidenced-based clinical decision support program, to perform acute care hospital reviews. Referred all potential adverse decisions to the Medical Director. Completed medical eligibility reviews for Chronic Hospital, Pediatric Chronic Hospitals, Acute Hospitals, Community Waivers, and Long Term Care Facilities.

1991 - 2011 **Caroline Nursing & Rehabilitation Center, Inc., Denton, MD**
2001 - 2011 *Quality Assurance Coordinator/Nursing Supervisor*
Ensured compliance with Office of Healthcare Quality through annual survey. Developed the Quality Assurance Plan and managed the program. Directed all in-service educational programs throughout the facility. Managed the Infection Control Program and Wound Program for the facility. Gathered and transmitted data for the purposes of adherence to the Minimum Data Set and Resident Assessment Instrument requirements. Promoted residents' quality of care, to include individuality, safety, wellness, satisfaction, and dignity.

2000 - 2001 *Medical Records Manager*
Managed the medical records program and ensured compliance with policies and procedures.

1991 - 1999 *Secretary/Receptionist*
Completed administrative tasks. Supervised and assigned duties to four relief receptionists.

Professional References

Name: Jodi Hulm, North Dakota Department of Human Services
Address: 600 East Boulevard Avenue, Dept. 325
City, State, Zip: Bismarck, ND 58505-0250
Phone: 701-328-2323
Email: jmhulm@nd.gov

Name: Stephanie Waloch, North Dakota Department of Human Services
Address: 600 East Boulevard Avenue, Dept. 325
City, State, Zip: Bismarck, ND 58505-0250
Phone: 701-328-1705
Email: swalock@nd.gov

Name: Yvonne Rosenberg, Sanford Health Plan
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[redacted], MS

Project Role: Nebraska Project Manager

Qualification Highlights

[redacted] dedicates eight years of relevant experience to helping states succeed. Four of her eight years of experience were concentrated in quality improvement and compliance for a developmental disabilities program at a previous organization. Since joining Qlarant, her responsibilities as an external quality review (EQR) Project Manager include conducting performance improvement projects (PIPs), compliance reviews (CRs), annual technical reports (ATRs), and technical writing. She manages assigned projects across multiple contracts. [redacted] currently assists a skilled nursing facility with developing and implementing a quality plan. She conducts root cause analyses and provides the facility with technical assistance on corrective actions. [redacted] is expecting to obtain her Certified Professional in Healthcare Quality (CPHQ) in the fall of 2020.

[redacted] responsibilities will include implementing and operating contract requirements, including all tasks and deliverables. Her knowledge and experience in EQR activities and Medicaid programs will assist her in completing contract responsibilities. [redacted] work as Project Manager completing PIPs, CRs, and ATRs, in addition to her contributions in technical writing, expands her EQR expertise. Her combined experience contributes to population expertise across managed care programs. She dedicates her collective population and activity experience to helping MCOs/PAHPs, as she implements and manages the Nebraska EQR activities.

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis

EDUCATION

MS, Management – Health Care Administration, University of Maryland Global Campus

BA, Psychology, Hood College

CERTIFICATION

Certified Professional in Healthcare Quality – *expecting to obtain in fall 2020*

- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing
- ✓ Knowledge of and access to industry standards, tools, and data[3]

Relevant Experience

2019 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2020 – Present *External Quality Review Project Manager II*
Provides general contract oversight and approves final deliverables to submit to clients. Completes EQR tasks including PIP validation, CRs, and ATRs. Conducts technical writing and participates as a peer reviewer. Manages a Delaware skilled nursing facility contract and provides technical assistance to the Quality Administrator. Facilitates quality improvement initiatives, and reviews and montiors corrective action plans. Carries out supervisory responsibilities in accordance with Qlarant's policies and applicable laws.

2019 – 2020 *External Quality Review Project Manager I*
Managed timelines and resources for assigned projects. Completed EQR tasks including PIP validation, CRs, and ATRs. Conducted technical writing and participated as a peer reviewer. Managed a Delaware skilled nursing facility contract and provides technical assistance to the Quality Administrator. Facilitated quality improvement initiatives, and reviewed and monitored corrective action plans.

2012 - 2019 **Benedictine Programs and Services, Ridgely, MD**
2017 - 2019 *Quality Assurance Specialist - Compliance Department*
Specifically selected as the subject expert to develop the Compliance Department. Developed 10+ institutional internal audits and reviews from the ground up to ensure regulatory compliance and business resource efficiencies. Identified and confirmed organizational inefficiencies and errors and provided recommendations to senior leadership. Collaborated with all departments throughout the organization to collect data and ensure compliance and implementation of corrective actions. Managed and provided oversight of the quality assurance and improvement program for 130+ clients. Served as the primary contact during external monitoring visits from licensing and certifying agencies. Developed and submitted plans of correction if deficiencies were identified. Developed an annual Developmental Disabilities Administration quality enhancement plan, monitored progress, and submitted a year-end evaluation. Accomplished unique projects as assigned by the Compliance Director. Projects included development and implementation of organization-wide policies and procedures; investigation of suspected cases of fraud, waste, and abuse; and development of training topics. Conducted new and existing staff education.

[3] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

2015 - 2017 *Quality Assurance Specialist - Adult Services Department*
Facilitated all reviews by external regulating agencies, including the Office of Health Care Quality, and submitted corrective action plans to address noncompliance and areas of deficiency. Completed an annual quality assurance plan, monitored and tracked goals, and collected and compiled results. Served as the agency-wide incident reporting manager and was responsible for training staff, and receiving, reviewing, and ensuring follow up of reported incidents.

2012 - 2015 *Program Coordinator - Adult Services Department*
Served as the primary advocate for 21 clients, and coordinated meetings between clients, agency and state personnel, and families. Supervised, counseled, advised, and provided performance management to residential group-home staff. Planned, coordinated, and executed special events and activities while maintaining budgets.

Professional References

Name: Courtney Stewart
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Phone: 302-857-4633
Email: Courtney.Stewart@delaware.gov

Name: Brie Wyatt
Address: 100 Delaware Veterans Boulevard
City, State, Zip: Milford, DE 19963
Phone: 302-424-8512
Email: Brie.Wyatt@delaware.gov

Name: Will Mulock
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City, State, Zip: Ridgely, MD 21660
Phone: 410-634-2115 ext. 1270
Email: Will.Mulock@benschool.org

[redacted], MBA, PMP, CPHQ

Project Role: Performance Measure Manager

Qualification Highlights

[redacted] has worked with state Medicaid managed care programs on external quality review (EQR) activities since 2002. She dedicates her 34+ years of project management and analytic experience in health care quality and insurance to helping states succeed. Since joining Qlarant's EQR team in 2002, [redacted] manages performance measure validation (PMV) processes across multiple EQR contracts and serves as the PMV subject matter expert. She led and participated in Healthcare Effectiveness Data and Information Set (HEDIS) and Consumer Assessment of Healthcare Providers and Systems audits for Medicaid, Medicare, and commercial organizations as a Certified HEDIS compliance auditor from 2008-2015. She also participates in the development and analysis of the quality rating system and value-based purchasing initiatives. [redacted] currently holds professional designations in Project Management and Healthcare Quality as a PMP and CPHQ, respectively. Her certifications and experience contribute to her extensive knowledge and experience working with nationally recognized performance measures and developing client-specific measures. Utilizing her extensive experience, she recommends methodologies to enhance performance measure results.

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes

EDUCATION

MBA, Business Administration, St. Mary's University

BAA, Business Administration Management/Marketing, University of San Antonio

CERTIFICATIONS & PROFESSIONAL ASSOCIATIONS

Certified HEDIS Compliance Auditor (CHCA)

Certified Professional in Healthcare Quality (CPHQ) Present

Certified Project Management Professional (PMP) Present

NCQA Facilitating PCMH Recognition Seminar 2013

NCQA HEDIS Update and Best Practices Seminar 2009

TRAINING

NCQA Patient Centered Medical Home, 2013

MLC Medicaid Basics Module, 2010

- ✓ EQR technical report writing
- ✓ Knowledge of access to industry standards, tools, and data[4]

Relevant Experience

2002 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2008 - Present *Project Manager, Performance Measure Validation*
Provides oversight of PMV activities across EQR contracts. Conducts PMV audits for Medicaid and Children's Health Insurance Program (CHIP) Managed Care Organizations (MCOs). Manages tasks to meet audit and reporting timelines. Writes technical reports. Provides technical assistance to States and MCOs regarding performance measures and assessments of information system capabilities, and provides expertise to Medicaid MCOs who have measure calculation or information system issues. Participates in other EQR activities such as compliance reviews and performance improvement project validations. Led HEDIS audits for Medicare, Medicaid, and commercial MCOs from 2008-2015 as a Certified HEDIS Compliance Auditor.

2002 - 2008 *Senior Health Analyst*
Developed data strategies for quality improvement and focused clinical studies. Conducted and reported results from HEDIS and performance measure analysis. Contributed to study design, data analysis, and report writing.

2001 - 2002 **Harte-Hanks CRM Marketing Analytics, Billerica, MA**
Senior Database Marketing Analyst
Planned and conducted marketing analysis for clients in health care, financial services, and retail and pharmaceutical industries. Presented insights and recommendations to clients on a regular basis.

1998 - 2000 **Blue Cross Blue Shield, Orlando, FL**
Senior Health Care Data Analyst/Programmer
Developed programs and databases for use by internal and external users. Analyzed provider networks and claims utilizations for geographic region. Generated financial impact studies and reports for contract settlements. Programmed, analyzed, and distributed quarterly provider incentive plan reports.

1990 - 1997 **USAA Life Insurance Company, San Antonio, TX**
1991 - 1997 *Marketing Research Analyst*

[4] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

Programmed and analyzed data from various marketing campaigns for effectiveness for life and health products. Managed large scale projects that involved focus groups, pilot tests, development of promotional messages, and identified target audiences.

1990 - 1991 Marketing Research Coordinator
Generated member files for direct mail campaigns. Managed data tables associated with new programs.

Professional References

Name: Kathy Koontz
Address: 2716 NE 9th Avenue
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Name: Ross Segel
Address: 429 Centerfield Parkway West
City, State, Zip: Dundee, IL 60118
Phone: 585-746-9640
Email: rosssegel@yahoo.com

Name: Nada Soussou
Address: 29 Michael Way
City, State, Zip: Andover, MA 01810
Phone: 617-290-6232
Email: nsoussou10@gmail.com

[redacted], BMus, LSSYB

Project Role: Quality Improvement Coordinator

Qualification Highlights

[redacted] dedicates ten years of health care related experience to helping states succeed. Since joining the external quality review (EQR) team in 2017, she has performed various EQR activities across all contracts, which include, but are not limited to, participating in performance measure validation (PMV), performance improvement projects (PIPs), and compliance reviews (CRs); completing secret shopper calls for network adequacy validation; managing medical records; ensuring quality deliverables with validations; and developing scoring tools for EQR tasks. Prior to joining EQR, she was a National Benefit Integrity Medicare Drug Integrity Contractor (NBI MEDIC) customer complaint specialist. In this position, she researched complaints related to fraud, waste, and abuse in Medicare Part C and D programs, and also helped redirect other types of complaints to the appropriate government agencies or insurance plans. [redacted] completed Healthcare Effectiveness Data and Information Set® training through the National Committee for Quality Assurance and running large-scale improvement initatives thorugh the Institute for Healthcare Improvement. She is a Certified Lean Six Sigma Yellow Belt (LSSYB).

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing

EDUCATION

BMus, Music Performance, University of Central Arkansas

TRAINING

Running Large Scale Improvement Initiatives, Institute for Healthcare Improvement

Introduction to HEDIS, National Committee for Quality Assurance

CERTIFICATION

Certified Lean Six Sigma Yellow Belt

- ✓ Knowledge of and access to industry standards, tools, and data[5]

Relevant Experience

2017 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2017 - 2020 *Quality Improvement Coordinator I*
2020 - Present *Quality Improvement Coordinator II*
Conducts PMV reviews across contracts. Participates and provides medical records management for the following tasks: encounter data validation and Early and Periodic Screening, Diagnostic, and Treatment. Conducts technical report writing, analyses, and assists in timely completion of quality deliverables. Serves as subcontractor liaison between Qlarant and its subcontractors. Collaborated with CR, grievance, appeals, and denials, PMV, and PIP workgroup leaders in developing in-house tools to automate assessments and calculations to streamline each review process across all contracts.

2016 - 2017 **Qlarant Integrity Solutions, Inc., Easton, MD**
2016 - 2017 *National Benefit Integrity MEDIC Customer Complaint Specialist*
Initiated, evaluated, and researched complaints to detect and prevent fraud, waste, and abuse in the Part C and Part D Medicare programs on a national level. Communicated with external customers including beneficiary, other individual complainants, representatives from the Senior Medicare Patrol, Plan Sponsors, and Centers for Medicare and Medicaid Services by answering NBI hotlines. Developed a tool to improve the durable medical equipment license verification process.

2012 - 2014 **Exeter Regional Hospital – Ctr. for Sleep Disorder, Exeter, NH**
Patient Service Representative II
Provided administrative support to clinical staff, which involved scheduling office visits and testing, performing billing responsibilities, checking Medicaid eligibility, handling insurance and provider referrals, and managing electronic medical records. Testing types included Polysomnogram, CPAP and BiPAP titration studies, and EEG. Streamlined overall office functions and processes. Improved customer service and relations with referring provider offices, which resulted in positive growth for the sleep center.

2011 - 2012 **Whole Life Health Care, LLC, Newington, NH**
Medical Record Coordinator/Administrative Assistant
Managed the medical record room for the facility. Provided administrative tasks to the primary care nurse practitioners in day-to-day operations, which included scheduling appointments, handling insurance referrals, and collecting copays.

[5] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys.

2009 - 2011 Stephen A. Moore LLC, Ophthalmologist, Great Barrington, MA
Medical Secretary/ Visual Field Technician
Provided administrative support to the ophthalmologist in day-to-day operations, which included scheduling appointments, obtaining referrals, collecting copays, billing insurance claims, and ordering contact lenses. Performed visual field exams for glaucoma patients.

Professional References

Name: Ross Segel
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Name: Melanie Sirni
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Phone: 301-730-3029
Email: melsfelix9@myactv.net

[redacted], BS, CQIA

Project Role: Analyst

Qualification Highlights

[redacted] dedicates over 32 years of experience with data collection, statistical analysis, and survey design to helping states succeed. She possesses significant expertise gained from working with extensive time series datasets and complex population dynamics. Her external quality review (EQR) experience includes encounter data validation (EDV), network adequacy validation (NAV), performance improvement project (PIP), and quality rating system activities, and annual technical report analysis. Specifically concerning the quality rating system/consumer report card scope of work, she develops methodologies, prepares files, conducts calculations and analysis, validates, and identifies ratings. She also participates in value-based purchasing analysis and validation activities. [redacted] completed improvement capability training through the Insititute for Healthcare Improvement. She will utilize her certification as a Quality Improvement Associate (CQIA) to enhance Nebraska EQR activities and advance health initiatives.

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing

EDUCATION

Bachelor of Science, Marine Science & Biology, Jacksonville University

CERTIFICATIONS

Certified Quality Improvement Associate (CQIA)

TRAINING

Improvement Capability, Institute for Healthcare Improvement

TECHNICAL EXPERTISE

Languages: R, SAS

Data Visualization & Data Analysis: SAS, SAS Enterprise Guide

Tools & Software: PowerBI, ArcGIS, Microsoft Excel, MS Access, MS Word, MS PowerPoint

Statistics: Regression Models (Logistic, Linear, Support Vector), Time series Analysis, Hypothesis testing, A/B testing

Office tools: Microsoft Office Suite

- ✓ Knowledge of and access to industry standards, tools, and data[6]

Relevant Experience

2018 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2019 - Present *External Quality Review, Senior Data Analyst*
2018 - 2019 *External Quality Review, Data Analyst*
Provides data analysis for all aspects of EQR projects, including EDV, NAV, PIP, and performance measurement using SAS, R, Access, Excel, and data visualization with Power BI and ArcGIS. Assists with sample design to ensure data collected is accurate and representative. Uses various analytical methods to validate data and assess improvement in performance and regulatory compliance. Supports all projects with report writing and graphics.

1988 - 2017 **Maryland Dept. of Natural Resources, Annapolis, MD**
2009 - 2017 *Program Manager - Blue Crab Program*
Managed the blue crab resource in the Maryland portion of the Chesapeake Bay and Coastal Bays of the Atlantic Ocean through scientific investigation, modern application of data, and sustainable fisheries management. Coordinated with multi-jurisdictional Chesapeake Bay partners to provide Bay-wide protection for this key resource supporting a valuable commercial and recreational fishery. Responsible for overseeing the program budget, which included large, multimillion-dollar federal grants.

Supervised staff to ensure multiple field surveys and resulting data analysis, used as the foundation of the management process, were completed accurately and efficiently. Included data entry, quality control, and analysis of large databases resulting from the Bay wide Winter Dredge Survey, Cooperative Blue Crab Data Collection Program, and Summer Trawl Survey.

Worked closely with representatives of the commercial industry to develop a daily electronic harvest reporting system. The system would facilitate improved confidence in data accuracy which could allow the commercial industry additional flexibility to operate with more efficiency and profitability.

1988 - 2009 *Fisheries Biologist - Blue Crab Program*
Collected and analyzed data from both fishery dependent and independent surveys in Maryland's portion of the Chesapeake Bay. Helped develop new surveys to fill data gaps to provide better information for the management of the Bay's blue crab resource. This required management of large databases using software such as SAS, Access, and Excel. Coordinated with other Bay jurisdictions on data analysis and report writing.

[6] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

1983 - 1988 Harbor Branch Oceanographic Institute, Fort Pierce, FL
Research Assistant, Division of Applied Biology
Conducted macro algae aquaculture research on the production of food grade agar from Gracilaria verrucosa (G-16). Published study results: Daugherty, B.K. and Bird, K.T., 1988. Salinity and temperature effects on agar production from Gracilaria verrucosa Strain G-16. Aquaculture, 75: 105-113.

Professional References

Name: Thomas O'Connell, USGS Leetown Science Center and Patuxent Wildlife Research Center
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Phone: 304-620-3759
Email: Toconnell@usgs.gov

Name: Lynn Fegley, Maryland Department of Natural Resources
Address: 580 Taylor Avenue, B2
City, State, Zip: Annapolis, MD 21401
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Email: Lynn.Fegley@maryland.gov

Name: Verna Harrison, Verna Harrison Associates
Address: P.O. Box 587
City, State, Zip: Arnold, MD 21012
Phone: 410-562-9840
Email: vharrison@vernaharrison.com

[redacted], MFA

Project Role: Technical Writer & Editor

Qualification Highlights

[redacted] dedicates nine years of relevant experience to helping states succeed. Since joining Qlarant in 2017, she has written and edited reports across multiple external quality review (EQR) contracts and has developed knowledge in health care quality assurance and improvement. [redacted] has additionally developed expertise with Section 508 compliance for annual technical reports (ATRs).

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing
- ✓ Knowledge of and access to industry standards, tools, and data[7]

EDUCATION

MFA, Writing,
Hamline University,
Saint Paul, MN

BA, English, Roanoke College, Cum Laude,
Salem, VA

TRAINING

508 Compliance Training in Document Remediation

[7] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

Relevant Experience

2017 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
EQR Technical Writer/Editor
Provides editorial advice and guidance for content development and report finalization across EQR contracts. Ensures quality and timely peer reviewed deliverables. Assists in final formatting and presentation of assorted communication materials with the Mailroom and Production Office. Ensures Section 508 compliance for ATRs. Conducts technical writing trainings for EQR staff.

2016 - 2017 **Purdy Group, LLC., Cambridge, MD**
Research and Proposal Assistant
Researched government contract opportunities and proposals. Organized, summarized, and presented weekly findings. Provided office support and editorial guidance.

2013 - Present **Hamline University, Saint Paul MN**
2016-Present *Mentor for the Minnesota Prison Writing Workshop*
Reviews and critiques mentee submissions. Provides commentary including strengths, weaknesses, opportunities for improvement, and ideas and exercises for revision and suggested reading.

2013 - 2016 *Editorial Intern of Water~Stone Review: An Annual National Journal*
Provided editorial review assistance to critique submissions sent to the publication. Editorial advice included strengths, weaknesses, and analysis of current submissions in the context of the publication's history and reputation.

2013 *Editorial Board Member of Water~Stone Review: An Annual National Journal*
Completed a voluntary course about writing and submitting for literary journals and magazines. Course members were editorial fiction board members who read and critiqued works submitted for inclusion to *Water~Stone Review*.

2011 - 2012 **Roanoke College, Salem, VA**
2011 - 2012 *Managing Editor of Roanoke Review: An Annual National Journal*
Managed day-to-day activities and organized editorial content for the literary journal, *Roanoke Review*. Assisted with reviewing submissions to the publication and served as a liaison while working collaboratively with the Editor, editorial board, and writers.

2011 - 2012 *Editor of On Concept's Edge: Roanoke College Student Literary Magazine*
Managed editorial board, content critique resources, and production processes for student literary magazine publication, *On Concept's Edge*, with student team assistance. Provided editorial review all four years of college. Published two poems in the 2011-2012 publication.

Professional References

Name: Dwayne Eutsey
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Name: Tori Abbott
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Name: Patricia Newcomb
Address: 5530 Whitehall Road
City, State, Zip: Cambridge, MD 21613
Phone: 410-251-7888
Email: pnewcom58@gmail.com

[redacted], BS, CHES

Project Role: Operations Coordinator

Qualification Highlights

[redacted] dedicates over three years of health care experience, including community patient experience, to helping states succeed. Her knowledge and capabilities include health literacy and communication in analyzing and designing effective media campaigns to increase health literacy and access to health information. [redacted] community research experience includes conducting a needs assessment to address childhood obesity and development of a nutrition plan and interventions for adolescents. Since joining the external quality review (EQR) team in 2020, [redacted] has assisted with medical record management activities, completed secret shopper calls for network adequacy validation (NAV), and validated data for deliverables. She provides administrative support across quality and performance improvement activities for state contracts. She collaborates among the EQR team to plan and develop strategies to meet and exceed contract objectives, enhance workflows, and ensure activities meet deadlines. [redacted] holds a Health Education Specialist certification (CHES).

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing
- ✓ Knowledge of and access to industry standards, tools, and data[8]

EDUCATION

BS, Community Health, Salisbury University

Associates of Arts, Liberal Arts and Sciences, Chesapeake College

CERTIFICATIONS & PROFESSIONAL LICENSES

Certified Health Education Specialist (CHES)

Current CPR Certification

TRAINING

Community Based Participatory Research (CBPR), University of Michigan

[8] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

Relevant Experience

2020 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2020 - Present *External Quality Review Operations Coordinator*
Conducts medical record management activities, including file/record reviews. Participates in compliance review activities, including evaluation of compliance with federal and state requirements. Provides support with preparing deliverables for review, including population of tables and data validation to ensure accurate results. Conducts secret shopper survey calls for the NAV tasks. Strategizes to enhance workflows for deliverables and meet and exceed deadlines and client requirements.

2017 - 2020 **Chesapeake Medical Solutions, Cambridge, MD**
Patient Care Representative
Provided front-line customer service to community members, various community employers, and up to about 60 patients a day. Communicated directly with doctors and nurse practitioners to ensure correct patient information. Upheld responsibility for adhering to timelines, such as registering a patient in five minutes or less. Maintained detailed patient accounts by obtaining, recording, and updating personal and financial information in an electronic health record system by close of business. Followed and adhered to company policies, procedures, Health Insurance Portability and Accountability Act privacy regulations, and Occupational Safety and Health Administration standards. Conducted clinic opening and closing procedures, managed clinic assets, and balanced financial transactions.

2019 - 2020 **Salisbury University, Salisbury, MD**
Project K.I.S.S. II (Keep It Sexually Safe) Peer Health Educator
Managed a table at the university focused on decreasing sexually transmitted infections and increasing overall awareness. Utilized social media to communicate health statistics and information to students while remote. Developed and coordinated unique events on campus to promote and increase awareness.

Relevant Research

2019 - 2019 **Salisbury University, Salisbury, MD**
07.2019 - 08.2019 *HTLH 325 Planning and Assessing Health Programs*
Created a presentation including community research, through reviewing sites like the US Census. Effectively assessed a local area for a community needs assessment relating to childhood obesity. Developed a nutrition program and identified interventions for African American adolescents from K-12th grade. Identified eligible resources and stakeholders in the community to participate in the health education program, such as the local government and school board.

01.2019 - 05.2019 *HTLH 260 Health Literacy and Communication*
Created a social media campaign tailored to adolescents, and assessing vaping awareness in the population. Developed an understanding of how health literacy

impacts access to health information and worked to determine methods to increase health literacy through social media. Reviewed health campaigns from health departments and hospitals to ensure information was accessible and tailored to the population. Designed effective media campaigns to increase access to health information on various and diverse health topics for specific audiences.

Professional References

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Name: Whittney Sherwood
Address: 113 S. Salisbury Boulevard
City, State, Zip: Salisbury, MD 21801
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Name: Emily Swartz
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City, State, Zip: Easton, MD 21601
Phone: 443-786-0945
Email: eswartz@yourdocsin.com

[redacted], BSN, RN, CPC

Project Role: Clinical Quality Specialist

Qualification Highlights

[redacted] dedicates over 24 years of clinical experience including nursing, case management, hospice, and claims analysis to helping states succeed. She developed expertise in quality assurance, quality improvement, and compliance while serving as Quality Manager and Director of Clinical Services in a hospice setting. [redacted] joined Qlarant in 2015 and participated in claims review activities to identify potential fraud and abuse practices. A member of the external quality review (EQR) team since 2017, she works across contracts providing clinical expertise. Her clinical support across contracts includes conducting medical record reviews for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT), encounter data validation (EDV), and clinical quality focused studies.

[redacted] developed Qlarant's network adequacy validation (NAV) methodology and serves as the subject matter expert. She is a Registered Nurse and Certified Professional Coder (CPC), [redacted] is expecting to obtain her Certified Professional in Healthcare Quality (CPHQ) in the fall of 2020.

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes
- ✓ EQR technical report writing

EDUCATION

BSN, Nursing, Villa Julie College

CERTIFICATIONS & PROFESSIONAL LICENSES

Registered Nurse, Maryland

Certified Professional Coder

Certified Professional in Healthcare Quality – *expecting to obtain in fall 2020*

Certified Hospice and Palliative Care Nurse

Hospice Administrator Certificate Program Graduate

Current CPR Certification

TRAINING

National Healthcare Association for Healthcare Quality Training Program Graduate
ICD-10-CM, CPT, HCPCS Medical Billing & Coding Course, AAPC

- ✓ Knowledge of and access to industry standards, tools, and data[9]

Relevant Experience

2017 - Present **Qlarant Quality Solutions, Inc., Easton, MD**
2020 – Present *External Quality Review Project Manager II*
Provides general contract oversight and approves final deliverables to submit to clients for the District of Columbia EQR contract. Provides guidance and assistance to managed care organizations (MCOs) throughout the EQR process, from translating regulatory compliance and program vulnerabilities into policy revisions and development, and corrective action plans (CAPs). Provides clinical support including conducting medical record reviews (MRRs) for EPSDT, EDV, and clinical quality focused studies. Carries out supervisory responsibilities in accordance with Qlarant's policies and applicable laws.

2017 – 2020 *External Quality Review Project Manager I*
Provided daily oversight and management of the District of Columbia EQR contract. Completed project planning, implementation, and management of contract deliverables. Provided guidance to MCOs during onsite reviews regarding policy revisions and development in an effort to meet and/or maintain regulatory compliance and identify program vulnerabilities. Provided clinical support including conducting MRRs for EPSDT, EDV, and clinical quality focused studies.

2015 - 2017 **Qlarant Integrity Solutions, Inc., Easton, MD**
Claims Analyst II-Audit MIC Contract
Reviewed Explanation of Benefits (EOB), beneficiary, provider, and/or pharmacy cases for drug seeking, drug selling, beneficiary, and other potential overpayment, fraud, waste, and abuse. Completed desk reviews and field audits to identify evidence of potential overpayment or fraud. Investigated and referred all potential fraud leads to investigators/auditors. Developed audit test plan and methodology used for general inpatient hospice facility audit.

2001 - 2015 **Compass Regional Hospice, Centreville, MD**
2008 - 2015 *Quality Manager/Clinical Staff Development Specialist*
Monitored patient clinical records concurrently and retrospectively, utilizing established outcome criteria measures. Maintained compliance with Centers for Medicare & Medicaid Services Quality Reporting Requirements. Assessed, planned, implemented, and evaluated the performance improvement programs of the organization. Developed and coordinated performance improvement studies. Reviewed, revised, and implemented policies and procedures to maintain compliance with state and federal regulations and Joint Commission standards.

[9] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

2001 - 2008 *Director of Clinical Services*
Ensured quality and safe delivery of hospice services reflecting the hospice's philosophy and standard of care. Planned, developed, implemented, and evaluated hospice services and programs. Promoted an agency environment compliant with federal, state, and local regulatory health and safety standards. Reviewed, revised, and implemented policies and procedures to maintain compliance with state and federal regulations and Joint Commission standards.

2001 - 2002 **Hospice of the Chesapeake, Pasadena, MD**
Nurse Case Manager
Provided direct care and case management to terminally ill patients in a home hospice setting while offering support to families. Developed and implemented care plans, which included short term and long-term goals.

1996 - 2001 **Johns Hopkins Bayview Medical Center, Baltimore, MD**
1999 - 2001 *Neonatal Intensive Care Nurse*
Provided direct care to premature and critically ill neonates. Educated parents regarding care of premature/special needs infants. Extensive experience caring for withdrawing neonates; performed neonatal abstinence scoring.

1997 - 1999 *Newborn Nursery/Postpartum/Antepartum Nurse*
Provided direct care to healthy newborns, mother/baby couplets, and ante partum patients. Extensive experience caring for withdrawing neonates; performed neonatal abstinence scoring. Educated new parents regarding care of newborns.

1996 - 1997 *Medical/Surgical Nurse*
Provided direct care to acutely ill patients on a busy medical/surgical unit, caseload approximately 10 - 12 patients.

Professional References

Name: Kerda DeHaan, Department of Health Care Finance
Address: 441 4th Street NW
City, State, Zip: Washington, DC 20001
Phone: 202-442-8443
Email: kerda.dehaan@dc.gov

Name: Serina Kavanaugh, Department of Health Care Finance
Address: 441 4th Street NW
City, State, Zip: Washington, DC 20001
Phone: 202-299-2117
Email: serina.kavanaugh@dc.gov

Name: Derdire Coleman, Department of Health Care Finance
Address: 441 4th Street NW
City, State, Zip: Washington, DC 20001
Phone: 202-724-8831
Email: derdire.coleman@dc.gov

[redacted], BS

Project Role: Data Management Director

Qualification Highlights

[redacted] has over 27 years of experience in health care data analysis, rising from a statistical analyst to managing Qlarant's Data Management. His extensive experience includes working with Medicaid, Medicare, Healthcare Effectiveness Data and Information Set (HEDIS), Consumer Assessment of Healthcare Providers and Systems (CAHPS), and focused clinical studies data for external quality review (EQR) contracts. He also completes data management functions for utilization review and developmental disabilities contracts. He dedicates over 22 years of experience specific to EQR to helping states succeed.

[redacted] is well versed in quality improvement and system automation. He works with state departments and managed care organizations (MCOs). He oversees the secure transfer of all data, including claims and encounter data, into and out of our corporate databases; prepares data for multidisciplinary teams of doctors, nurses, social workers, and analysts; develops databases as custom solutions for corporate contracts; and creates report solutions to provide accurate information quickly to both internal and external customers. His experience includes selecting samples from defined populations to complete EQR activities. He consistently provides reliable results while also considering budget constraints. [redacted] was instrumental in the development of each of the custom electronic review tools used by our EQR team.

Understanding of the Process: [redacted] has experience and knowledge of all EQR competency requirements:

- ✓ Medicaid beneficiaries, policies, data systems, and processes
- ✓ Managed care delivery systems, organizations, and financing
- ✓ Quality assessment and improvement methods
- ✓ Research design and methodology, including statistical analysis
- ✓ CHIP program policies, data systems, and processes

EDUCATION

BS, Virginia Polytechnic Institute & State University

CERTIFICATIONS

N/A

SOFTWARE

Access, Excel, SharePoint, SQL Server (Including Reporting Services and Integration Services)

- ✓ EQR technical report writing
- ✓ Knowledge of and access to industry standards, tools, and data[10]

Relevant Experience

1993 - Present **Qlarant Quality Solutions, Inc., Easton, MD**

2010 - Present *Director of Data Management*

Directs corporate data management operations and manages data through its lifestyle, creation through archival. Develops and implements policies, standards, and procedures to ensure proper security, quality, and integrity of data management products. Analyzes computer system and information needs for management and functional operations. Determines scope and priority of data management projects. Manages implementation of all Extract, Transform, Load (ETL) activities including logging and deleting all dataset provided by external customers. Manages development of custom database solutions in coordination with the Application Development Team to ensure efficient systems are built to provide accurate, high quality data for clients.

2005 - 2010 *Database Analyst*

Led team in developing Qlarant data management systems. Served as a central integration point for client, contract staff, and information technology resources. Defined data policies and procedures for contracts.

1998 - 2005 *Senior Healthcare Analyst*

Served as the Lead Analyst on Maryland, District of Columbia, and West Virginia EQRO contracts. Provided oversight of sampling, medical record data collection, analysis, and reporting of data. Helped develop performance improvement projects for MCOs and other managed care entities.

1993 - 1998 *Statistical Analyst*

Responsible for data analysis including frequency distribution, chi-square analysis, and multiple regressions. Designed and maintained data reports as Lead Analyst for District of Columbia and Maryland Medical Assistance contracts. Validated review data collected by field staff. Other responsibilities included sampling methodology and programming.

Professional References

Name: Grace Ludena, Molina Healthcare
Address: 200 Oceangate, Suite 100
City, State, Zip: Long Beach, California 90802
Phone: 800-526-8196

[10] Including National Committee for Quality Assurance (NCQA), Healthcare Effectiveness Data and Information Set (HEDIS®), Quality Compass (QC), and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) surveys

Email: Grace.Ludena@MolinaHealthCare.com

Name: David Idala, The Hilltop Institute
Address: 1000 Hilltop Circle, Sondheim Hall Third Floor
City, State, Zip: Baltimore, MD 21250
Phone: 410-455-6296
Email: didala@hilltop.umbc.edu

Name: Jeffrey Raymond, DXC Healthcare, Inc.
Address: 8591 United Plaza Boulevard, Suite 300
City, State, Zip: Baton Rouge, LA 70809
Phone: 225-216-6337
Email: jraymond7@dxc.com

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:

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:
AH			

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:

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:

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:

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:

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.

ATTACHMENT 1

TECHNICAL APPROACH NARRATIVE

Instructions: *Please complete all sections titled "Bidder Response" in the Technical Approach Narrative below. File should retain a minimum of 12 point Arial-type font with 1" margins. This form does not replace the Corporate Overview Narrative, which must be submitted as a separate narrative.*

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

Bidder Response:

Qlarant Quality Solutions, Inc. (Qlarant) is ready to assist the Nebraska Department of Health and Human Services (DHHS) in meeting Heritage Health program goals and enhancing quality, access, and timeliness of services for Nebraska's Medicaid populations. Qlarant's Nebraska external quality review (EQR) team takes pride in offering DHHS ***the best people, the best solutions, and the best results.*** Our qualified and experienced team is in place and ready to begin work immediately. Our Nebraska Project Manager and EQR subject matter experts (SMEs) are prepared to tailor processes to provide meaningful information, results, and actionable recommendations to DHHS and the managed care organizations (MCOs) and prepaid ambulatory health plan (PAHP), also referred to as the dental benefits manager (DBM).

Our extensive experience and history includes collaborative partnerships with states through multiple transitions in managed care programs, from their early launch into managed care, growth in coverage, and expansion of populations. As Nebraska's Heritage Health program evolves, DHHS can be assured of Qlarant's expertise as a collaborating partner. All four of our EQR contracts are examples of longstanding commitments to state programs as they evolved from their origins in managed care to the current programs they are today. Our history and experience provides us with an in-depth knowledge of industry regulations, including EQR and managed care requirements.

Qlarant is equipped to help DHHS serve Nebraskans in all scope of work (SOW) activities outlined in the request for proposal (RFP). Throughout this section, we consistently refer to MCO/DBM to encompass all of Nebraska's Heritage Health program populations.

"Qlarant brings its experience and expertise to the table in all contracted activities, and they go above and beyond to deliver quality services."
—Maryland EQR Contract Administrator

Qlarant meets and exceeds the business requirements defined in the RFP including independence requirements and non-duplication activities specified in Code of Federal Regulations (CFR) 42 CFR §438.354(c) and 42 CFR §438.360, respectively.

Qlarant is not a State Agency, Department, or University, or other State entity. Qlarant is an experienced, not-for-profit external quality review organization. Qlarant is independent from the State Medicaid agency and the MCOs/PAHP/DBM and attests to meeting the independence requirements defined in the RFP and within 42 CFR §438.354(c).

However, for purposes of transparency, Qlarant discloses the following information:
Beacon Health Options, Inc. (Beacon) is a prime contractor to the State of Georgia Department of Behavioral Health and Development Disabilities (DBHDD) and provides services to DBHDD as an Administrative Services Organization (ASO). Qlarant Quality Solutions, Inc. serves as a subcontractor to Beacon for the ASO initiative and manages all quality operations assigned to the Georgia Collaborative ASO relating to services provided to people with intellectual and/or developmental disabilities.

Anthem, Inc. (Anthem) acquired Beacon as a wholly owned subsidiary of Anthem under Anthem's Diversified Business Group. Beacon is categorized as an Affiliated/Specialty Company, which does not offer Blue Cross, and/or Blue Shield branded products and services. Anthem has also acquired WellCare Health Plan of Nebraska (WellCare) as a wholly owned subsidiary under its Government Business Division.

We bring this to your attention due to the requirement of 42 CFR §438.354 Qualifications of External Quality Review Organizations that an external quality review organization must be independent and must not have a direct or indirect financial relationship with an MCO that it will review. Based on the subcontract Qlarant has with Beacon, it could be

perceived that Qlarant has an indirect financial relationship with WellCare. However, we believe this perception to be mitigated based on the following information.

- Qlarant Quality Solutions, Inc. is a wholly owned subsidiary of Qlarant, Inc., a holding company that does not itself perform any government contracts. Anthem does not control Qlarant Quality Solutions, Inc. and cannot impact our performance. All told, Anthem, Inc. has approximately 173 affiliated entities under its corporate umbrella.
- Qlarant Quality Solutions, Inc. has no direct financial relationship with Anthem or Wellcare. Additionally, any perceived "indirect" relationship is extremely far removed. Anthem is the holding company of Beacon to which Qlarant Quality Solutions, Inc. serves as a subcontractor. Beacon is its own separate corporate entity and compensation is made to Qlarant Quality Solutions, Inc. directly from Beacon with funds earned from services performed on the Georgia DBHDD ASO contract.
- Qlarant Quality Solutions, Inc. has no control over, or insight into, Anthem or its affiliates' operations, governance, or compliance practice.
- Although both the EQR contract and the Beacon subcontract are with Qlarant Quality Solutions, Inc., there is no operational relationship between the two contracts. Staff who collect data on each contract are not intermingled. Data analysis conducted on each contract are managed independent of each other. Accordingly, there is no overlap in service activity between the contracts. Additionally, each contract has a separate management structure, other than the Senior Vice President of Qlarant Quality Solutions, Inc., who oversees all state Qlarant Quality Solutions, Inc. programs.
- The contracts, through firewall and other means, maintain independence from each other. Neither contract shares data or stores data used in the course of their respective engagements on the same databases; i.e. neither contract has any access to any business records or electronic data of the other contract.

There is nothing about the extremely indirect relationship, which would sway the external quality review organization's objectivity in performing its duties. Therefore, we are of the opinion that Qlarant Quality Solutions' independence is intact and that any perception otherwise is mitigated.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements, as Qlarant is not a State Agency, Department, or University, or other State entity.

- Qlarant **meets** requirements with independence from the State Medicaid agency and the MCOs/PAHP/DBM and attests to meeting the independence requirements defined in the RFP and within 42 CFR §438.354(c).
- Qlarant **exceeds** requirements as an experienced, not-for-profit external quality review organization.

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:

Non-duplication is intended to reduce administrative burden on the MCOs/DBM and DHHS while ensuring relevant information is available for annual EQR activities. Consistent with federal guidance under 42 CFR §438.360, Qlarant avoids duplication of mandatory activities at the direction of the State. This process is followed when the MCO/DBM is compliant with applicable Medicare standards established by Centers for Medicare & Medicaid Services (CMS) or has obtained accreditation from a private accrediting organization recognized by CMS as applying standards at least as stringent as Medicare.

Qlarant meets and exceeds the non-duplication requirements of this section by using available reporting and findings produced from accrediting organizations such as the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation Commission (URAC)RIV. Qlarant understands each MCO and DBM have accreditation standings. We have confidence in the findings produced by NCQA or URAC, and incorporate these findings into the EQR process to reduce the burden on the MCOs and DBM by eliminating duplicative review activities.

Performance Improvement Project Validation Non-duplication Approach

As stated above, federal guidelines allow opportunity for non-duplication. Utilizing non-duplication for performance improvement projects (PIPs) is limited, as DHHS requires its MCOs/DBM to conduct annual PIPs. As described in *Nebraska's Quality Strategy for Heritage Health and Dental Benefit Program 2020*, DHHS requires each MCO and DBM to conduct annual PIPs. As a result of this requirement, Qlarant will validate PIPs annually.

However, to reduce burden and prevent duplication of effort, Qlarant will complete required PIP validation activities including the CMS PIP Protocol Activity 1: Assess the PIP Methodology and Activity 2: Perform Overall Validation and Reporting of PIP Results. Activity 3: Verify PIP Findings (Optional) is not a mandatory activity and is indeed resource intensive. Instead of conducting this activity separately, Qlarant will use findings from other audits including HEDIS®,

performance measure validation (PMV), and the Information Systems Capabilities Assessment (ISCA)[1]. Results of these activities are incorporated into the PIP review and validation activity and can provide DHHS with a level of confidence in reported PIP performance measure results.

Footnote: [1] Healthcare Effectiveness Data and Information Set (HEDIS)® is a registered trademark of the National Committee for Quality Assurance (NCQA).

Performance Measure Validation Non-duplication Approach

Qlarant will utilize all information available from the MCO's and DBM's accreditation reports in support of DHHS's desire for non-duplication. Our approach for analysis and inclusion of findings includes:

- Review MCO/DBM accreditation reports.
- Review MCO/DBM final audit reports to assess:
  - MCO/DBM compliance to information system and HEDIS data standards.
  - MCO/DBM adherence to HEDIS guidelines for calculating and reporting performance measures.
  - MCO/DBM measure designation as accurate and reportable.
- Aggregate MCO/DBM rates into a state-weighted average for each measure and compare to national benchmarks.
- Discuss topics critical to accurate performance measure reporting during annual review, and provide technical assistance as needed.

Compliance Review Validation Non-duplication Approach

Qlarant will provide a crosswalk between DHHS-approved accrediting organizations and EQR standards to support DHHS direction for avoiding duplication of activities and minimizing administrative burden. Our approach for conducting compliance reviews, tested and approved through implementation across two current contracts, includes:

- **Review compliance standards and protocols to develop non-duplication recommendations**. Consistent with the most recent protocol, Qlarant assesses the most current federal and state regulations and requirements to identify standards for each compliance review (CR). Qlarant will recommend additions, deletions, and updates to standards and submit them to DHHS for review and approval. Qlarant will develop a crosswalk of NCQA/URAC accreditation standards compared to EQR standards and make recommendations for deeming standards. Deeming standards allows the MCO/DBM to use findings from a previously conducted audit to satisfy requirements of the CR. Qlarant will submit the crosswalk to DHHS for review and approval.
- **Review MCO/DBM accreditation reports to identify standards that qualify for deeming.** Using accrediting report findings, Qlarant will identify standards in which each MCO/DBM demonstrates compliance and qualifies for deeming. Upon DHHS approval, Qlarant will communicate deemed standards with each MCO/DBM. Standards requiring review will be incorporated into the CR activities.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning our non-duplication approach with the latest CMS EQR Protocols.
- Qlarant **exceeds** requirements with our experience incorporating accrediting organizations such as the NCQA in our current EQR processes. We understand accreditation standings and have confidence in findings produced by NCQA.
- Qlarant **exceeds** requirements with our tested and approved processes for approaching a non-duplication compliance review across two current EQR contracts.

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:

Qlarant agrees to meet or exceed project requirements defined in the RFP.

Qlarant Exceeding Expectations

Qlarant's EQR services are grounded in years of experience, fueled by driven and passionate professionals, and proven to deliver high quality results. Our team is ready to deliver fully customizable and high quality results to meet the very specific needs of Nebraska DHHS. Qlarant's Nebraska EQR team is committed to dedicating the time and resources needed to ensure outcomes exceed expectations.

Best People.

SUBJECT MATTER EXPERTS comprised of clinical, quality, and analytic professionals.

FLEXIBLE APPROACHES provided to states encountering constraints and shifting priorities.

COLLABORATION is evident in our partnerships with our states and MCOs/DBM.

Best Solutions.

TECHNICAL ASSISTANCE tailored to state requests and MCO/DBM opportunities for improvement.

CUSTOMIZATION embedded in our contract management procedures to meet state needs.

TECHNOLOGY ensuring efficient reviews, real-time results, and accurate reporting.

Best Results.

HIGH CONFIDENCE in our findings, supported by internal validation and peer review process.

TIMELY REPORTING of results from effective project management.

ACTIONABLE RECOMMENDATIONS proven to drive performance improvement.

When you choose Qlarant, we view your success as our own.

Protocol Compliance (V.D.1)

Regulations at 42 CFR §438.354 require CMS to issue protocols for EQR activities. Qlarant completed reviews and reports following EQR protocols and quality strategy toolkits since their initial release in 2002. Most recently, CMS updated protocols in 2019 and released them in January 2020. **Qlarant uses, and will continue to use, the most current EQR protocols and toolkits for EQR activities**. DHHS and CMS can have confidence in our reporting, as we follow EQR protocols and produce accurate and reliable reporting in a methodical manner.

"Qlarant's auditors are very easy to work with and always respond immediately to questions. They have offered great suggestions in the past on how to comply with a new requirement and are always willing to help."
—North Dakota CHIP MCO

Our approaches to completing EQR activities, consistent with protocols (CFR §438.352), are described in the sections that follow. In addition and at the request of DHHS, Qlarant will report any problems with the administration of the MCO/DBM contracts and propose a corrective action plan for identified problems.

"Qlarant is always very responsive and prompt in answering needs of the Office of Managed Care. They also understand how to navigate through the changes and provide high quality work."
—West Virginia EQR Contract Administrator

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by incorporating the latest CMS EQR protocols in performing EQR activities.
- Qlarant **exceeds** requirements as a company providing EQR and EQR-like work since 1997, bringing 23 years of experience to a DHHS and Qlarant partnership.
- Qlarant **exceeds** requirements with our experience working with the American Health Quality Association to provide feedback to CMS on their 2018 Notice of Proposed Rule Making regarding Medicaid and Children's Health Insurance Program (CHIP) managed care. More recently, Qlarant provided feedback to CMS on the new EQR protocols.
- Qlarant **exceeds** requirements, as our Quality Management System, driven by International Organization for Standardization (ISO) standards, requires us to remain current and compliant with the most current protocols and toolkits.

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:

Annual External Quality Review Purpose

EQR serves a critical function in managed care quality and accountability. States rely on EQR services to help steer quality improvement and compliance in ensuring better outcomes for managed care beneficiaries. Annual onsite EQR activities are fundamental to the process. Qlarant is prepared to conduct annual EQR activities at each MCO/DBM in Nebraska. By conducting these annual onsite reviews, Qlarant aims to:

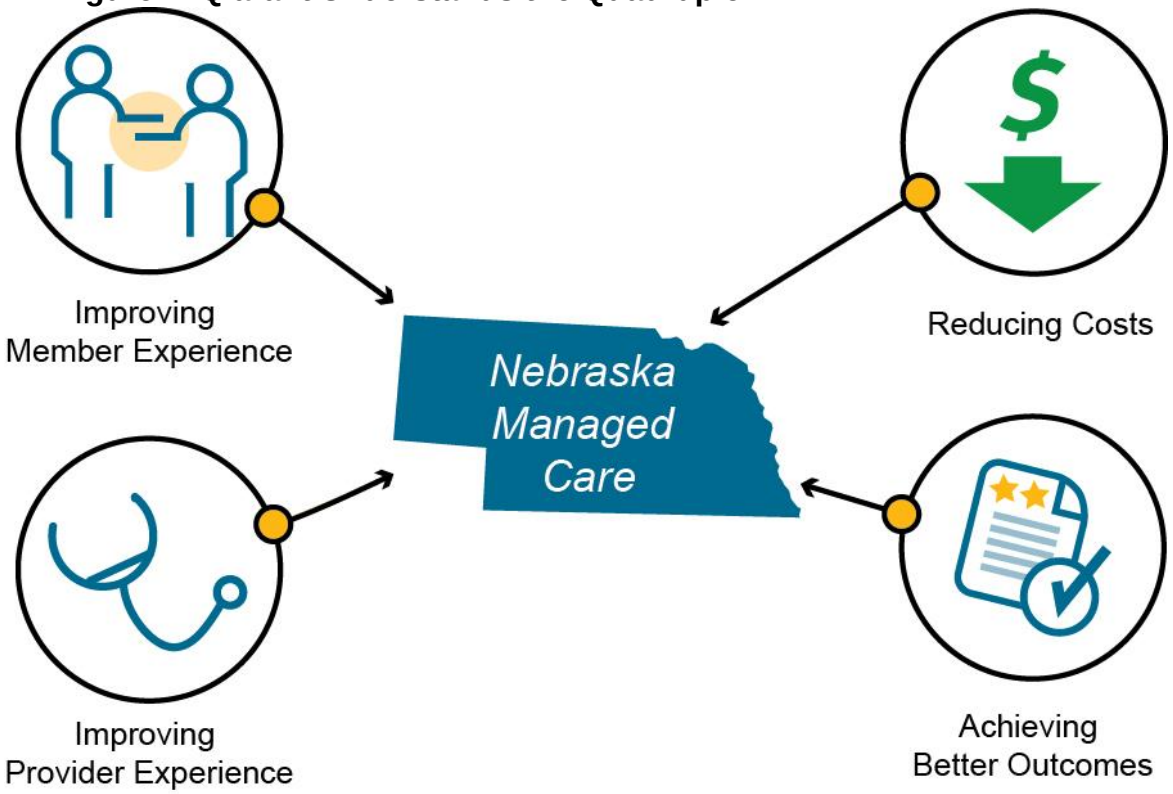
- Improve DHHS's ability to oversee and manage the Heritage Health and Dental Benefit Program.
- Assist MCOs/DBM improve performance with respect to quality, timeliness, and access to care.

"The technical assistance has been amazing. They have really helped the MCOs grow and come into compliance with all federal regulations."

—North Dakota CHIP Contract Administrator

Qlarant understands DHHS sets goals reflecting the Quadruple Aim of improving member experience of care, provider experience, the health of populations, and reducing the per capita cost of health care (***Figure 1***).

Figure 1. Qlarant Understands the Quadruple Aim



Across contracts and EQR activities, Qlarant has produced results supporting the Quadruple Aim. We identify a few examples of our success below:

- **Reducing Costs.** Qlarant assisted in the facilitation of a PIP collaborative aimed at developing and implementing strategies to improve pediatric asthma outcomes. **Qlarant recommended interventions** to drive performance.

While implementing Qlarant recommendations, participating MCOs saved over $800,000 as they reduced inpatient admissions with a primary diagnosis of asthma.

- **Improving Provider Experience.** Qlarant conducts medical record reviews at provider offices to evaluate provider compliance with completing well child visits. **Qlarant routinely provides direct provider education** when gaps in care are identified and **observes improvement** when providers implement recommendations and meet state requirements.
- **Improving Member Experience.** Qlarant conducted a focus group activity to gather member feedback on the consumer report card for the managed care quality rating system. **Using direct feedback from members**, Qlarant revised the consumer report card template making it **more user friendly for members** gauging MCO performance.
- **Achieving Better Outcomes.** Qlarant provided recommendations on how one MCO could improve performance in a diabetes collaborative PIP. The MCO implemented Qlarant's recommendations, including disease management and direct member contact, and **improved performance by 18 percentage points.**

Annual External Quality Review Approach

Qlarant will conduct annual onsite EQR activities evaluating performance measures, PIPs, compliance, and network adequacy. A comprehensive CR will be conducted once every three years. In the alternate two years, Qlarant will conduct follow-up for noncompliant areas to ensure the MCOs/DBM are making strides to improve compliance and performance.

Qlarant prepares for annual EQR activities by collaborating with the State on specific requirements and customized methodologies and reporting strategies. Using agreed upon requirements, Qlarant develops work plans with milestones and deliverable deadlines and MCO/DBM orientation materials. Qlarant conducts an annual orientation for MCOs/DBM, via webinar, and provides an overview of upcoming EQR activities, requirements, and timelines. Qlarant also answers specific questions raised by MCOs/DBM. Orientation materials are available for the MCOs/DBM in electronic format for reference throughout the year to assist them in preparing for Qlarant review activities.

To assist MCOs/DBM in preparation activities, Qlarant develops and shares agendas with each MCO/DBM. Qlarant follows up with a conference call for each MCO/DBM to answer questions prior to the onsite visit. Qlarant requests

MCOs/DBM submit documents and files for review prior to going onsite. This assists Qlarant reviewers in understanding processes and identifying gaps in compliance and areas to focus on during the onsite review activities.

Qlarant's onsite review includes an opening conference with MCO/DBM leadership and key staff where objectives and the agenda are reviewed. Following the agenda, Qlarant conducts interview sessions and requests process demonstrations and/or evidence of compliance. The onsite review concludes with an exit conference where Qlarant shares high level findings, identifies follow-up items required of the MCOs/DBM, and next steps in the review process.

Upon completion of the onsite review, Qlarant works with the MCOs/DBM to obtain follow-up items and completes final review activities. Following this process, Qlarant develops annual technical reports documenting findings, strengths, and recommendations for improvement.

The EQR task specific scope of work sections provide additional detail for each EQR activity. Beginning with Performance Improvement Project Validation (V.D.2.b.), each section outlines Qlarant's experienced approach to completing activities and delivering results.

Annual External Quality Review Team

EQR SMEs, clinical, quality, and analytic staff participate in annual EQR activities. ***Table 1*** identifies EQR team members involved in completing annual EQR activities and developing annual technical reports.

Table 1. EQR Team Members

	Annual External Quality Review Team Member	Project Title
	[redacted], BSN, RN, CPHM	EQR Director
❖	[redacted], MS*	NE Project Manager, CR & PIP SME
	To Be Hired*	Nebraska QI Coordinator
❖	[redacted], MBA, CPHQ, PMP*	PM Manager, PMV SME
	[redacted], BMUS	QI Coordinator
	[redacted], BS, CQIA	Analyst
	[redacted], MFA	Technical Writer & Editor
	[redacted], BS, CHES	Operations Coordinator

Annual External Quality Review Team Member		Project Title
❖	[redacted], BSN, RN, CPC	Clinical Quality Specialist, NAV SME
	[redacted], BS	Data Management Director
❖ Subject Matter Expert (SME) *EQR staff going onsite to Nebraska MCOs/DBM		

Annual External Quality Review Work Plan

Table 2 includes Qlarant's proposed annual onsite EQR work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis. Qlarant will conduct onsite EQR activities during the second calendar quarter of each year. Qlarant will deliver a draft electronic report to DHHS within 90 days of the onsite review. Qlarant will deliver a final report to DHHS within 30 days of the draft report.

Table 2. Annual Onsite External Quality Review Work Plan

Annual Onsite EQR	Start*	End*	Resources
Hold kick off meeting with DHHS, work with DHHS to confirm EQR and MCO/DBM requirements	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator
Develop EQR orientation materials for MCOs/DBM	4/5/21	4/9/21	Project Director Project Manager PM Manager QI Coordinator Ops Coordinator
Submit orientation materials to DHHS for review and approval	4/9/21	4/14/21	Project Manager
Finalize orientation materials	4/15/21	4/16/21	Project Manager PM Manager QI Coordinator
Conduct annual EQR orientation	4/19/21	4/20/21	Project Manager PM Manager QI Coordinator

Annual Onsite EQR	Start*	End*	Resources
Receive pre-onsite MCO/DBM documents for review	4/21/21	4/30/21	Project Manager PM Manager
Conduct pre-onsite review of materials	5/3/21	5/21/21	Project Manager PM Manager QI Coordinator CQ Specialist
Hold pre-site calls with MCOs/DBM to review onsite EQR agendas and answer questions	5/12/21	5/13/21	Project Manager PM Manager QI Coordinator
Conduct onsite EQRs (at each MCO/DBM)	5/24/21	6/4/21	Project Manager PM Manager QI Coordinator
Conduct post-onsite review activities	6/7/21	7/2/21	Project Manager PM Manager QI Coordinator CQ Specialist
Complete draft reports	7/6/21	7/21/21	Project Manager PM Manager QI Coordinator Ops Coordinator Analyst Tech. Writer/Editor

Annual Onsite EQR	Start*	End*	Resources
Conduct peer review/validation/formatting of draft reports	7/22/21	7/30/21	Project Manager PM Manager QI Coordinator Ops Coordinator Tech. Writer/Editor
Draft Deliverable: Submit draft EQR reports to DHHS for review and approval	8/2/21	8/2/21	Project Manager
Receive feedback/approval from DHHS	8/3/21	8/23/21	Project Manager
Final Deliverable: Finalize and distribute EQR reports to DHHS and MCOs/DBM upon approval	8/24/21	9/1/21	Project Manager PM Manager QI Coordinator Tech. Writer/Editor
Conduct corrective action plan (CAP) activities (if applicable)	TBD	TBD	Project Manager PM Manager QI Coordinator
*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning with the latest CMS EQR protocol for conducting external quality review and onsite reviews of MCO and DBM compliance with standards.
- Qlarant's Nebraska EQR team **exceeds** requirements by drawing upon EQR SMEs, with decades of EQR experience, to lead annual EQR review activities and ensure quality services and deliverables.
- Qlarant **exceeds** requirements with our annual orientation for MCOs/DBM to ensure their understanding of EQR requirements and timelines. Qlarant also develops and distributes resource documents to assist MCOs/DBM in preparing for the annual EQR. **To add value, Qlarant will conduct this activity at NO COST to DHHS.**

- Qlarant's onsite review team **exceeds** requirements by sharing best practices and recommendations with MCO/DBM staff throughout the review process to facilitate continuous quality improvement.

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:

Performance Improvement Project Validation Purpose

PIPs use a systematic approach to quality improvement and can be effective tools to assist MCOs/DBM in identifying barriers and implementing targeted interventions to achieve and sustain improvement in clinical outcomes or administrative processes. Beneficiaries benefit from enhanced quality, access, or timeliness of services and improved health outcomes when MCOs/DBM successfully incorporate these improvements. Targeting health concerns across Medicaid populations with focused PIP topics can further benefit beneficiaries. PIP review and validation activities provide the State with a level of confidence in results.

Performance Improvement Project Validation Approach

Qlarant will perform validation of PIPs required by the State that were underway during the preceding calendar year. Qlarant's PIP validation procedures are consistent with the *CMS EQR Protocol 1 – Validation of Performance Improvement Projects.* Our approach to completing PIP validation includes two activities:

- **Activity 1:** Assess the PIP Methodology.
- **Activity 2:** Perform Overall Validation and Reporting of PIP Results.

Each activity is described below.

1	**Performance Improvement Project Activity: Assess the PIP Methodology**

Qlarant completes validation activities by responding to all questions identified in the PIP Validation Tools and Reporting Framework protocol worksheets (1.1-1.9). All questions receive an assessment of yes, no, or not applicable. Qlarant

documents justification for each finding and provides specific recommendations when an MCO/DBM does not meet a requirement. A summary of the steps correlating to each worksheet is provided below.

"Qlarant's [redacted] was very helpful as we completed our reports."
-District of Columbia MCO

Step 1. Review the selected PIP Topic. Qlarant determines if the study topic is appropriate and relevant to the MCO/DBM's study population. Qlarant also confirms if the PIP topic supports national aims and priorities. National Quality Strategy priorities include:[2]

- Making care safer by reducing harm caused in the delivery of care.
- Ensuring each person and family are engaged as partners in their care.
- Promoting effective communication and coordination of care.
- Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease.
- Working with communities to promote wide use of best practices to enable healthy living.

Footnote: [2] https://www.ahrq.gov/workingforquality/priorities-in-action/index.html

Step 2. Review the PIP aim statement. Qlarant assesses appropriateness and adequacy of the aim statement. The aim statement:

- Identifies the focus of the PIP and the framework for data collection and analysis.
- Defines the improvement strategy, population, and time period.

The aim statement should be clear, concise, measurable, and answerable.

Step 3. Review the identified PIP population. Qlarant determines whether the MCO/DBM clearly identifies the PIP population according to the PIP aim statement. PIPs may include the entire population or a sample of the population.

Step 4. Review the sampling method. If the entire population was studied, this step is not applicable. If the MCO/DBM selected a sample for the PIP, Qlarant assesses the appropriateness of the MCO/DBM's sampling methods. Appropriate sampling methods ensure the collection of information produces valid and reliable results.

Step 5. Review the selected PIP variables and performance measures. Qlarant assesses whether the selected PIP variables are appropriate for measuring performance and tracking improvement. MCO/DBM should select variables best suited to the available data, resources, and PIP aim statement. MCO/DMBs are encouraged to choose variables that reflect health outcomes. Performance measures gauge these outcomes, and should be:

- Objective and measurable
- Clearly defined
- Based on current clinical knowledge or health services research
- Focused on beneficiary outcomes

Step 6. Review the data collection procedures. Qlarant evaluates the validity and reliability of MCO/DBM procedures used to collect the data informing PIP measurements. An MCO/DBM is expected to develop a data collection plan that specifies:

- Data sources for the PIP
- Data to be collected
- How and when the data are to be collected
- Frequency of data collection
- Who will collect the data
- Instruments used to collect the data

To prevent duplication of effort, Qlarant will draw on PMV and other accrediting reporting to complete this step. This minimizes burden on the MCOs/DBM.

Step 7. Review data analysis and interpretation of PIP results. Qlarant assesses the quality of data analysis and interpretation of PIP results. The review determines whether appropriate techniques were used, and if the MCO/DBM analysis and interpretation was accurate. This is a critical step as accurate data analysis is essential. The State or MCO/DBM may implement changes based on PIP results.

Step 8. Assess the improvement strategies (interventions). Qlarant assesses the appropriateness of interventions for achieving improvement. Significant, sustained improvement results from developing and implementing effective improvement strategies. The effectiveness of an improvement strategy is determined by measuring changes in performance according to the PIP's predefined measures. Data should be evaluated on a regular basis, and subsequently, interventions should be adapted based on what is learned.

Step 9. Assess the likelihood that significant and sustained improvement occurred. Qlarant evaluates the likelihood that significant and sustained improvement occurred as a result of the PIP. Results of statistical significance testing are validated, and re-measurement results are compared to baseline performance to determine if sustained improvement was demonstrated.

2	**Performance Improvement Project Activity:** **Perform Overall Validation and Reporting of PIP Results**

Results of each step assessed in PIP activity 1 are assigned a numeric score as defined in Table 3. Steps meeting requirements receive all available points, steps demonstrating partial compliance receive half, and steps not meeting requirements do not receive any points.

Table 3. PIP Scoring

PIP Step	Available Points
1. PIP Topic	5
2. PIP Aim Statement	5
3. PIP Population	5
4. Sampling Method	5
5. Variables and Performance Measures	10
6. Data Collection Procedures	10
7. Data Analysis and Interpretation of Results	20

PIP Step	Available Points
8. Improvement Strategies (Interventions)	20
9. Significant and Sustained Improvement	20
	Total: 100

Qlarant determines a level of confidence in each MCO/DBM's PIP results based on the total assigned score as defined below:

- 90% - 100%: **high confidence** in MCO/DBM PIP results
- 75% - 89%: **moderate confidence** in MCO/DBM PIP results
- 60% - 74%: **low confidence** in MCO/DBM PIP results
- ≤59%: **no confidence** in MCO/DBM PIP results

Deliverable. Qlarant develops a customized PIP technical report to share findings. Qlarant recommends including the following:

- Introduction and purpose
- Methodology
- Results including scoring and confidence level
- Conclusion including strengths and opportunities for improvement
- Appendix including detailed findings for each PIP validation step

Performance Improvement Project Validation Team

A PIP Subject Matter Expert with **8 years of PIP and quality improvement experience** leads Qlarant's Nebraska PIP team. Qlarant utilizes **23 years of experience conducting** the PIP task to benefit Nebraska's Medicaid populations. ***Table 4*** identifies the Nebraska PIP team dedicated to helping DHHS and the MCOs and DBM succeed.

Table 4. PIP Validation Team Members

PIP Validation Team Member	Project Title
❖ [redacted], MS	NE Project Manager

PIP Validation Team Member	Project Title
[redacted], BSN, RN, CPHM	EQR Director
To Be Hired	Nebraska QI Coordinator
[redacted], MBA, CPHQ, PMP	PM Manager
[redacted], BS, CQIA	Analyst
[redacted], MFA	Technical Writer & Editor
❖ PIP SME	

Performance Improvement Project Validation Work Plan

Table 5 includes Qlarant's proposed annual PIP validation work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis.

Table 5. Annual PIP Validation Work Plan

Annual PIP Validation	Start*	End*	Resources
Work with DHHS to confirm PIP requirements, scoring, levels of confidence, PIP topics, and performance measures	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator
Conduct annual EQR orientation, including PIPs, for MCOs/DBM	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Develop and [redacted] and reporting templates to MCOs/DBM	4/21/21	4/30/21	Project Manager
Develop customized reporting templates	5/3/21	5/13/21	Project Manager QI Coordinator
Submit templates and obtain DHHS approval	5/14/21	5/31/21	Project Manager
Receive annual PIP reports from MCOs/DBM	7/12/21	7/12/21	Project Manager

Annual PIP Validation	Start*	End*	Resources
Conduct PIP review and validation	7/13/21	7/23/21	Project Manager QI Coordinator PM Manager Analyst
Complete draft PIP reports	7/26/21	8/11/21	Project Manager QI Coordinator
Conduct peer review/validation/formatting of draft reports	8/12/21	8/19/21	Project Manager PM Manager QI Coordinator Ops Coordinator Tech. Writer/Editor
Draft Deliverable: Submit draft PIP reports to DHHS for review and approval	8/20/21	8/20/21	Project Manager
Receive feedback/approval from DHHS	8/23/21	9/10/21	Project Manager
Final Deliverable: Finalize and distribute PIP reports to DHHS and MCOs/DBM upon approval	9/13/21	9/20/21	Project Manager QI Coordinator
*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning performance improvement project validations with the latest CMS EQR Protocol.
- Qlarant's 23 years of conducting the PIP task **exceeds** requirements and means we have extensive experience collaborating with states and guiding topic selection. Examples of our PIP expertise include diabetes, prenatal care, preventive dental services, well child visits, behavioral health, and more.

[redacted]

[redacted]

- Qlarant PIP team members **exceed** requirements by completing quality improvement training through the Institute of Healthcare Improvement.
- Qlarant's PIP team **exceeds** requirements by encouraging MCOs/DBM to use rapid cycle strategies and test interventions on a small scale. Successful strategies should be expanded to the entire population, as applicable.
- Qlarant SMEs recommend PIP topics and observe increased improvement of health initiatives from technical guidance provided. SMEs **exceed** requirements with recommendations and experience time tested and proven to reveal results. More than 90% of our MCOs demonstrate significant and/or sustained improvement.
- DHHS can trust in Qlarant's years of experience as our expertise translates into results. An MCO demonstrated statistically significant improvement over the lifespan of a Well Child Visits PIP while Qlarant provided technical direction. Qlarant **exceeds** requirements in this scenario with providing technical direction resulting in an increase of 18 percentage points for compliance with required preventive care visits.
- Qlarant **exceeds** requirements by providing specific, actionable recommendations. One recent example includes an MCO experiencing challenges with improving preventive dental services. The MCO's interventions had only targeted members. Qlarant provided specific guidance related to partnering with large volume dental providers to conduct outreach and engagement. Performance improved by 10.4% in one year.

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:

Performance Measure Validation Purpose

PMV evaluates the accuracy and reliability of performance measures produced and reported by the MCO/DBM and determines the extent to which the MCO/DBM followed specifications established by the State for calculating and reporting the measures. Accuracy and reliability of reported rates are essential to assessing whether the MCO/DBM's quality improvement efforts resulted in improved health outcomes. Further, the validation process allows the State to have confidence in MCO/DBM performance measure results.

Performance Measure Validation Approach

Qlarant will validate MCO and DBM performance measures. Qlarant's PMV procedures are consistent with the *CMS EQR Protocol 2 – Validation of Performance Measures.*

Qlarant approaches non-duplication for validating performance measures by incorporating all HEDIS accreditation information available from the MCOs' and DBM's accreditation reports for analysis and inclusion of findings. Qlarant's non-duplication process includes:

- Review MCO/DBM accreditation reports.
- Review MCO/DBM final audit reports to assess:
  - MCO/DBM compliance with information system and HEDIS data standards.
  - MCO/DBM adherence to HEDIS guidelines for calculating and reporting performance measures.
  - MCO/DBM measure designation as accurate and reportable.
- Aggregate MCO/DBM rates into a state-weighted average for each measure and compare to national benchmarks.
- Discuss topics critical to accurate performance measures reporting during annual review, and provide technical assistance as needed.

Our approach to completing the PMV includes three activities:

- **Activity 1:** Conduct Pre-Onsite Visit Activities.
- **Activity 2:** Conduct Onsite Visit Activities.
- **Activity 3:** Conduct Post-Onsite Visit Activities.

Each activity is described in detail below.

"Qlarant's technical assistance allows us to be better stewards. The auditors are always willing to teach and help explain."

—North Dakota Medicaid Expansion MCO

1	**Performance Measure Validation Activity: Conduct Pre-Onsite Visit Activities**

Step 1.1. Define the scope of the validation. Qlarant collaborates with the State to identify performance measures requiring validation and defines requirements for data collection and reporting. Qlarant is experienced in validating CMS Core Set (adult and child), HEDIS, and other performance measures. Qlarant's process includes identifying information for each performance measure including the data source (administrative, medical record review, hybrid, electronic health records, and/or surveys). Qlarant also gathers information about validation components and audit specifications including:

- Documentation related to the data collection and calculation method
- Denominator calculations
- Numerator calculations
- Sampling methods (if applicable)
- Reporting of rates and other supporting information

Step 1.2. Assess the integrity of the MCO/DBM's information system. Prior to validating individual performance measures, Qlarant assesses:

- Integrity of the MCO/DBM's information system
- Completeness and accuracy of the data produced
- Readiness of the MCO/DBM's data systems for calculating performance measures

To complete this critical step, Qlarant conducts an ISCA for each MCO/DBM. MCOs/DBM are tasked with completing an ISCA Tool to collect valuable information related to MCO/DBM membership/enrollment data systems, claims/encounter data processing, provider data, data completeness, and integration of data for performance measure calculation. Information about other recent, independent, and documented assessments such as a HEDIS Compliance Audit™ is also obtained.[3] If the MCO/DBM had a recent comprehensive independent assessment of its information systems, Qlarant obtains and reviews the results and follows up accordingly. If a recent audit has not been completed, Qlarant conducts a thorough ISCA and documents strengths and weaknesses of the MCO/DBM information system relevant to processes and data including types of data used by the MCO/DBM in calculating performance measures.

Qlarant notes incomplete responses, inadequate processes, and/or potential problem areas requiring clarification for review and follow up during onsite activities.

Footnote: [3] HEDIS Compliance Audit™ is a trademark of the NCQA.

Step 1.3. Conduct detailed review of measures. In this step, Qlarant conducts a detailed review of measures and incorporates findings from the ISCA. Qlarant focuses on measures most vulnerable to inaccurate results. The detailed measure review involves a systematic assessment of code and output to assess adherence to specifications, as well as the impact of any systems issues on the accuracy and completeness of data. Qlarant pays special attention to frequently encountered issues during the audit such as multiple numerator events, procedure codes infrequently billed by providers, and ability to link claims and pharmacy data. Qlarant records findings and follows up during onsite activities.

Step 1.4. Initiate review of medical record data collection. Qlarant reviews at least two measures requiring medical record review and verifies the accuracy of the MCO/DBM medical record review results. To complete this activity, Qlarant selects a random sample of positive numerator events (30 plus a 10% oversample) and requests corresponding medical records. The MCO/DBM posts its medical records on Qlarant's secure portal and Qlarant reviewers conduct medical record over-reads, compare their findings to MCO/DBM abstraction results, and determine an agreement rate. If the agreement rate is less than 100%, Qlarant will assess the degree of bias. Qlarant shares findings with the MCO/DBM and makes medical record review process recommendations for improvements, as applicable.

Step 1.5. Prepare for the MCO/DBM onsite visit. Qlarant begins preparing MCOs/DBM for PMV activities during the annual EQR orientation. During this orientation, Qlarant shares a list of state required performance measures and provides an overview of the auditing process, MCO/DBM requirements, timelines, and the ISCA Tool to ensure the opportunity for MCOs/DBM to adequately prepare. MCOs/DBM are also instructed where to upload their electronic documents on Qlarant's secure portal. Qlarant identifies a key point of contact should MCOs/DBM have questions as they prepare for review activities.

Qlarant also develops an agenda for each onsite visit and shares it with the MCO/DBM at least 14 days prior to the visit. The agenda identifies interview sessions and essential MCO/DBM staff for each interview session. Qlarant collaborates with the MCO/DBM to make adjustments in the agenda to ensure a successful review.

2	Performance Measure Validation Activity: Conduct Onsite Visit Activities

Step 2.1. Review information systems underlying performance measurement. During the onsite visit, Qlarant follows up on findings from the ISCA review. Qlarant reviews the information system components the MCO/DBM uses to produce performance measures via:

- **Conducting staff interviews.** These interviews provide an opportunity to supplement the review of information system policies, procedures, and data.
- **Reviewing primary source documents.** This review process includes a review of paper forms and other input to the MCO/DBM systems and confirms information from the primary source matches information used for performance measurement. Additionally, the review assesses processes used to input, confirm entry, and identify errors, as well as processes used to transmit and track data through systems.
- **Reviewing systems and processes used to calculate performance measures.** Qlarant reviews the MCO/DBM's documentation describing the systems and processes used to calculate performance measures to confirm adherence to policies and procedures including collecting, storing, and reporting data.
- **Observing data entry**. Qlarant observes key MCO/DBM processes required for performance measure calculations to assess data entry and other data manipulations.
- **Reviewing data files.** Qlarant examines data files to confirm data are stored and processed according to documentation provided by the MCO/DBM.

Step 2.2. Assess data integration and control for performance measure calculations. Qlarant assesses the MCO/DBM's ability to link data from multiple sources and reviews the extent to which the MCO/DBM created systems and processes to ensure accuracy of the calculated performance measures. The review allows Qlarant to develop an understanding of:

- Accuracy of data transfers to the assigned performance measure repository.
- Accuracy of file consolidations, extracts, and derivations.
- Adequacy of performance measure data repository to calculate and report performance measures.
- Management of report productions and reporting software.

Step 2.3. Review performance measure production. Qlarant reviews MCO/DBM documentation of procedures used in the production of performance measures including:

- Data collection from various sources.
- Steps taken to integrate the required data into a performance measure data set or repository.
- Procedures to query the data repository to identify denominators, generate appropriate samples, numerators, and apply proper algorithms to the data to produce valid and reliable performance measures.

Step 2.4. Complete the detailed review of measures. Qlarant determines the extent to which the MCO/DBM correctly followed technical specifications to produce accurate performance measure results. Specifically, Qlarant answers the following questions:

- **Documentation.** Did appropriate and complete measurement plans and programming specifications exist, including data sources, programming logic, and computer source code?
- **Denominator.** Were all data sources used to calculate the denominator complete and accurate? Did the calculation of the performance measure adhere to specifications for all components of the denominator?
- **Numerator.** Were the data sources used to calculate the numerator complete and accurate? Did the calculation of the performance measure adhere to specifications for all components of the numerator? Is medical record abstraction method used, and were the abstraction tools adequate? If the hybrid method was used, was the integration of administrative and medical record data adequate? If the hybrid method or medical record review was used, did results of the medical record review validation confirm the reported numerator?
- **Sampling.** Was the sample unbiased? Did the sample treat all measures independently? Did sample size and replacement methodologies meet specifications?
- **Reporting.** Were state specifications for reporting performance measures followed?

Step 2.5. Assess the sampling process (if applicable). Qlarant determines whether MCO/DBM sampling represents the entire eligible population in all relevant areas. The MCO/DBM's sampling method should not exclude any subpopulations to which the performance measure applies.

Step 2.6. Communicate preliminary findings and outstanding items. At the conclusion of the onsite visit, Qlarant conducts an exit conference session with relevant MCO/DBM staff. During this session, Qlarant shares high level findings, provides the MCO/DBM opportunity to provide feedback and ask questions, identifies follow-up items, and provides instruction on next steps.

3	**Performance Measure Validation Activity: Conduct Post-Onsite Visit Activities**

Step 3.1. Determine preliminary validation findings for each measure. Qlarant analyzes all data and shares preliminary findings with the MCO/DBM detailing areas of concern, recommendations for correction, and a timeline to submit corrective action. After the MCO/DBM submits corrections, Qlarant validates them.

Step 3.2. Assess and document the accuracy of performance measure reports. Qlarant assesses and documents the extent to which the MCO/DBM reported and calculated performance measures correctly in its final report to the State and verifies whether reporting of each performance measure is consistent with State requirements.

Step 3.3. Submit validation report to the State. Qlarant finalizes findings and assigns a numeric score to the elements of documentation, denominator, numerator, and sampling. An overall audit score is generated and Qlarant assigns a confidence level based on results.

- 95%-100%: **high confidence** in MCO/DBM compliance
- 80%-94%: **moderate confidence** in MCO/DBM compliance
- 75%-79%: **low confidence** in MCO/DBM compliance
- ≤74%: **no confidence** in MCO/DBM compliance

Additionally, Qlarant reports a designation for each performance measure including:

- **Reportable:** Measure was compliant with state specifications
- **Do not report:** MCO/DBM rate was materially biased and should not be reported
- **Not applicable:** MCO/DBM was not required to report the measure
- **Not reported:** Measure was not reported because the MCO/DBM did not offer the required benefit

Deliverable. Following a report format customized for and approved by the State, Qlarant includes the following:

- Introduction and purpose
- Methodology
- Results including reporting elements defined in the protocol, summary of findings, scoring, and confidence level
- Conclusion including strengths and opportunities for improvement
- Appendix including relevant worksheets and performance measure results

Performance Measure Validation Team

A PMV Subject Matter Expert with **18 years of EQR experience and 34 years of data analysis experience** leads Qlarant's Nebraska PMV team. Qlarant utilizes **18 years of experience conducting** the PMV task to benefit Nebraska's Medicaid populations. ***Table 6*** identifies the Nebraska PMV team dedicated to helping DHHS and the MCOs and DBM succeed.

Table 6. PMV Team Members

PMV Team Member	Project Title
❖ [redacted], MBA, CPHQ, PMP	PM Manager
[redacted], BSN, RN, CPHM	EQR Director
[redacted], MS	NE Project Manager
[redacted], BMUS	QI Coordinator
[redacted], BS, CQIA	Analyst
[redacted], MFA	Technical Writer & Editor
❖ PMV SME	

"Qlarant's PMV Team is easy to work with. We appreciate the guidance they provide during the process."
— North Dakota Medicaid Expansion MCO

Performance Measure Validation Work Plan

Table 7 includes Qlarant's proposed PMV work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis.

Table 7. Annual PMV Work Plan

Annual PMV	Start*	End*	Resources
Work with DHHS to identify performance measures, requirements, levels of confidence	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator
Prepare medical record review tools for over-reads	4/12/21	4/30/21	PM Manager QI Coordinator
Prepare final rate workbooks for MCOs/DBM reporting	4/12/21	4/30/21	PM Manager QI Coordinator
Conduct annual EQR orientation, including PMV, for MCOs/DBM, identify performance measures, requirements, timelines, and share ISCA Tool	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Receive pre-onsite MCO/DBM documents for review	4/21/21	4/30/21	PM Manager QI Coordinator
Conduct pre-onsite review of documentation, source code (if applicable), and completed ISCA from MCOs/DBM	5/3/21	5/21/21	PM Manager QI Coordinator
Develop and distribute agenda for onsite MCOs/DBM visit	5/3/21	5/7/21	PM Manager QI Coordinator
Hold pre-onsite visit conference call to review agenda, answer questions, and discuss any concerns with source code (if applicable)	5/12/21	5/13/21	PM Manager QI Coordinator
Receive numerator positive lists from MCOs/DBM, select sample, and notify MCOs/DBM	5/12/21	5/14/21	PM Manager QI Coordinator

Annual PMV	Start*	End*	Resources
Receive medical records from MCOs/DBM and conduct over-reads	5/19/21	5/27/21	PM Manager QI Coordinator
Complete MCOs/DBM onsite visit	5/24/21	6/4/21	PM Manager QI Coordinator
Share preliminary findings, and receive follow-up items and updated source code (if applicable)	6/7/21	6/14/21	PM Manager QI Coordinator
Review and validate corrective actions and updated source code (if applicable)	6/15/21	6/25/21	PM Manager QI Coordinator
Receive and approve final rates	7/1/21	7/30/21	PM Manager QI Coordinator
Analyze findings and make final assessments	8/2/21	8/30/21	PM Manager QI Coordinator
Develop draft reports using DHHS-approved reporting template	9/1/21	9/30/21	PM Manager QI Coordinator
Conduct internal review and validation activities	10/1/2121	10/14/21	Project Manager PM Manager QI Coordinator Ops Coordinator
Draft Deliverable: Submit draft reports to DHHS	10/15/21	10/15/21	Project Manager PM Manager
Receive feedback/approval from DHHS	10/18/21	12/17/21	Project Manager PM Manager
Final Deliverable: Finalize reports and submit to DHHS and MCOs/DBM	12/20/21	12/31/21	Project Manager PM Manager QI Coordinator
*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning our performance measure validation processes with the latest CMS EQR Protocol.
- Qlarant's 18 years of conducting the PMV task **exceeds** requirements and means we have extensive experience collaborating with states and guiding performance measure selection. Our experience includes developing measures tailored to address state-specific priorities, concerns, and interests (homegrown measures).
- Qlarant **exceeds** requirements by possessing extensive experience conducting PMV across state contracts prior to CMS protocol release. MCOs, DBM, and DHHS will benefit from Qlarant's expertise in navigating the performance measure validation task.
- Qlarant **exceeds** requirements by possessing expertise in auditing large and small health plans across Medicaid, Medicare, Special Needs Plans, Marketplace, and Commercial product lines.
- Qlarant **exceeds** requirements with SMEs who have provided recommendations and technical assistance leading to improved performance measure results. For example, Qlarant assisted an MCO in gaining access to the statewide immunization registry. This rich source of supplemental data resulted in significant improvement in the immunization performance measure.
- Qlarant **exceeds** requirements and maintains secure portals for each State client and MCO/DBM we serve. This technology allows for secure data exchanges and houses key documents and reports.
- Qlarant **exceeds** requirements with experience, which includes validating performance measures used in various quality programs such as pay-for-performance and performance withhold programs.

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:

Compliance Review Purpose

CRs assess MCO/DBM compliance with structural and operational standards. Compliance with standards may result in quality, timely, and accessible health care services for beneficiaries. The independent assessment of MCO/DBM capabilities can promote accountability and improve quality related processes and monitoring. CMS requires a

comprehensive administrative review at least once every three years to determine compliance with federal and state program requirements.

Compliance Review Approach

Qlarant will conduct a comprehensive CR once every three years. In the alternate years, Qlarant will follow up on noncompliant areas to ensure MCOs/DBM are working to improve compliance and performance. The first comprehensive CR will occur in 2021.

Qlarant's CR auditing procedures are consistent with the *CMS EQR Protocol 3 – Review of Compliance with Medicaid and CHIP Managed Care Regulations.* Our approach to completing the CR includes five activities:

- **Activity 1:** Establish Compliance Thresholds.
- **Activity 2:** Perform the Preliminary Review (Pre-Onsite Visit).
- **Activity 3:** Conduct the MCO/DBM Onsite Visit.
- **Activity 4:** Compile and Analyze Findings (Post-Onsite Visit).
- **Activity 5:** Report Results to the State.

Each activity is described in detail below.

1	**Compliance Review Activity:** **Establish Compliance Thresholds**

Step 1.1. Collect information from the State. Qlarant collaborates with the State to determine standards for review. In addition to federal regulations, the State may wish to incorporate MCO/DBM-contract specific requirements. Qlarant customizes a list of standards specific to individual state programs and obtains State approval before finalization.

Qlarant's non-duplication approach begins in Activity 1 with review of compliance standards and protocols to develop non-duplication recommendations. Using accrediting report findings, Qlarant will identify standards in which each MCO/DBM demonstrates compliance and qualifies for deeming. Our CR team will develop a crosswalk of NCQA/URAC accreditation standards compared to EQR standards and make recommendations for deeming standards. In

collaboration with DHHS regarding additions, deletions, and updates, we will develop and submit standards for review and approval by DHHS. Upon DHHS approval, Qlarant will communicate deemed standards with each MCO/DMB and standards requiring review will be incorporated into CR activities.

Step 1.2. Define levels of compliance. Qlarant assesses each standard by evaluating compliance with all related elements and components. Each standard breaks down into elements and most elements break down into components. Standards, elements, and components are individually reviewed and scored. Qlarant recommends using a three-point scale for scoring compliance for each element and component:

- **Met:** The MCO/DBM demonstrates full compliance
- **Partially Met:** The MCO/DBM demonstrates at least some, but not full, compliance
- **Unmet:** The MCO/DBM does not demonstrate compliance

Assessments are calculated using points. Aggregate points earned are reported by standard and receive a compliance score based on the percentage of points earned. All assessments are weighted equally to allow standards with more elements and components more influence on a final score. Finally, an overall score and level of compliance are assigned:

- 95%-100%: **high confidence** in MCO/DBM compliance
- 85%-94%: **moderate confidence** in MCO/DBM compliance
- 75%-84%: **low confidence** in MCO/DBM compliance
- ≤74%: **no confidence** in MCO/DBM compliance

Qlarant collaborates with the State to customize scoring and levels of confidence. Expectations are shared with the MCO/DBM during an annual EQR orientation prior to the CR.

2	**Compliance Review Activity:** **Perform the Preliminary Review (Pre-onsite Visit)**

Step 2.1. Establish early contact with the MCO/DBM. Qlarant conducts an annual EQR orientation for MCO/DBM. During this orientation, Qlarant shares CR standards, scoring, expectations, timelines, pre-onsite visit survey, and

technical guides to ensure the opportunity for MCO/DBM to adequately prepare. MCO/DBM are also instructed where to upload their electronic documents to Qlarant's secure portal. Qlarant identifies a key point of contact should MCO/DBM have questions as they prepare for review activities.

Step 2.2. Perform a document review. First, Qlarant reviews pre-onsite visit surveys, completed by MCO/DBM, designed to report background information including MCO/DBM structure, enrolled population, providers, services, resources, locations, delegated functions/services, and contractors. Next, Qlarant spends time reviewing documentation submitted by MCO/DBM supporting compliance for each standard, element, and component under review. Documents may include policies and procedures, manuals, reports, and more. Qlarant enters findings into a state-specific customized CR tool. Finally, Qlarant notifies MCO/DBM of missing documentation.

3	**Compliance Review Activity: Conduct MCO/DBM Onsite Visit**

Step 3.1. Determine onsite visit length and dates. Qlarant completes this step early in the process and notifies MCO/DBM during Qlarant's annual EQR orientation. This provides the MCO/DBM sufficient time to prepare for the visit.

Step 3.2. Identify the number and types of reviewers needed. Qlarant assigns multiple experienced reviewers to each onsite visit. Each reviewer is responsible for an assigned set of standards and conducts the same review activities across all MCO/DBM to maintain consistency.

Step 3.3. Develop an onsite visit agenda. Qlarant develops an agenda for each onsite visit and shares it with the MCO/DBM at least 30 days prior. The agenda identifies interview sessions and essential MCO/DBM staff for each interview session. Qlarant collaborates with the MCO/DBM to make adjustments in the agenda to ensure a successful review.

Step 3.4. Provide preparation instructions and guidance to the MCO/DBM. Qlarant conducts this step during the annual EQR orientation. This provides a maximum amount of time for the MCO/DBM to prepare. Qlarant is available to answer MCO/DBM specific questions throughout the MCO/DBM preparation process.

Step 3.5. MCO/DBM Interviews. Qlarant reviewers prepare for interview sessions by developing questions identified during the pre-onsite visit review activities and using interview questions identified in the CR protocol. Qlarant interviews MCO/DBM leaders and staff from information systems, quality, provider/contractor services, beneficiary services, utilization management, case management, and medical directors and providers as appropriate. Qlarant completes interview sessions outlined within the agenda and documents information and findings in the CR tool.

Step 3.6. Conduct exit MCO/DBM interviews. At the conclusion of the onsite visit, Qlarant conducts an exit conference interview session with relevant MCO/DBM staff. During this session, Qlarant shares high-level findings, provides the MCO/DBM opportunity to provide feedback and ask questions, identifies follow-up items, and provides instruction for next steps, including the opportunity to respond to Qlarant's exit letter identifying areas of noncompliance.

4	**Compliance Review Activity:** **Compile and Analyze Findings (Post-onsite Visit)**

Step 4.1. Collect supplemental information. Qlarant collects supplemental information that addresses MCO/DBM compliance with other requirements, as needed. For example, results of the MCO/DBM's Information Systems Capability Assessments are incorporated into the final analysis.

Step 4.2. Compile data and information. Qlarant compiles results and develops an exit letter identifying all areas of noncompliance. This letter is shared with the MCO/DBM and the MCO/DBM has 10 business days to respond to the letter to provide any additional information or materials that may support compliance within the period under review.

Step 4.3. Analyze findings. Qlarant reviews additional information and materials submitted by the MCO/DBM. Reviewers enter findings into the CR tool and make final assessments. Scoring is applied as outlined in Activity 1, Establish Compliance Thresholds.

5	**Compliance Review Activity:** **Report Results to the State**

Step 5.1. Submit a report outline to the State. Qlarant develops a customized report outline/template and shares it with the State for review and approval. Qlarant includes the following:

- Introduction and purpose
- Methodology
- Results including summary of findings, scoring, and confidence level
- Conclusion including strengths and opportunities for improvement
- Appendix including detailed findings

Step 5.2. Submit a final determination report to the State. Qlarant develops and submits a draft CR report, including final determinations, to the State. Upon State approval, Qlarant finalizes and submits a final CR report for each MCO/DBM.

Step 5.3. Submit other reports requested by the State. Qlarant's CR reports include detailed findings for each standard, element, and component. For any area not fully meeting requirements, Qlarant explains what the MCO/DBM should do to meet requirements.

Compliance Review Team

A CR Subject Matter Expert with **21 years of health care compliance and quality experience** leads Qlarant's Nebraska CR team. Qlarant utilizes **23 years of experience conducting** the CR task to benefit Nebraska's Medicaid populations. ***Table 8*** identifies the Nebraska CR team dedicated to helping DHHS and the MCOs and DBM succeed.

Table 8. CR Team Members

CR Team Member		Project Title
❖	[redacted], MS	NE Project Manager
	[redacted], BSN, RN, CPHM	EQR Director
	To Be Hired	Nebraska QI Coordinator
	[redacted], MBA, CPHQ, PMP	PM Manager
	[redacted], MFA	Technical Writer & Editor
	[redacted], BS, CHES	Operations Coordinator
	[redacted], BSN, RN, CPC	Clinical Quality Specialist

CR Team Member	Project Title
[redacted], BS	Data Management Director
❖ CR SME	

"We always appreciate the feedback we receive during the annual review. It assists us in making sure we meet requirements."
—District of Columbia MCO

Compliance Review Work Plan

Table 9 includes Qlarant's proposed annual CR work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis.

Table 9. Annual CR Work Plan

Annual CR	Start*	End*	Resources
Work with DHHS to collect information and determine standards	4/1/21	4/2/21	Project Director Project Manager QI Coordinator
Work with DHHS to define scoring and levels of compliance	4/1/21	4/9/21	Project Director Project Manager
Conduct annual EQR orientation, including CR, for MCOs/DBM	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Customize reporting templates and identify supplemental information	4/19/21	4/23/21	Project Manager QI Coordinator Data Mgt. Director
Develop and share onsite visit agenda with MCOs/DBM	4/20/21	4/30/21	Project Manager
Receive pre-site documentation from MCOs/DBM	4/21/21	4/30/21	Project Manager

Annual CR	Start*	End*	Resources
Conduct pre-onsite document review	5/3/21	5/21/21	Project Manager CQ Specialist QI Coordinator PM Manager
Hold pre-onsite calls with MCOs/DBM to review onsite EQR agenda and answer questions	5/12/21	5/13/21	Project Manager QI Coordinator
Conduct MCOs/DBM onsite visits	5/24/21	6/4/21	Project Manager QI Coordinator PM Manager
Collect supplemental data and compile data and information	6/1/21	6/9/21	Project Manager CQ Specialist QI Coordinator PM Manager
Draft and submit exit letters to MCOs/DBM	6/10/21	6/11/21	Project Manager QI Coordinator
Receive responses to exit letters	6/14/21	6/25/21	Project Manager
Analyze findings and make final assessments	6/28/21	7/2/21	Project Manager CQ Specialist QI Coordinator PM Manager
Develop draft reports using DHHS-approved reporting template	7/6/21	7/21/21	Project Manager QI Coordinator
Conduct internal review and validation activities	7/22/21	7/30/21	Project Manager QI Coordinator Tech. Writer/Editor
Draft Deliverable: Submit draft reports to DHHS	8/2/21	8/2/21	Project Manager
Receive feedback/approval from DHHS	8/3/21	8/23/21	Project Manager

Annual CR	Start*	End*	Resources
Final Deliverable: Finalize reports and submit to DHHS and MCOs/DBM	8/24/21	9/1/21	Project Manager QI Coordinator Tech. Writer/Editor
*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning our compliance review processes with the latest CMS EQR protocol.
- Qlarant **exceeds** requirements with our customer-focused approach in working closely with State clients and making recommendations for state-specific requirements to ensure they complement federal standards. Our States have come to rely on our 23 years of experience conducting the CR.
- Qlarant **exceeds** requirements and reduces burden on the MCOs/DBM by deeming standards in which MCOs/DBM demonstrated compliance through other qualifying accreditation processes.
- Qlarant **exceeds** requirements with proven technical assistance results. Qlarant provided technical assistance to an MCO that improved compliance from 60% to 98% within two years. Technical assistance included explicit instructions on how to revise policies and procedures.
- Qlarant **exceeds** requirements with a CR team driven to go the extra mile to describe precisely what the MCO/DBM needs to do in order to comply with requirements. This may include identifying steps to complete to demonstrate compliance or specific language to use in a policy.
- Qlarant **exceeds** requirements with proven results. Qlarant's team has had a direct effect on the improvement of compliance scores, translating to high confidence in the MCO/DBM's ability to provide quality, timely, and accessible care to their beneficiaries. Specifically, an MCO increased its compliance rate with access and availability standards from 82% in 2018 to 98% in 2019 after implementing recommendations.
- Qlarant **exceeds** requirements with our approach to compliance review validation. Qlarant's CR team documents how or why the MCO/DBM met requirements. This provides our States with a level of confidence in our review process. Many external quality review organizations only report findings by exception. It is important for MCOs/DBM to understand *all* findings to ensure they maintain practices demonstrating compliance.

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 Response:

Network Adequacy Validation Purpose

It is essential for MCOs/DBM to develop and maintain an adequate provider network. A provider network satisfactorily meeting requirements supports member access and opportunity to obtain preventive and diagnostic medical care and treatment. Network adequacy validation (NAV) results will provide DHHS with an independent assessment of the provider network serving beneficiaries. An adequate network may enhance appropriate utilization of care and services.

Network Adequacy Validation Approach

Qlarant will validate MCO and DBM network adequacy during the preceding calendar year. Federal regulations require states to develop and enforce state-specific network adequacy standards to ensure their beneficiaries have adequate access to health care services and providers. The Medicaid Managed Care Final Rule established requirements for network adequacy standards and added network adequacy validation as a mandatory EQR activity per the Code of Federal Regulations (42 CFR §438.358).

As described in *Nebraska's Quality Strategy for Heritage Health and Dental Benefit Program 2020*, DHHS has established standards in the following key areas:

- Provider network adequacy, such as ensuring network providers offer hours of operation that are no less than the hours of operation offered to commercial beneficiaries.
- Primary care provider access, including allowing beneficiaries to select or change their primary care provider (PCP) and obtain a second opinion from a qualified health care professional.
- Specialist access, including sufficient numbers and types of specialists to meet the needs of beneficiaries.
- Behavioral health provider access, including sufficient numbers of providers with experience and expertise with behavioral health conditions.
- Appointment availability standards, including setting limits for appointment wait times and next available appointments.

- Geographic access standards, including travel and distance limits for beneficiaries.

In the absence of a CMS EQR protocol for evaluating network adequacy, Qlarant developed a methodology for use in all of our EQR contracts. [redacted] Qlarant will collaborate with DHHS and develop a NAV validation strategy to best meet the needs of the State.

[redacted]

Each activity is described in detail below.

1	**Network Adequacy Validation Activity:** [redacted]

[redacted]

2	**Network Adequacy Validation Activity:** [redacted]

[redacted]

[redacted]

3	Network Adequacy Validation Activity: [redacted]

[redacted]

4	Network Adequacy Validation Activity: [redacted]

[redacted]

[redacted]

[redacted]

[redacted]

Table 10. NAV Team Members

NAV Team Member	Project Title
❖ [redacted], BSN, RN, CPC	Clinical Quality Specialist
[redacted], BSN, RN, CPHM	EQR Director
[redacted], MS	NE Project Manager
To Be Hired	Nebraska QI Coordinator
[redacted], BS, CQIA	Analyst
[redacted], MFA	Technical Writer & Editor
[redacted], BS, CHES	Operations Coordinator
❖ NAV SME	

[redacted]

Network Adequacy Validation Work Plan

Table 11 includes Qlarant's proposed annual NAV work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis.

Table 11. Annual NAV Work Plan

Annual Network Adequacy Validation	Start*	End*	Resources
Discuss customized methodology with DHHS	4/1/21	4/2/21	Project Director Project Manager QI Coordinator
Finalize methodology and submit to DHHS	4/5/21	4/9/21	Project Manager QI Coordinator CQ Specialist
[redacted]	4/12/21	4/14/21	Project Manager QI Coordinator CQ Specialist

Annual Network Adequacy Validation	Start*	End*	Resources
Conduct annual EQR orientation, including NAV, for MCOs/DBM	4/19/21	4/20/21	Project Director Project Manager QI Coordinator
Develop customized reporting templates	4/19/21	4/23/21	Project Manager QI Coordinator
Submit templates and obtain DHHS approval	4/26/21	5/7/21	Project Manager
[redacted]	5/10/21	5/14/21	Project Manager QI Coordinator Data Management Director
[redacted]	5/24/21	6/4/21	Project Manager QI Coordinator
[redacted]	6/7/21	6/7/21	Project Manager
[redacted]	6/8/21	6/21/21	Project Manager
[redacted]	6/22/21	6/25/21	Analyst QI Coordinator Ops. Coordinator
[redacted]	6/28/21	9/13/21	QI Coordinator Ops. Coordinator
[redacted]	9/14/21	9/17/21	CQ Specialist
[redacted]	9/20/21	10/1/21	Project Manager QI Coordinator Analyst

Annual Network Adequacy Validation	Start*	End*	Resources
Complete draft NAV reports	10/4/21	10/15/21	Project Manager QI Coordinator Analyst
Conduct peer review/validation/formatting of draft reports	10/18/21	10/28/21	Project Manager QI Coordinator Analyst Tech. Writer/Editor
Draft Deliverable: Submit draft NAV reports to DHHS for review and approval	10/29/21	10/29/21	Project Manager
Receive feedback/approval from DHHS	11/1/21	12/17/21	Project Manager
Final Deliverable: Finalize and distribute NAV reports to DHHS and MCOs/DBM	12/20/21	12/31/21	Project Manager QI Coordinator
*Dates are approximate for Contract Year 1. Beginning in Year 2, Qlarant will obtain provider directories and conduct surveys on a quarterly basis. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by conducting the network adequacy task as required by the CMS EQR protocol. [redacted]
- Qlarant **exceeds** requirements with our willingness to help our states succeed. Recently one of our states reached out to us and requested we participate in a meeting with the MCOs, enrollment broker, and State to describe our NAV methodology. Qlarant developed a slide deck, conducted a presentation, and facilitated conversation on NAV activities and procedures. Stakeholders concluded our methodology was a best practice and adopted our methodology.

- Qlarant **exceeds** requirements with our cost conscious considerations. As a cost efficiency for our clients, Qlarant uses tested tools to complete our tasks, including the NAV task. Our tools are easily customizable to meet the needs of DHHS.
- Qlarant **exceeds** results with our experienced NAV SME**.** Qlarant's NAV SME provides oversight of this task and conducts frequent quality checks to ensure accuracy. DHHS can have confidence in our results.
- [redacted]

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:

Technical Assistance Purpose

Technical assistance translates managed care program goals and objectives into actionable, achievable, and actual results for beneficiaries, DHHS, and the MCOs/DBM. Qlarant possesses decades of experience providing successful technical assistance to our state contracts. Since the beginning of our EQR and EQR-like services to state clients, we have provided our personalized, informative, and supportive technical assistance to managed care plans and state agencies of varying types across a multitude of contracts.

"Qlarant always responds in a timely manner, usually within the same day. Qlarant is always open and helpful with questions or requested support."
—District of Columbia MCO

Technical Assistance Approach

Qlarant maintains knowledge of the latest developments in health care quality improvement, state health policy, and federal and local regulations through attendance at educational events and conferences, and newsletters and discussions with our partners and state officials. Specifically, we monitor federal and state regulations, industry

standards, state innovations, and CMS strategies for any changes possibly affecting state Medicaid operations or funding.

Qlarant provides ***the best people, the best solutions, and the best results.*** This effort includes providing ***the best technical subject experts*** to assist DHHS in meeting its objectives and improving beneficiary outcomes. Qlarant relies on years of experience across multiple EQR contracts to develop and provide technical assistance specifically tailored to the needs of our customers. We use our SMEs and provide customized recommendations or solutions. If we do not readily have an answer, we will research information so we can provide DHHS and the MCOs/DBM with informed recommendations. We aim to assist the State and the MCOs/DBM to improve compliance and performance in its Heritage Health program.

"Qlarant is responsive, collaborative, and knowledgeable."
—West Virginia EQR Contract Administrator

Qlarant will work with DHHS and identify needs for technical assistance. Qlarant will determine goals and objectives and propose a technical assistance strategy for DHHS to consider. Upon approval, Qlarant will deliver a tailored approach best meeting the needs of the MCOs/DBM.

Provide technical assistance to groups of MCOs or the DBM. Qlarant will provide technical assistance to groups of MCOs or the DBM to assist them in conducting activities related to the mandatory and additional EQR activities. Qlarant identifies specific needs and incorporates them into relevant training modules to ensure MCOs/DBM receive the knowledge or training necessary to be successful.

Report in writing any problems with the administration of contracts. Qlarant will report, in writing, any problems with the administration of the MCO/DBM contracts and propose a corrective action plan for any problems directly related to the performance of the contract. These problems may be uncovered during the review activities. Should the problem require immediate attention, Qlarant will call DHHS first and follow up by documenting the problem and proposed resolution in writing.

Provide technical guidance in the development of PIPs. Qlarant will provide technical guidance to the MCOs/DBM on the development of PIPs. This is a common request due to the value in developing a PIP using appropriate structure and methodology. Conducting a PIP in a methodical manner promotes an environment that facilitates success.

Qlarant provides technical assistance using various methods and approaches to best match the needs of DHHS and MCO/DBM staff. Our technical assistance has included:

Webinars ● Conference Calls ● Secure Web-Based Portals ● Telephone & Email Communications ● Technical Guides ● Reference Manuals

"Qlarant continues to deliver EXCEPTIONAL technical assistance to DHCF and its managed care organizations."

—District of Columbia EQR Contract Administrator

Qlarant's technical assistance leads to positive outcomes. ***Table 12*** provides examples of past technical assistance successes:

Table 12. Examples of Qlarant's Technical Assistance

Technical Assistance Provided	Result of Technical Assistance
PIP Development	The MCOs successfully developed PIPs, conducted barrier analyses, and implemented system-level interventions. The MCOs met requirements for PIP development and implementation.
Corrective Action Plan Development	The MCO addressed deficiencies by revising policies and procedures with explicit language provided by Qlarant. The MCO improved from 89% to 97% compliance.
Strategies for the Quality Rating System	The state adopted recommended strategies for the development and issuance of a quality rating system and resulting consumer report card.

Technical Assistance Provided	Result of Technical Assistance
Cultural Competency Training	The MCO successfully implemented our recommendations for conducting a cultural competency training and met requirements.
Network Adequacy – Compliance with Provider Directory Requirements	The MCO adopted our recommendations and created annual procedures to improve the accuracy of provider information.
State's Quality Strategy	The State incorporated our recommendations into the revised Quality Strategy. We are asked to complete this activity for several contracts on an annual basis, which reduces burden on the State and allows us to provide input and share our expertise.

Technical Assistance Team

Qlarant's Nebraska Technical Assistance team provides SMEs with both experience and knowledge to support the MCOs, DBM, and DHHS in various technical assistance initiatives. Our SMEs lead workgroups to complete both mandatory and optional tasks across contracts. ***Table 13*** identifies Qlarant's ***best technical experts*** dedicated to helping DHHS and the MCOs and DBM succeed.

Table 13. Qlarant Technical Experts

Technical Assistance Team Member	Project Title and SME Role
[redacted], BSN, RN, CPHM	EQR Director
[redacted], MS	NE Project Manager, CR & PIP SME
[redacted], MBA, CPHQ, PMP	PM Manager, PMV SME
[redacted], BS, CQIA	Analyst

Techncial Assistance Team Member	Project Title and SME Role
[redacted], BSN, RN, CPC	Clinical Quality Specialist, NAV SME
[redacted], BS	Data Management Director

Technical Assistance Work Plan

Qlarant will work with DHHS to identify an appropriate time and schedule for providing technical assistance.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements with a team of SMEs with both experience and knowledge to support the MCOs, DBM, and DHHS in various technical assistance initiatives.
- Qlarant **exceeds** requirements with our technical assistance**.** For example, one state client requested we conduct a presentation for a group of stakeholders. With little more than an hour to prepare, we developed and delivered a presentation providing guidance and recommendations to stakeholders.

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:

Annual Detailed Technical Report Purpose

The annual technical report **(**ATR**)** provides an independent assessment of MCO/DBM performance for each EQR task and correlates findings with quality, access, and timeliness of care and services. The ATR provides the State and CMS with a report on the status of the State's Heritage Health program.

Annual Detailed Technical Report Approach

Qlarant will provide an ATR for each MCO/DBM, as well as an aggregate statewide report. Qlarant's approach to developing annual detailed technical reports meets and exceeds standards set forth in 42 CFR §438.364. Qlarant incorporates tips for drafting EQR technical reports outlined in the CMS EQR Protocols to ensure we provide a meaningful analysis for the State, the MCOs/DBM, and CMS.

For each EQR task, conducted in accordance with 42 CFR §438.358, we will describe:

- Objectives
- Technical methods of data collection and analysis
- Description of data obtained
- Conclusions drawn from the data

Qlarant will seek input from DHHS on any requirements for customization. We will then develop an ATR outline and seek approval from DHHS before developing the report. Our ATR outline includes:

- Executive summary.
- Managed care program overview and description of MCOs/DBM.
- Program goals and objectives including relevant DHHS Quality Strategy information.
- Descriptions of the way data from each EQR activity were aggregated and analyzed, and conclusions drawn as to the quality, timeliness, and accessibility to care provided by the MCOs/DBM.
- Objectives, technical methods of data collection and analysis, descriptions of data obtained, and conclusions drawn from the data for each EQR activity conducted.
- Assessment of each MCO/DBM's specific strengths and weaknesses regarding quality, timeliness, and accessibility of health care services provided to Medicaid beneficiaries.
- Results (numeric, technical narrative, and graphic) with comparisons to state averages and national benchmarks, as appropriate.
- MCO/DBM results compared to previous annual reporting consistent with EQR protocols (trended results up to three years, when available); trended results can be insightful and help detect performance issues.
- Assessment of MCO/DBM follow-up on previous annual recommendations for quality improvement, including corrective actions or other interventions.
- Specific, actionable recommendations for improving quality, compliance, and performance; recommendations will be made in the spirit of facilitating continuous quality improvement at the granular, task, or program level.
- Recommendations for improving the quality of health care services furnished by the MCO/DBM including how the state can establish target goals and objectives in the quality strategy to better support improvement in the quality, timeliness, and accessibility to health care services provided to managed care beneficiaries.

- Evaluation of the effectiveness of DHHS's efforts to meet its Quality Strategy goals and recommendations for updates based on the results of the EQR.

Qlarant will submit the draft ATR to DHHS for review and approval. After we successfully address questions and comments from DHHS, we will finalize the ATR. The final deliverable will be compliant with Section 508 of the Rehabilitation Act and will be submitted to DHHS annually by October 15th.

Each report submitted to DHHS for the contract SOW is peer reviewed by Qlarant's multi-disciplinary team of quality improvement, analytic, and clinical professionals.

Qlarant's peer review process includes:

- ✓ Validation of data, results, and analysis by peers.
- ✓ Edits by Technical Writer.
- ✓ Format application by Technical Writer.
- ✓ Final review and approval by the Nebraska Project Manager.

Annual Detailed Technical Report Team

Qlarant's Nebraska ATR team of quality, analytic, and technical writers participate in annual EQR activities and commit to providing beneficial, quality, and actionable reporting. ***Table 14*** identifies the Nebraska ATR team dedicated to helping DHHS and the MCOs and DBM succeed.

Table 14. Nebraska ATR Team

Annual Detailed Technical Report Team Member	Project Title
[redacted], BSN, RN, CPHM	EQR Director
[redacted], MS	NE Project Manager
To Be Hired	Nebraska QI Coordinator
[redacted], MBA, CPHQ, PMP	PM Manager
[redacted], BMUS	QI Coordinator
[redacted], BS, CQIA	Analyst

Annual Detailed Technical Report Team Member	Project Title
[redacted], MFA	Technical Writer & Editor
[redacted], BS, CHES	Operations Coordinator
[redacted], BSN, RN, CPC	Clinical Quality Specialist

Annual Detailed Technical Report Work Plan

Table 15 includes Qlarant's proposed annual ATR work plan. Qlarant will develop the work plan with DHHS's input and submit it to DHHS for review and approval on an annual basis.

Table 15. Annual ATR Work Plan

Aggregate ATR	Start*	End*	Resources
Develop ATR template and submit to DHHS for review/approval	5/10/21	5/21/21	Project Director Project Manager QI Coordinator Tech. Writer/Editor
Aggregate/analyze/compile EQR results	6/7/21	8/3/21	Project Manager PM Manager QI Coordinator Analyst
Conduct peer review/validation and formatting	8/4/21	8/13/21	Project Manager PM Manager QI Coordinator Analyst Tech. Writer/Editor
Draft Deliverable: Submit draft report to DHHS	8/16/21	8/16/21	Project Manager
Receive feedback/approval from DHHS	8/16/21	10/1/21	Project Manager
Final Deliverable: Finalize report, ensure 508 compliance, and submit to DHHS	10/1/21	10/15/21	Project Manager Tech. Writer/Editor

Agregate ATR	Start*	End*	Resources
*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.			

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by completing annual technical reports according to the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements with our team of quality, analytic, and technical writers who collaborate to complete an analysis and use various reporting strategies to communicate results and findings.
- Qlarant **exceeds** requirements with CMS approval. CMS consistently deems our reports fully compliant with ATR requirements.

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:

Qlarant's reporting correlates MCO/DBM findings and completes an analysis related to the quality, timeliness, and access to services. We use the following definitions to guide our evaluation process.

Quality, as stated in federal EQR regulations, is the degree to which an MCO "…increases the likelihood of desired outcomes of its enrollees through (1) its structural and operational characteristics, (2) the provision of services that are consistent with current professional, evidenced-based-knowledge, and (3) interventions for performance improvement." (42 CFR §438.320).

Timeliness, as defined by the Institute of Medicine, is "reducing waits and sometimes harmful delays" and is interrelated with safety, efficiency, and patient-centeredness of care. Long waits in physicians' offices or emergency rooms and long waits for test results may result in physical harm. For example, a delay in test results can cause delayed diagnosis or treatment—resulting in preventable complications. (AHRQ "Six Domains of Health Care Quality")

Access (or accessibility), as defined by NCQA, is "the extent to which a patient can obtain available services at the time they are needed. Such service refers to both telephone access and ease of scheduling an appointment. The intent is that each organization provides and maintains appropriate access to primary care, behavioral health care, and member services" *(NCQA Health Plan Standards and Guidelines*).

Table 16 identifies each quality, timeliness, and access domain and their correlating areas of assessment.

Table 16. Quality, Timeliness, Access Assessment Areas

Domain	Qlarant's Areas of Focus and Assessment
Quality encompasses key areas of MCO/DBM operations likely to impact member health outcomes, care delivery, and the experience of receiving care.	• Compliance standards relating to quality (Subpart E—Quality Measurement and Improvement) • PIP initiatives and outcomes • Performance measure results • Quality-related HEDIS and survey results compared to benchmarks (i.e. Comprehensive Diabetes Care outcomes) • Other quality-related activities
Timeliness evaluates durations against timeline requirements to complete procedures and provide access to care or services for beneficiaries. Timely health care assumes a beneficiary has access to providers and services as soon as they are needed.	• Compliance standards related to timeliness (i.e. Timely and Adequate Notice of Adverse Benefit Determination, Grievance and Appeal—Resolution and Notification, and Expedited Resolution of Appeals) • Timeliness-related PIP initiatives and outcomes • Timeliness-related performance measure results • Timeliness-related HEDIS and survey results compared to benchmarks (i.e. Well-Child Visits in the 3rd, 4th, 5th, and 6th Years of Life) • Other timeliness-related activities

Domain	Qlarant's Areas of Focus and Assessment
Access considers the degree to which beneficiaries are inhibited or assisted in their ability to gain entry to and receive care and services from the health care system. Access to health care is the foundation of positive health outcomes.	• Compliance standards relating to Availability of Services and Assurances of Adequate Capacity and Services • Access-related PIP initiatives and outcomes • Access-related performance measure results • Access-related HEDIS and survey results compared to benchmarks (i.e. Percentage of Eligibles That Received Preventive Dental Services) • Other access-related activities

Strengths and weaknesses are identified for each area using results of all EQR activities. Qlarant determines strengths and weaknesses based on whether or not the MCO/DBM is meeting requirements, demonstrating improvement, or achieving performance compared to state and national averages and other benchmarks, as applicable. Results are reported in the ATR.

"Qlarant is fair and objective relative to reports. Reports are specific, clear, and easy to understand. Suggestions offered are realistic and actionable."
—Maryland MCO

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by identifying activity and process specific strengths and weaknesses. Qlarant will summarize and identify best and emerging practices that have proven effective in demonstrating improvements and/or positively impacted outcomes.
- Qlarant **exceeds** requirements by providing recommendations on how to effectively incorporate findings into performance and/or quality improvement projects specific to the MCO/DBM.

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:	

Qlarant identifies MCO/DBM noncompliant findings, weaknesses, and opportunities for improvement within the ATR. For each of these assessments, Qlarant describes how the MCO/DBM can meet requirements and improve performance. If implemented, these recommendations may have a positive impact on quality of health care services and beneficiary outcomes. For example, for members experiencing adverse birth outcomes, such as low birth weight, Qlarant recommends the MCO conduct a prenatal risk assessment and enroll high risk pregnant members in case management to ensure timely and frequent prenatal care and services are being provided which may reduce low birth weight.

In addition to providing recommendations formally in an ATR, Qlarant will also discuss and make recommendations on a quarterly basis, or more frequently, at the discretion of DHHS. Recommendations will target how each MCO/DBM can improve the quality of health care as well as how DHHS can target specific goals and objectives within the Quality Strategy. Together we can drive strategies making a positive impact in the quality, timeliness, and access to health care services furnished to the Heritage Health beneficiaries.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by identifying areas across EQR activities and any other contractual activities to suggest actions towards achieving overall performance and standards.
- Qlarant **exceeds** requirements with our recommendation strategies. Recommendations for improving the quality of health care services furnished by each MCO/DBM will be a standing agenda item on Qlarant's EQR status update calls with DHHS. This will ensure continuous assessment and discussion of priorities.

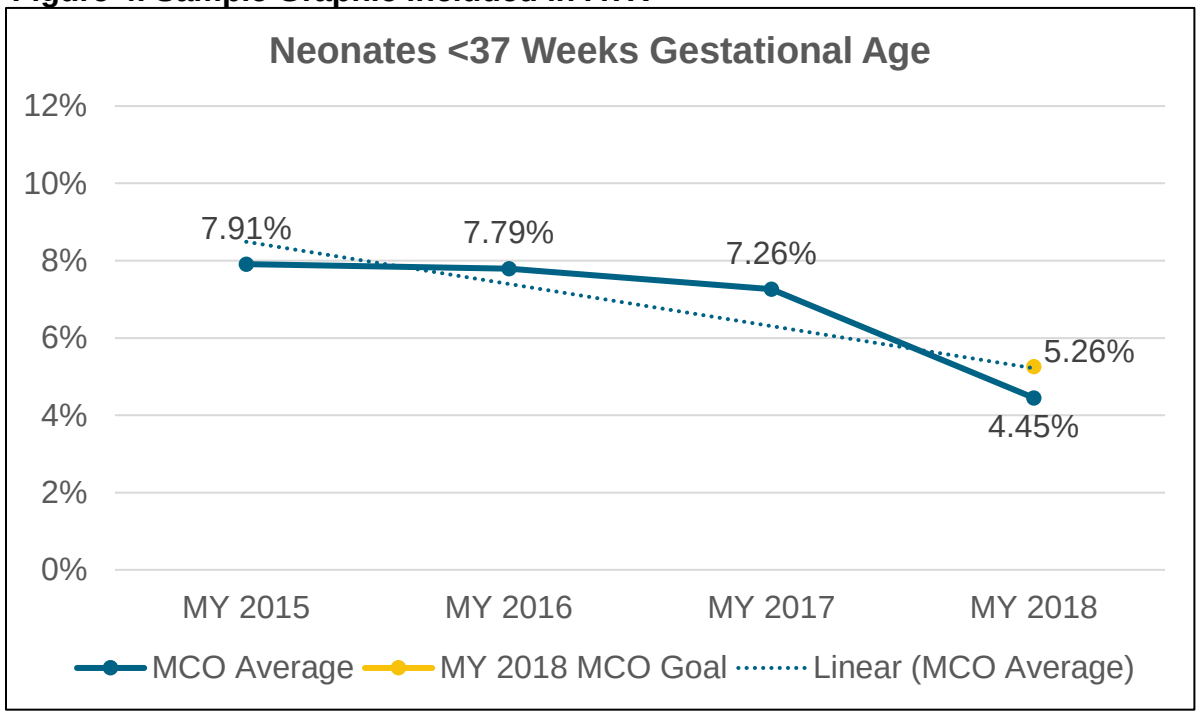
V.D.4.d.	Describe the Bidder's approach to providing methodologically appropriate, comparative information about all MCOs and PAHPs, upon request, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response:

Qlarant provides comparative information about MCOs/DBM within ATRs and as requested by states. Examples of comparative information follow.

Figure 4 illustrates an example of comparing annual state MCO averages over time.

Figure 4. Sample Graphic included in ATR



*Lower rate is better

Table 17 demonstrates an example of how Qlarant trends MCO results and makes comparisons to national benchmarks in the ATR.

Table 17. Child Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Measures, Trended MCO Averages, Comparison to Benchmarks

Performance Measures	2016 State MCO Average %	2017 State MCO Average %	2018 State MCO Average %	2018 State MCO Comparison to Benchmarks
Customer Service Composite	86.6	86.6	82.9	♦

Performance Measures	2016 State MCO Average %	2017 State MCO Average %	2018 State MCO Average %	2018 State MCO Comparison to Benchmarks
How Well Doctors Communicate Composite	92.2	93.0	92.4	♦
Shared Decision Making Composite (A lot/Yes)	76.9	78.8	80.4	♦ ♦
Health Promotion and Education Composite	77.0	73.9	73.5	♦ ♦
Coordination of Care Composite	79.0	82.2	79.3	♦
Rating of Health Plan (8+9+10)	82.8	85.1	83.6	♦
Rating of All Health Care (8+9+10)	85.5	86.9	85.6	♦
Rating of Personal Doctor (8+9+10)	90.3	90.8	92.0	♦ ♦ ♦
Rating of Specialist Seen Most Often (8+9+10)	85.0	86.1	89.9	♦ ♦ ♦

♦ − The State MCO Average is below the NCQA Quality Compass National Medicaid Average.
♦ ♦ − The State MCO Average is equal to or exceeds the NCQA Quality Compass National Medicaid Average, but does not meet the 75th Percentile.
♦ ♦ ♦ − The State MCO Average is equal to or exceeds the NCQA Quality Compass 75th Percentile for Medicaid.

Table 18 provides an MCO to MCO comparison for selected quality-related performance measures.

Table 18. MCO Quality-Related Performance Measure Results, 2016 to 2018

Performance Measures	Year	MCO A %	MCO B %	MCO C %	MCO D %
Childhood Immunization Status - Combination 3	2016	67.22	67.88	71.99	62.04
	2017	71.78	56.40	68.37	67.88
	2018	66.91	70.80	71.53	65.45
Comprehensive Diabetes Care - HbA1c Testing	2016	90.07	91.00	86.34	90.69
	2017	83.70	87.35	89.78	89.29
	2018	87.10	86.13	88.81	85.16
Follow-Up After Hospitalization For Mental Illness - 7 days	2016	31.20	18.00	28.91	48.78
	2017	30.32	16.38	34.47	26.56
	2018	32.17	34.28	33.11	35.63
Medical Assistance with Smoking and Tobacco Use Cessation - Advising Smokers To Quit	2016	73.50	71.31	69.85	76.19
	2017	75.75	73.52	73.12	75.96
	2018	75.25	75.46	75.12	77.00
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents - Counseling for Nutrition	2016	68.16	60.58	67.13	54.99
	2017	77.13	61.31	72.75	58.64
	2018	79.81	67.88	72.99	46.47
Positive annual trends are displayed in green. Negative annual trends are displayed in red.					

Following each figure or table populated with comparative data and results, Qlarant provides a complementary analysis describing findings and drawing conclusions to assist in the understanding of information being communicated within the ATR.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by providing aggregate reporting to enable clearer conclusions to be drawn regarding important trends and implementations, results, limitations, and improvement opportunities.
- Qlarant **exceeds** requirements by incorporating graphics, charts, and tables to present findings throughout all reporting.

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:

Qlarant conducts follow-up reviews to assess if the MCO/DBM effectively addressed recommendations from the previous year. Findings are included in the ATR. ***Table 19*** provides examples of this follow-up and actions that should be taken by the MCO, if applicable.

Table 19. Examples of Annual Assessments to Evaluate the Degree to Which the MCO/DBM Addressed Recommendations

2018 Recommendations	2019 Assessment
The MCO's grievance policy states members must file a grievance within 90 calendar days of the incident versus the standard that members may file a grievance at any time. The MCO must revise its grievance policy to reflect members may file grievances at any time.	**Met.** The MCO's policy was revised to accurately remove the 90-calendar day filing requirement and state grievances may be filed at any time.
The MCO's Follow-up After Hospitalization for Mental Health PIP did not demonstrate improvement. The MCO should explore barriers to members obtaining follow-up appointments and implement system-level interventions. Consider having the care management team schedule appointments for members and provide appointment reminders and follow-up contact.	**Met.** The MCO addressed the recommendation and became more engaged in the process by scheduling follow-up appointments for members discharged from the hospital for mental health.
Not all provider types met the timeliness appointment standards (behavioral health and obstetrics). Implement initiatives and/or corrective actions to ensure beneficiaries are able to obtain timely next available appointments. Providers may require education and/or corrective action.	**Not Met.** Timeliness standards were still not met. The MCO should continue educational and corrective action efforts. The MCO should consider meeting with high volume providers and discussing barriers to meeting the standard. There may be opportunity to address specific barriers.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets and exceeds** requirements by summarizing action steps from the previous review year to determine if such actions reflected positively or continued action is required.

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:

Qlarant has experience conducting all EQR activities and responding to related state requests for ad hoc studies and reports. Our team of clinical, quality, and analytic professionals are ready and willing to meet the needs of DHHS. Our team has successfully produced customized and meaningful ad hoc studies and reports, resulting in satisfied state customers. Examples of ad hoc reporting are provided below.

Medical Case/Peer Review ● Quality Focused Study ● Quarterly Grievance/Appeal/Denial Review ● Independent Waiver Assessment ● Annual Comparative Report ● Readiness Reviews ● Reports and Presentations for Medicaid Advisory Boards

Qlarant's 23 years of experience conducting ad hoc focused studies and reports spans multiple state Medicaid programs and study topics. A few examples of study topics include:

Prenatal care ● Birth Outcomes ● Child and Adult Immunizations ● Asthma ● Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Medical Record Focused Review ● Obesity ● Follow Up After Mental Health Admission ● Special Needs Populations ● Diabetes Care ● Women's Preventive Services ● Utilization of EPSDT Services

"[Qlarant is] always prompt on offering suggestions and helping out when needing reports or information."
—West Virginia EQR Contract Administrator

Qlarant will discuss ad hoc studies and reports with DHHS to understand objectives and requirements. Qlarant will develop a methodology and report outline for DHHS's consideration. After receiving feedback, finalizing the methodology and report outline, Qlarant will determine hours, and calculate cost based on a competitive hourly rate. Qlarant takes pride in offering DHHS competitive hourly rates based on conducting extensive market-based evaluations.

Consistent with other deliverables, Qlarant will report results in a meaningful way using graphs, tables, and other figures supporting narratives including valuable analyses and actionable recommendations. Consistent with our deliverable procedures, we will validate all results and analyses, and our Technical Writer will complete editing and formatting to ensure a professional and polished report. Our reporting process includes a peer review to ensure quality and accurate deliverables.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by conducting and responding to related state requests for ad hoc studies and reports.
- Qlarant **exceeds** requirements by using experienced and knowledgeable SMEs, which reduces the number of hours in ad hoc studies and provides a lower cost to DHHS.

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:

Distributing EQR Reports, Assessments, and Recommendations Purpose

Distribution of reports, assessments, and recommendations keeps interested parties and stakeholders informed of Heritage Health and Dental Benefit Program developments. Our deliverables are extensions of our experience and expertise, and we provide clear, concise, and beneficial reporting for all intended audiences.

"Reports are always easy to understand and actionable. Qlarant requests feedback and makes changes, as needed."
—District of Columbia MCO

Distributing EQR Reports, Assessments, and Recommendations Approach

Distribute reports. Qlarant will distribute information specified in V.D.4, upon request, in print or electronic media to interested parties and stakeholders.

Make reports available in alternative formats. Qlarant will make reports available in alternative formats for persons with disabilities, when requested. Qlarant ensures final ATRs are compliant with Section 508 of the Rehabilitation Act.

Protect patient information. Qlarant's standard practice is to not release or disclose the identity of any patient or any other information protected by law. Qlarant has never disclosed protected health information or personally identifiable information in an EQR report.

Distribute reports with DHHS permission. Qlarant will not share or deliver reports and any data utilized for reporting purposes to any other individual or entity without prior written approval of DHHS. Qlarant understands the schedule, number of copies, and media for reports shall be specified by DHHS.

Maintain report distribution list. Qlarant will develop, update, and maintain a report distribution list during the contract period to incorporate changes required by DHHS.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets and exceeds** requirements by preparing all reports based on best practices from Qlarant EQRO experience, CMS protocols, and any DHHS reporting aspect requests.

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

Bidder Response:

Meetings Purpose

Regular meetings are essential for communicating updates, addressing questions, confirming expectations, and more. Qlarant provides task and deliverable progress updates during meetings. We monitor work plans and timelines closely and anticipate potential risks. Qlarant informs the State of potential risks and shares mitigation strategies. Meetings also provide a forum to address specific questions and provide technical assistance to DHHS.

Meetings Approach

Hold monthly meetings with DHHS. Qlarant will establish monthly meetings with DHHS to provide updates and technical assistance. Meetings can be conducted via conference call or webinar with screen sharing. The Qlarant Nebraska Project Manager will facilitate monthly meetings. Other Qlarant participants include the EQR Director and other EQR SMEs, as required. We will work with DHHS to identify a meeting schedule that works for both parties. Qlarant will provide access to conference call lines or other technologies suited for the meetings.

Develop agendas. Qlarant will develop agendas for each meeting with DHHS input. Qlarant recommends the following agenda topics for regular meetings:

- Annual onsite external quality review activities
- Performance improvement projects
- Performance measure validation
- Compliance review
- Network adequacy validation
- Technical assistance needs
- Reporting
- Other quality review activities, as applicable
- Recommendations for improving the quality of health care services furnished by each MCO/DBM
- Quarterly operational meetings
- Questions

Qlarant will provide status updates, confirm expectations, and discuss potential risks and mitigation strategies for each EQR task.

Take and distribute minutes. Qlarant will take and distribute minutes within five business days after the meeting. Minutes will summarize discussions, highlight action items, and identify responsible parties. Minutes will be distributed via email and posted on the DHHS portal.

Participate in quarterly operational meetings. Qlarant will participate, in conjunction with DHHS, in quarterly operational meetings with MCOs/DBM. During these meetings, Qlarant will be an active, engaged participant answering questions and providing guidance as needed. Qlarant participation will include the Nebraska Project Manager and other Qlarant SMEs as needed.

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by conducting meetings according to our client's request with flexibility.
- Qlarant EQR staff successfully meet and conduct business virtually. During the COVID pandemic, all staff have been successful communicating and completing work in a 100% remote environment. Qlarant will **meet and exceed** requirements providing EQR services from a distance, as necessary.

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:

Performing Quality Review Purpose

States may request their external quality review organizations conduct optional EQR activities identified in 42 CFR §438.356(c). These activities focus on conducting additional quality and performance related review activities. Assessments can identify gaps in care and areas where the MCOs/DBH should focus efforts to improve performance.

Performing Quality Review Approach

Qlarant has experience conducting all optional EQR activities. Qlarant conducts each activity using the respective CMS EQR protocol as a guide.

Encounter Data Validation Approach

Qlarant's approach to conducting encounter data validation (EDV) activities is consistent with the *CMS EQR Protocol 5 – Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan.*

Our approach to completing EDV includes five activities:

- **Activity 1: Review State Requirements.** Qlarant develops a complete understanding of State requirements for MCOs/DBM claims and encounter data by reviewing MCO/DBM contracts and having discussions with the State.

- **Activity 2: Review the MCO/DBM's Capability.** Qlarant evaluates the MCO's/DBM's ability to collect complete and accurate encounter data. Results indicate where and how information systems may be vulnerable to incomplete or inaccurate data capture, processing, integration, storage, and reporting. Qlarant conducts or reviews the most recently completed Information System Capability Assessment and interviews MCO/DBM staff.

- **Activity 3: Analyze Electronic Encounter Data.** Qlarant receives data file(s) from either the State or the MCO/DBM and conducts multiple analyses. Qlarant determines the validity of encounter data and determines whether data is complete, of high quality, and qualifies for analysis.

- **Activity 4: Review Medical Records.** Qlarant conducts a medical record review (MRR) and confirms findings from the analysis completed in Activity 3. The review focuses on a specific encounter type (e.g. physician office visit) and is based on a statistically valid sample.

- **Activity 5: Submit Findings.** Upon completion of EDV activities and analysis, Qlarant reports findings in a report format customized for and approved by the State. Qlarant includes the following:

    - Introduction and purpose
    - Methodology
    - Results for activities 1-4 including a narrative analysis describing statistics, when appropriate
    - Conclusion including strengths and recommendations for improvement

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by conducting encounter data validation according to the latest CMS EQR protocol.

- Qlarant **exceeds** requirements by using a [redacted]. The tool streamlines the medical record review process and reduces opportunity for error.
- Qlarant **exceeds** requirements by using experienced staff for medical record review activities including certified coders and/or registered nurses. Reviewers must take and pass an inter-rater reliability exercise scoring at least 90%.

Administering or Validating Surveys Approach

Qlarant's approach to administering or validating surveys is consistent with the *CMS EQR Protocol 6 – Administration or Validation of Quality of Care Surveys.*

Our approach to **administering** surveys includes eight activities:

Activity 1: Identify Survey Purpose, Objectives, and Audience. Qlarant collaborates with the State and identifies the survey purpose, objectives, and audience. Qlarant develops a clear understanding of how a State plans to use the survey results, including what the State wants to learn from the survey, and what it intends to do with the results.

Activity 2: Develop a Work Plan. Qlarant develops a work plan for the survey activity. The work plan includes tasks and subtasks, and start and end dates for each. Qlarant obtains State approval on the work plan before administering the survey.

Activity 3: Select the Survey Instrument. Qlarant selects the survey instrument with State input based on the purpose of data collection, unit of analysis, and goal of collecting valid and reliable data.

Activity 4: Develop the Sampling Plan. Qlarant develops a sampling plan that represents all eligible members within the MCO/DBM. Sampling plans include information from the following steps:

Step 4.1. Define the study population. Qlarant defines the study population and determines the data source(s) to use to develop a sampling frame or list of units in the study population.

Step 4.2. Determine the type of sampling to be used. Qlarant selects a sampling method of either probability (or random) sampling or non-probability sampling. Probability sampling is preferable to non-probability sampling when feasible because it removes systematic bias from the sample.

Step 4.3. Determine the number of units to sample. Qlarant selects the number of units in the sample based on several factors, including the level of precision required to achieve statistically valid results, the expected number of respondents, and other financial and resource constraints to administer the survey.

Step 4.4. Select the sample. Qlarant develops a sampling plan and selects the sample based on the sampling method.

Activity 5: Develop a Strategy to Maximize Response. Qlarant develops a strategy to maximize survey responses and includes the following steps:

Step 5.1. Maximize completeness of sample information before survey launch. Qlarant identifies specific data it needs to locate sample members and develops a strategy for ensuring the information is complete.

Step 5.2. Design a data collection strategy that maximizes responses. Qlarant designs a data collection strategy maximizing response and fitting within the available budget and schedule.

Step 5.3. Specify the method used to calculate the response rate. Qlarant uses standardized methodologies to calculate response rates.

Step 5.4. Include a plan for a non-response analysis. Qlarant conducts a non-response analysis to determine whether there are differences between respondents and non-respondents.

Activity 6: Develop a Quality Assurance Plan. Qlarant develops a quality assurance plan containing quality checks for all phases of data collection. The quality assurance plan is customized based upon survey requirements.

Activity 7: Implement the Survey According to the Work Plan. Qlarant implements the survey according to the data collection schedule identified in the work plan. On average, data collection activities range from 1—14 weeks.

Activity 8: Prepare and Analyze Survey Data and Present Results in a Final Report. Qlarant conducts data analysis in accordance with the work plan and prepares the final report. Qlarant completes the following steps:

Step 8.1. Implement post-processing procedures. Qlarant conducts procedures to handle responses that fail edit checks, address missing data, and remove data from surveys determined unusable.

Step 8.2. Calculate the sampling weights. Qlarant calculates weighted results that are representative of the population and not just the units responding to the survey.
Step 8.3. Conduct a non-response analysis. Qlarant analyzes the extent to which non-respondents may differ from respondents on key variables in the survey sample.

Step 8.4. Analyze survey data. Qlarant analyzes data and generates means or frequency distributions for each survey question and calculates statistics.

Step 8.5. Prepare and submit a final report. Qlarant develops and submits a final report including:

- Introduction and purpose (including objectives)
- Methodology
- Results including comparisons to benchmarks, as applicable
- Conclusion including strengths and recommendations for improvement

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by administering surveys according to the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements with our reporting strategies. Qlarant ensures meaningful reporting by including MCO/DBM specific results compared to state averages. Additionally, national benchmarks are included, when available. This type of reporting allows DHHS to compare performance and make informed decisions.

Our approach to **validating** surveys includes eight activities:

Activity 1: Review the Survey Purpose, Objectives, and Audience. Qlarant reviews the survey purpose, objectives, and audience to understand and evaluate the adequacy of the survey to meet its intended use.

Activity 2: Review the Work Plan. Qlarant reviews the work plan to understand the overall survey approach. Deviations from the work plan may indicate concerns related to the effectiveness of survey implementation.

Activity 3: Review the Reliability and Validity of the Survey Instrument. Qlarant reviews the survey instrument and evaluates validity and reliability.

Activity 4: Review the Sampling Plan. Qlarant reviews sampling plan documentation for the following:

- Clear definition of the study population
- Appropriate specifications for the sample frame
- Quality of the sampling frame
- Type of sampling method used
- Adequacy of the sample size
- Procedures for sample selection

Activity 5: Review the Adequacy of the Response Rate. Qlarant reviews the methods used to maximize the response rate, as well as methods used to calculate the response rate. Additionally, Qlarant assesses potential sources of non-response and bias.

Activity 6: Review the Quality Assurance Plan. Qlarant reviews the quality assurance plan to ensure it contains sufficient quality checks for all phases of data collection.
Activity 7: Review the Survey Implementation. Qlarant reviews documentation regarding survey implementation and assesses whether implementation conformed to the work plan.

Activity 8: Review the Survey Data Analysis and Final Report. Qlarant reviews how the survey data were analyzed, including statistical procedures used and comparisons made. Qlarant documents conclusions and reports the following:

- The survey's technical strengths and weaknesses

- Appropriateness of analysis methods
- Appropriateness of presentation approaches
- Appropriateness of conclusions drawn from the survey data
- Limitations and generalizability of survey findings

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by validating surveys according to the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements by collaborating with our clients to determine survey purpose, sampling methods, survey instruments, and analytical approach to complete the activity.

Calculating Performance Measures Approach

Qlarant's approach to calculating performance measures is consistent with the *CMS EQR Protocol 7 – Calculation of Additional Performance Measures.*

Our approach to calculating performance measures includes three activities:

Activity 1: Prepare for Measurement. Qlarant works with the State to identify requirements and expectations. Qlarant completes the following steps:

Step 1.1. Identify the performance measures to be calculated. Qlarant collaborates with the State to identify performance measures requiring calculation along with technical specifications. Qlarant also gathers information about specific benchmarking, analysis, and reporting requirements.

Step 1.2. Prepare for data collection. Qlarant communicates MCO/DBM requirements for this task, including timelines, during the annual EQR orientation. Qlarant further discusses specific data requirements, sources, locations, and more with MCO/DBM staff. During this step, Qlarant also reviews the most recently completed MCO/DBM ISCA. If one has not been completed within the past two years, Qlarant completes this assessment. This evaluation assists Qlarant in:

- Understanding MCO/DBM data sources, flows, and integration processes.
- Identifying additional data sources.
- Determining data integration needs.

Step 1.3. Identify required data elements, data sources, and data quality issues. Qlarant identifies data elements and sources, and records any completeness or integration issues for each element.

Activity 2: Calculate Measures. Qlarant completes multiple steps to calculate the performance measure results. Steps include:

Step 2.1. Collect performance measure data. Qlarant requests data required to calculate the performance measures from the MCO/DBM or other data suppliers. Qlarant develops and provides file format specifications and works with each supplier to transmit data securely. If medical record review is required, Qlarant develops customized abstraction tools and conducts inter-rater reliability exercises to ensure consistency and accuracy.

Step 2.2. Clean data. After confirming data file receipt, Qlarant transfers data into a repository and cleans the data using electronic edits such as; validating procedure codes have the required number of digits. If data fails, Qlarant requests a corrected file.

Step 2.3. Integrate data into performance measure repository. Qlarant integrates data from multiple sources so all services provided to a specific beneficiary can be associated with that individual. For each data supplier, Qlarant conducts review and validation activities to understand data flows and procedures used to ensure data integrity. Qlarant also ensures proper data integration within our data repository and completes steps including:

- Writing program logic or source code for each measure in compliance with specifications.
- Conducting tests of data to assess completeness, integration, and integrity and to ensure no double-counting.
- Assuring all eligible beneficiaries are included in the initial population from which the final denominator is produced.

Step 2.4. Conduct preliminary analysis. Qlarant assesses the completeness, accuracy, and reasonableness of the data and works with data suppliers until the data are satisfactory. Qlarant looks for evidence of missing data, other data quality issues, and supplier data issues. Issues are reported to the State before proceeding to calculations.

Step 2.5. Calculate denominators, numerators, and rates. Qlarant follows specifications and calculates performance measures.

Activity 3: Report Results. Qlarant reports results following the steps identified below:

Step 3.1. Report preliminary performance measure results. Qlarant shares preliminary performance measure results with the MCO/DBM and obtains feedback about the accuracy of results. Qlarant recalculates measures, if necessary.

Step 3.2. Analyze performance measure results. Qlarant completes an analysis using tables, graphics, and narrative for inclusion in the report to the State.

Step 3.3. Submit a final report to the State. Upon completion of MCO/DBM activities and analysis, Qlarant submits findings in a report format customized for and approved by the State. Qlarant includes the following:

- Introduction and purpose
- Methodology
- Results and analysis
- Conclusion including strengths and recommendations for improvement

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by aligning our approach to calculating performance measures with the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements by working collaboratively with our States and customizing strategies for calculating performance measures to ensure deliverables meet the needs of all stakeholders and add value to their decision making process.

Conducting Performance Improvement Projects Approach

Qlarant's PIP implementation procedures are consistent with the *CMS EQR Protocol 8 – Implementation of Additional Performance Improvement Projects.*

Our approach to completing PIP implementation includes nine activities:

Activity 1: Select the PIP Topic. Qlarant works with the State to define the PIP topic. Topics should reflect the characteristics of the managed care population in terms of demographics, prevalence of disease, and the potential consequences of the disease.

Activity 2: Define the Aim Statement. Qlarant defines an aim statement identifying the focus of the PIP and establishes the framework for data collection and analysis. The PIP aim statement defines the improvement strategy, population, and time period. It is clear, concise, and answerable.

Activity 3: Identify the Population. Qlarant identifies the target population in relation to the PIP aim statement (such as age, length of enrollment, diagnoses, procedures, and other characteristics). Depending on the topic, performance measures, and available data, the PIP may include the entire population or a sample of the population. Generally, if medical record review is required, the PIP will focus on a sample rather than the entire population.

Activity 4: Use Sound Sampling Methods. Qlarant uses appropriate sampling methods when a sample of the population is being studied. These methods are in alignment with the sampling approaches defined in the CMS EQR protocols.

Activity 5: Select the PIP Variables. Qlarant selects variables appropriate for the study. Variables measure performance of the PIP aim statement. Qlarant uses variables that are objective and reliable and define indicators of performance. To the extent possible, Qlarant selects variables measuring health outcomes. Qlarant then identifies performance measures used to measure these outcomes. Performance measures selected reflect current clinical guidance and usually have benchmarks allowing for assessments in performance.

Activity 6: Collect Valid and Reliable Data. Qlarant defines data collection procedures during the implementation of the PIP and ensures the data used to measure performance are valid and reliable. Qlarant's data collection plan specifies:

- Data sources for the PIP
- Data to be collected
- How and when the data are to be collected
- Frequency of data collection
- Who will collect the data
- Instruments used to collect data

Activity 7: Analyze Data and Interpret Results. Qlarant begins data analysis with assessing performance on the selected measures using appropriate statistical techniques. Accurate data analysis includes tests for statistical significance. It is imperative to conduct a meaningful analysis as the State or MCO/DBM may implement changes based on results. Interpretation of results involves assessing root causes of performance. This facilitates opportunity to make adjustments in improvement strategies based on results.

Activity 8: Review Improvement Strategies. Qlarant reviews improvement strategies implemented as part of the PIP. Models of improvement, such as Plan, Do, Study, Act, encourage testing change on a small scale. Frequent monitoring and analyzing allows for course correction. Effective improvement strategies should result in significant, sustained improvement. Effectiveness of improvement strategies is determined by measuring change in performance according to defined performance measures.

Activity 9: Assess Whether Significant and Sustained Improvement Occurred. Qlarant assesses whether significant and sustained improvement occurred through repeated measurements following the same methodology used for the baseline measurement. The goal of the PIP is to yield significant and sustained improvement in health care delivery processes and outcomes, rather than short-term or random changes.

Qlarant develops a customized PIP technical report to share findings. Qlarant recommends including the following:

- Introduction and purpose

- Methodology
- Results including scoring and confidence level
- Conclusions including strengths and opportunities for improvement
- Appendix including detailed findings for each PIP validation step

"Qlarant staff assigned to WV EQR provide excellent Medicaid quality services to us. We are impressed with their expertise, quick response to questions and quality reporting and analysis."

—WV EQR Contract Administrator

Qlarant Meets and Exceeds Requirements

- Qlarant **meets** requirements by conducting performance improvement projects according to the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements with our experienced team. Qlarant's PIP SME is experienced in conducting root cause analyses and developing quality programs to meet requirements and address specific deficiencies.

Conducting Quality and Focused Studies Approach

Qlarant's approach to conducting quality/focus studies is consistent with the *CMS EQR Protocol 9 – Conducting Focus Studies of Health Care Quality.*

Our approach to conducting quality/focus studies includes seven activities:

Activity 1: Select the Study Topic. Qlarant collaborates with the State and considers various factors related to beneficiary characteristics, health risks, experience of care, and special population or service needs. Topics should target relevant areas of clinical care or nonclinical services where one can reasonably assume improvement is needed.

Activity 2: Define the Study Question. Qlarant develops a study question. The study question identifies the focus of the study and establishes the framework for data collection and analysis. The study question should be clear, concise, and answerable.

Activity 3: Select the Study Variables. Qlarant selects the study variable(s) or measures. Variables should be best suited to available data, resources, and study question. Qlarant uses standardized measures with available benchmarks, when available.

Activity 4: Develop a Plan to Study the Population. Qlarant develops a study plan to assess performance of all eligible members in the population being studied. Once the population is clearly defined, Qlarant determines whether to review performance of every beneficiary in the study or whether to review a sample of the study population. Qlarant uses standard statistical methods when selecting samples.

Activity 5: Collect Data. Qlarant develops a data collection plan including the following specifics:

- Data sources for the focus study
- Data to be collected
- Data collection methodology (how and when)
- Data collection frequency
- Who will collect data
- Instruments or tools for data collection

Activity 6: Analyze and Interpret Study Results. Qlarant analysts utilize statistical analysis techniques to analyze and interpret study results. Analysis addresses the study question and identifies:

- Numerical results and findings presented in an accurate, clear, and easily understood manner.
- Performance compared to benchmarks.
- Performance of subgroups and statistical significance of differences among subgroups.
- Factors that threaten the validity and reliability of findings, such as missing data.
- Level of success and follow-up activities.

Activity 7: Report Results to the State. Upon completion of the study and analysis, Qlarant submits findings in a report format customized for and approved by the State. Qlarant includes the following:

- Introduction
- Study question and objectives
- Methodology
- Detailed findings, including tables and graphics
- Conclusions drawn from the data
- Recommendations

Qlarant Meets and Exceeds Requirements

- Qlarant's approach for conducting quality and focus studies **meets** requirements by aligning with the latest CMS EQR Protocol.
- Qlarant **exceeds** requirements with 18+ years of focused study experience spanning multiple state Medicaid programs and topics including: prenatal care, birth outcomes, immunizations, asthma, obesity, mental health admission, diabetes care, women's preventive services, special needs populations, emergency department utilization, and more.
- Qlarant **exceeds** requirements by utilizing secure electronic technology to reduce provider (or MCO/DBM) burden in transmitting medical records. The technology facilitates secure emailing of records, which is preferred by providers. It is an easier and more expeditious process compared to faxing or mailing medical records.

Quality Rating System/Consumer Report Card Approach

CMS has not released the *CMS EQR Protocol 10 – Assist with Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans.* To complete this activity, we follow the CMS framework identified in 42 CFR §438.334. Qlarant also draws on its experience collaborating with NCQA on the development of Qlarant's first consumer report card (CRC) 10 years ago. Our approach to completing CRCs includes seven activities:

Activity 1: Select Reporting Categories and Performance Measures. Qlarant collaborates with the State and considers key reporting categories important to beneficiaries. Examples include:

- Access to Care
- Doctor Communication and Service
- Keeping Kids Healthy
- Taking Care of Women
- Care for Adults with Chronic Illness

Once categories are determined, Qlarant recommends specific performance measures for use in developing a result for each category. Frequently, numerous performance measures are used to represent each category.

Activity 2: Develop Methodology for Completing Calculations. Qlarant assigns weights to each performance measure comprising each category. Statistical analysis is defined and consideration is given to risk-adjusting data and handling missing values.

Activity 3: Develop CRC Template. Qlarant develops a template with State input and considers the following during development:

- How the CRC will be published or distributed to members.
- Key information that should be communicated to members.
- Best strategy to communicate findings, such as star ratings.
- Style including colors, images, state-specific communication requirements.
- Languages requirements.

Activity 4: Collect Data. Qlarant obtains source data including HEDIS and CAHPS reports or other source documents, as needed. These reports, obtained from MCOs/DBM, include essential data required to complete calculations.

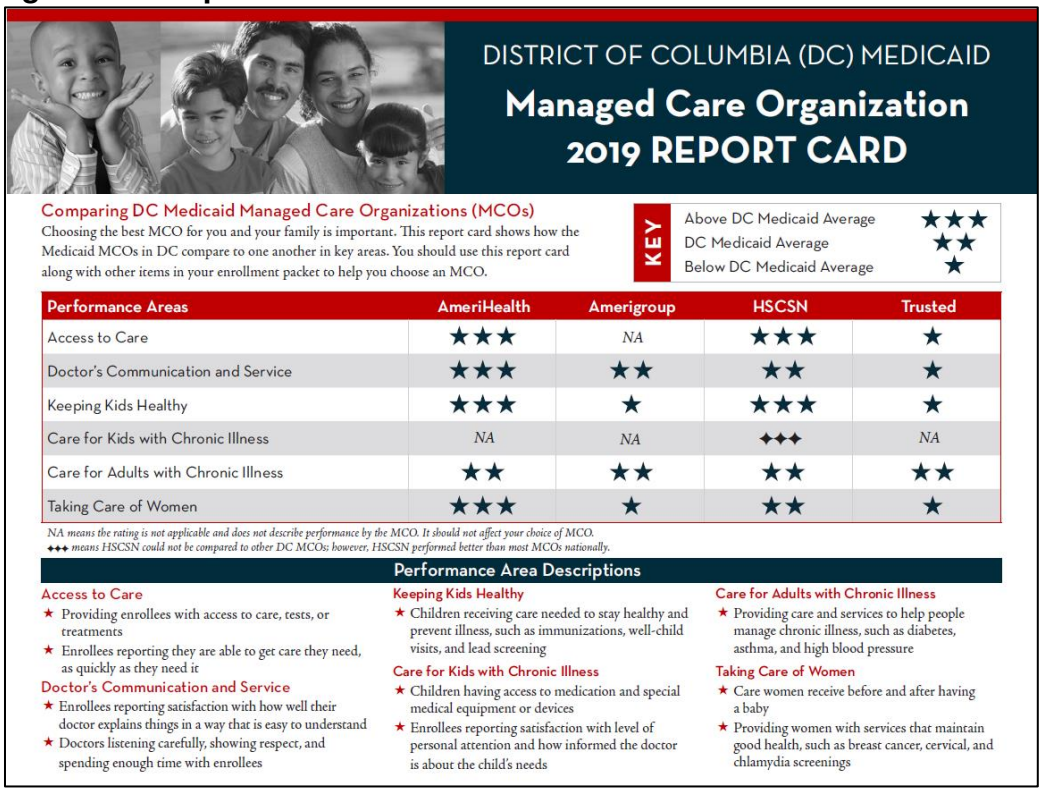
Activity 5: Analyze, Interpret, and Validate Results. Qlarant uses two analysts to independently calculate and interpret results. Analysts validate and reconcile results ensuring accurate and meaningful results are available for the CRC deliverable.

Activity 6: Populate the CRC. Qlarant populates the CRC with star ratings using results from Activity 5: Analyze, Interpret, and Validate Results.

Activity 7: Report Results to the State. Qlarant submits results, including the draft CRC to the State for review.

Figures 5 and ***6*** display a sample CRC Qlarant developed.

Figure 5. Sample CRC Front



DISTRICT OF COLUMBIA (DC) MEDICAID

Managed Care Organization 2019 REPORT CARD

Comparing DC Medicaid Managed Care Organizations (MCOs)

Choosing the best MCO for you and your family is important. This report card shows how the Medicaid MCOs in DC compare to one another in key areas. You should use this report card along with other items in your enrollment packet to help you choose an MCO.

KEY

Above DC Medicaid Average	★★★
DC Medicaid Average	★★
Below DC Medicaid Average	★

Performance Areas	AmeriHealth	Amerigroup	HSCSN	Trusted
Access to Care	★★★	*NA*	★★★	★
Doctor's Communication and Service	★★★	★★	★★	★
Keeping Kids Healthy	★★★	★	★★★	★
Care for Kids with Chronic Illness	*NA*	*NA*	♦♦♦	*NA*
Care for Adults with Chronic Illness	★★	★★	★★	★★
Taking Care of Women	★★★	★	★★	★

NA means the rating is not applicable and does not describe performance by the MCO. It should not affect your choice of MCO.
♦♦♦ means HSCSN could not be compared to other DC MCOs; however, HSCSN performed better than most MCOs nationally.

Performance Area Descriptions

Access to Care
- ★ Providing enrollees with access to care, tests, or treatments
- ★ Enrollees reporting they are able to get care they need, as quickly as they need it

Doctor's Communication and Service
- ★ Enrollees reporting satisfaction with how well their doctor explains things in a way that is easy to understand
- ★ Doctors listening carefully, showing respect, and spending enough time with enrollees

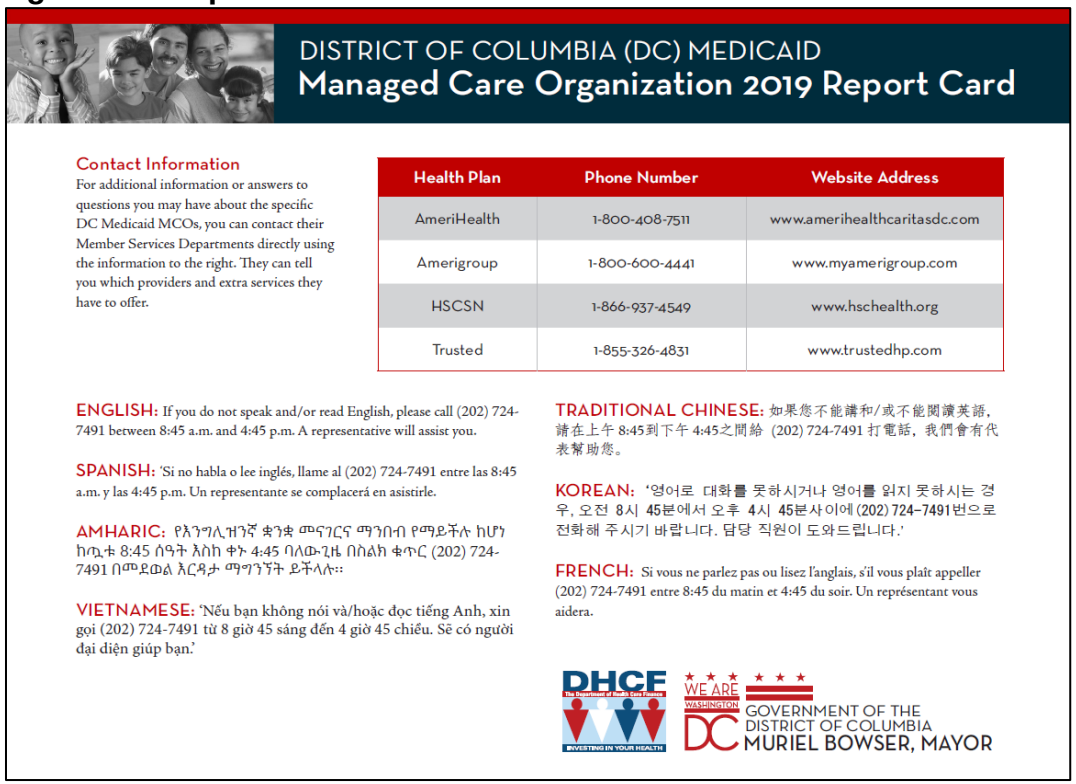
Keeping Kids Healthy
- ★ Children receiving care needed to stay healthy and prevent illness, such as immunizations, well-child visits, and lead screening

Care for Kids with Chronic Illness
- ★ Children having access to medication and special medical equipment or devices
- ★ Enrollees reporting satisfaction with level of personal attention and how informed the doctor is about the child's needs

Care for Adults with Chronic Illness
- ★ Providing care and services to help people manage chronic illness, such as diabetes, asthma, and high blood pressure

Taking Care of Women
- ★ Care women receive before and after having a baby
- ★ Providing women with services that maintain good health, such as breast cancer, cervical, and chlamydia screenings

Figure 6. Sample CRC Back



DISTRICT OF COLUMBIA (DC) MEDICAID
Managed Care Organization 2019 Report Card

Contact Information
For additional information or answers to questions you may have about the specific DC Medicaid MCOs, you can contact their Member Services Departments directly using the information to the right. They can tell you which providers and extra services they have to offer.

Health Plan	Phone Number	Website Address
AmeriHealth	1-800-408-7511	www.amerihealthcaritasdc.com
Amerigroup	1-800-600-4441	www.myamerigroup.com
HSCSN	1-866-937-4549	www.hschealth.org
Trusted	1-855-326-4831	www.trustedhp.com

ENGLISH: If you do not speak and/or read English, please call (202) 724-7491 between 8:45 a.m. and 4:45 p.m. A representative will assist you.

SPANISH: 'Si no habla o lee inglés, llame al (202) 724-7491 entre las 8:45 a.m. y las 4:45 p.m. Un representante se complacerá en asistirle.

AMHARIC: የእንግሊዝኛ ቋንቋ መናገርና ማንበብ የማይችሉ ከሆነ ከጧቱ 8:45 ሰዓት እስከ ቀኑ 4:45 ባለውጊዜ በስልክ ቁጥር (202) 724-7491 በመደወል እርዳታ ማግኘት ይችላሉ።

VIETNAMESE: 'Nếu bạn không nói và/hoặc đọc tiếng Anh, xin gọi (202) 724-7491 từ 8 giờ 45 sáng đến 4 giờ 45 chiều. Sẽ có người đại diện giúp bạn.'

TRADITIONAL CHINESE: 如果您不能講和/或不能閱讀英語，請在上午 8:45到下午 4:45之間給 (202) 724-7491 打電話，我們會有代表幫助您。

KOREAN: '영어로 대화를 못하시거나 영어를 읽지 못하시는 경우, 오전 8시 45분에서 오후 4시 45분사이에 (202) 724-7491번으로 전화해 주시기 바랍니다. 담당 직원이 도와드립니다.'

FRENCH: Si vous ne parlez pas ou lisez l'anglais, s'il vous plaît appeller (202) 724-7491 entre 8:45 du matin et 4:45 du soir. Un représentant vous aidera.

DHCF The Department of Health Care Finance INVESTING IN YOUR HEALTH
WE ARE WASHINGTON DC
GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

"Qlarant did a great job with the consumer report card! We love the way it looks!"
—West Virginia Client Quality Team

Qlarant Meets and Exceeds Requirements

- Qlarant **meets and exceeds** requirements with experience developing a consumer report card and quality rating system approach prior to release of a CMS EQR Protocol.
- Qlarant **exceeds** requirements and draws on its experience collaborating with NCQA on the development of Qlarant's first consumer report card 10 years ago.

Technical Guidance Approach

Qlarant will, at the State's direction, provide technical guidance to MCOs/DBM in completing and/or improving mandatory and optional activities. As described in our technical assistance approach, Qlarant provides ***the best people, the best solutions, and the best results.*** Our vast experience serving a variety of populations coupled with our ability to provide personal and customized technical assistance will result in improvements for Nebraska's Heritage Health beneficiaries. Qlarant aims to assist the MCOs/DBM in improving member experience of care, provider experience, the health of populations, and reducing the per capita cost of health care.

"My sincere thanks for your efforts. When my research techniques reached an impasse, you kindly invested your time and knowledge to provide a path forward. It speaks volumes about you and Qlarant."
—Maryland MCO/Provider Consultant

Qlarant will provide technical guidance in a manner that is most effective to meet the needs of the MCOs/DBM. Guidance can be provided via webinars, technical guides, reference manuals, conference call training/discussions, and more.

"Qlarant is wonderful to work with. They provide quality reports and excellent technical assistance to the MCOs."
—North Dakota EQR CHIP Contract Administrator

Qlarant Meets and Exceeds Requirements

- Qlarant **meets and exceeds** requirements with proven results. Qlarant provided one-on-one technical assistance to an MCO new to the managed care program. As a result, the MCO was able to meet most requirements within one year.

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:	Qlarant agrees to meet and exceed the work plan requirements defined in the RFP. **Work Plan Purpose** Work plans are designed to ensure all EQR activities and deliverables are completed and submitted on time. Work plans incorporate tasks, subtasks, and milestones for each EQR activity included in the deliverable schedule. They assist with planning and keeping activities on track. **Work Plan Approach** Qlarant develops annual work plans based on experience in conducting EQR work and deliverable dates identified by the State. For each EQR activity identified in the deliverable schedule, Qlarant identifies tasks, subtasks, milestones, and corresponding start and end dates. Additionally, Qlarant identifies resources for each activity. This assists in the planning and execution of EQR activities. To illustrate our understanding of the scope of work, Qlarant provides a draft annual work plan in Draft Work Plan. Qlarant will develop a proposed work plan similar to the plan in the Draft Work Plan and submit it to DHHS no later than two weeks after the contract start date. Qlarant will reconcile any DHHS-requested adjustments. Qlarant's final annual work plan will include a format that additionally captures anticipated and actual start and end dates. The final work plan will include: • Originally scheduled start and end dates for each task and subtask • Anticipated start and end dates (for schedule fluctuation) • Actual start and end dates • Descriptions of task • Resources to complete each task

Table 20 displays a final annual work plan template.

Table 20. Final Annual Work Plan Template

Tasks/Subtasks/Deliverables (including description)	Original Schedule		Anticipated Schedule		Actual Schedule		Resources
	Start	End	Start	End	Start	End	

Qlarant will maintain and keep the annual work plan current on the DHHS portal. Nebraska's Project Manager will use the annual work plan as a guide in completing all EQR activities and deliverables. The Project Manager will ensure appropriate planning and managing of resources. Updates will be provided to DHHS on at least a monthly basis via meetings and a progress report.

"Qlarant stays on task in regard to their timeline. Quality has been thorough and outstanding.
—North Dakota EQR Medicaid Expansion Contract Administrator

Qlarant Meets and Exceeds Requirements

- Qlarant will develop the work plan in collaboration with DHHS to **meet** requirements defined in the RFP.
- Qlarant **exceeds** requirements by maintaining a current and up-to-date work plan on the DHHS portal.
- Qlarant **exceeds** requirements by offering a work plan for the MCOs/DBM to follow for each task and submission/reporting requirements.

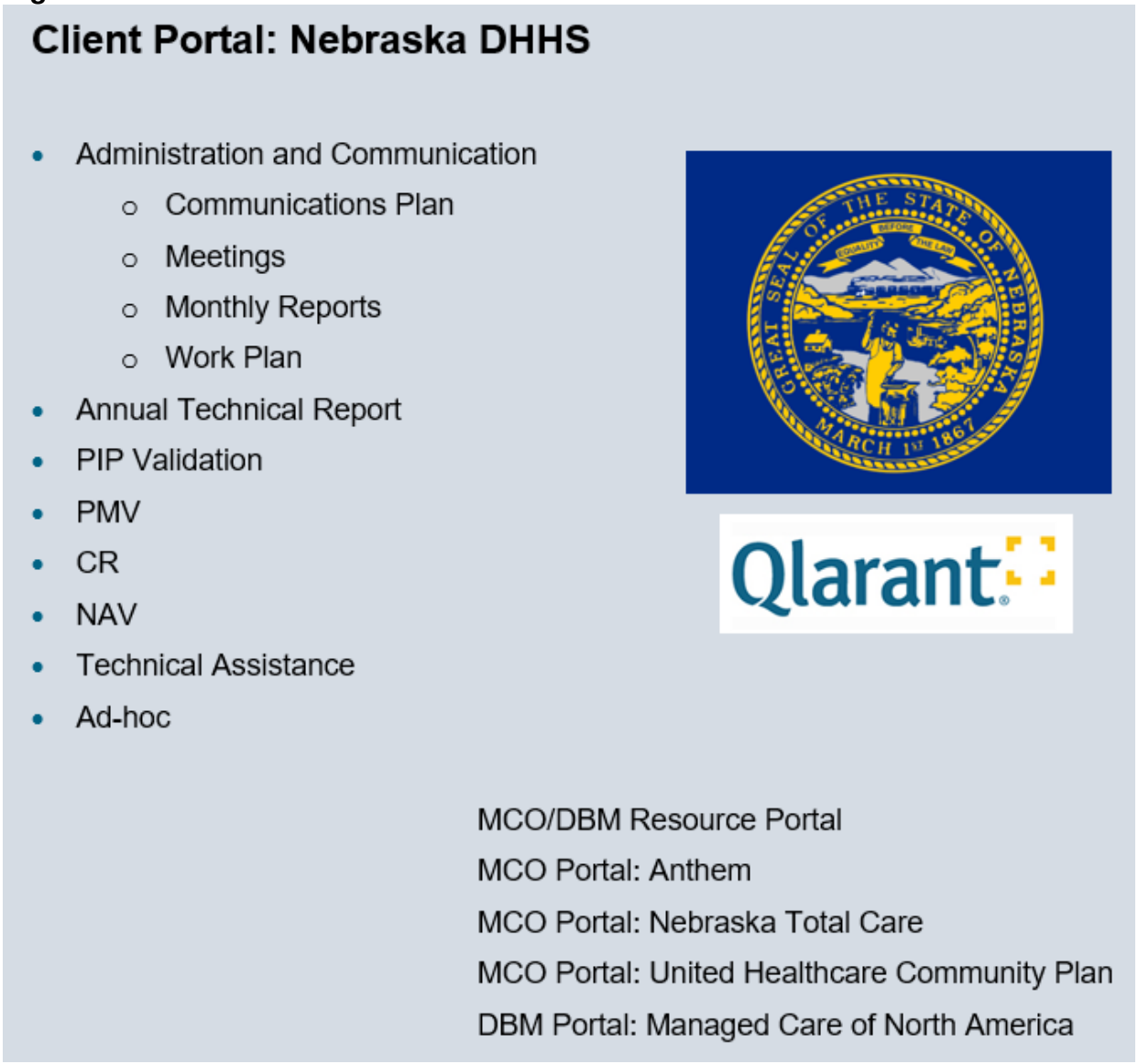
V.H. Project Planning and Management

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:	Qlarant agrees to meet and exceed the project planning and management requirements defined in the RFP. **Project Planning and Management Purpose** Effective project planning and management are keys to ensuring activities and deliverables are completed and submitted on time. **Project Planning and Management Approach** Qlarant develops annual work plans and timelines to facilitate this process. With oversight from the EQR Director, the Nebraska Project Manager will ensure compliance with activities and timelines. No later than two weeks after the contract start date, Qlarant will develop and submit a detailed communications plan. The communications plan will include: • **Communication protocol.** Qlarant will outline and describe formal communication such as monthly meetings with DHHS, quarterly operational meetings with DHHS and MCOs/DBM, and technical assistance meetings. Meeting agendas and minutes and technical assistance materials will be documented and distributed. All documents and materials will be saved on the DHHS portal for reference. Informal communication, such as ad hoc phone calls and emails, will also be described in the communication protocol. Qlarant's communication protocol will include notification to DHHS in writing of any key staff hiring, resignations, and dismissals within one business day after knowledge of any change in staffing. The protocol will outline plans for distribution of EQR reports, assessments, and recommendations. This includes providing copies of requested information through print or

	electric media and developing, updating, and maintaining a report distribution list during the contract period. Qlarant's communication protocol will describe meeting requirements and Qlarant's approach to meeting such requisites including scheduling meetings, preparing agendas, distributing minutes, providing technical assistance, and participating in quarterly operational meetings. The protocol will explain Qlarant's approach to providing technical assistance to MCOs/DBM in conducting activities related to the mandatory and additional EQR activities. Qlarant will outline an approach to reporting in writing any problems with the administration of the MCO/DBM contracts and propose corrective actions for identified problems. Qlarant will also explain its approach to providing technical guidance in the development of PIPs. • **Qlarant deliverable and DHHS draft report review protocol.** Qlarant will develop a protocol stating draft reports will be submitted to DHHS with a minimum of two months lead time for review and will correct any noted deficiencies identified by DHHS within two weeks. • **Ad-hoc deliverable requests and initiation protocol.** Qlarant will develop a protocol describing how we will respond to DHHS EQR-related informational requests within one business day, or as agreed upon with DHHS throughout the contract. The Nebraska Project Manager will serve as DHHS's primary point of contact. When the Project Manager is not available, during times of annual or sick leave, a backup will be assigned to ensure Qlarant responds to EQR-informational requests within one business day. • **Work plan progress review protocol.** Qlarant will develop a protocol explaining how work plan progress will be communicated to DHHS. In addition to discussing work plan progress in monthly meetings, Qlarant will also develop a monthly report summarizing activities completed in the last month and activities planned for the next month.

	• **Conference call protocol.** Qlarant will outline a protocol including Qlarant's approach to conducting monthly conference calls with DHHS, or as directed by DHHS, to discuss contract activities and deliverables. Qlarant provides a draft Communications Plan in the Draft Communications Plan. Qlarant understands DHHS may approve or reject, in writing, the detailed Communications Plan or any proposed updates to the detailed Communications Plan. Qlarant will address any questions DHHS may have regarding the draft document. Qlarant will collaborate with DHHS to develop an agreeable solution. Once a Communications Plan is finalized, Qlarant will use it as a guide and revisit it annually to ensure it is meeting or exceeding the needs of DHHS. Qlarant will save the Communications Plan as well as other documents to a secure client portal. Qlarant maintains secure portals for internal EQR team use, state clients, and MCOs/DBM. The portals serve as a document library for reporting and document sharing, and facilitate secure document exchange. Upon contract award, Qlarant will build portals for DHHS and each MCO/DBM. ***Figure 7*** displays a mock DHHS portal.

Figure 7. Mock DHHS Client Portal



	Qlarant Meets and Exceeds Requirements • Qlarant **meets** requirements by offering customization embedded in our contract management procedures to meet DHHS needs. • Qlarant agrees to **meet** requirements by providing project management services for EQR and/or quality related activities. • Qlarant **exceeds** requirements by offering to assist with efforts to provide more internal and public reporting. • Qlarant **exceeds** requirements by requiring all portal users to verify identity using a two-factor authentication process. Two-factor authentication is useful in preventing security breaches that can lead to unauthorized access of systems and data.

State of Nebraska
Department of Health and Human Services

Request for Proposal for
External Quality Reviews

Draft Work Plan

Solicitation Number: RFP 6303 Z1

Issued by: Department of Health and Human Services

Submitted by:

Qlarant Quality Solutions

28464 Marlboro Avenue

Easton, MD 21601-2732

Phone: 410-822-0697

Toll-Free: 800-999-3362

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Draft Work Plan (V.G)

Bidder must include a draft Work Plan for review. (V.G.)

Qlarant presents a draft Work Plan of our proposed timeline for submitting deliverables to DHHS for review. All dates included in the Work Plan are approximate according to the change in the contract start date. Immediately upon contract award, Qlarant will meet with DHHS to determine the order of tasks and subsequent work plans. Qlarant will submit a detailed Work Plan two weeks after contract start date capturing all deliverables identified in RFP Section V.F. At the request of DHHS, Ad-hoc Reporting, Deliverable 0 is not included in our draft Work Plan. However, if this additional work is needed, Qlarant will submit the following: detailed Work Plan, Title/Role(s), number of hours, and the dates/deliverables for DHHS review and approval.

DRAFT Work Plan

Annual Onsite External Quality Review (EQR) Work Plan

Annual Onsite EQR	Start*	End*	Resources
Hold kick off meeting with DHHS, work with DHHS to confirm EQR and MCO/DBM requirements	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator
Develop EQR orientation materials for MCOs/DBM	4/5/21	4/9/21	Project Director Project Manager PM Manager QI Coordinator Ops Coordinator
Submit orientation materials to DHHS for review and approval	4/9/21	4/14/21	Project Manager
Finalize orientation materials	4/15/21	4/16/21	Project Manager PM Manager QI Coordinator
Conduct annual EQR orientation	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Receive pre-onsite MCO/DBM documents for review	4/21/21	4/30/21	Project Manager PM Manager
Conduct pre-onsite review of materials	5/3/21	5/21/21	Project Manager PM Manager QI Coordinator

Annual Onsite EQR	Start*	End*	Resources
			CQ Specialist
Hold pre-site calls with MCOs/DBM to review onsite EQR agendas and answer questions	5/12/21	5/13/21	Project Manager PM Manager QI Coordinator
Conduct onsite EQRs (at each MCO/DBM)	5/24/21	6/4/21	Project Manager PM Manager QI Coordinator
Conduct post-onsite review activities	6/7/21	7/2/21	Project Manager PM Manager QI Coordinator CQ Specialist
Complete draft reports	7/6/21	7/21/21	Project Manager PM Manager QI Coordinator Ops Coordinator Analyst Tech. Writer/Editor
Conduct peer review/validation/formatting of draft reports	7/22/21	7/30/21	Project Manager PM Manager QI Coordinator Ops Coordinator Tech. Writer/Editor
Draft Deliverable 1 and 2: Submit draft EQR reports to DHHS for review and approval	8/2/21	8/2/21	Project Manager
Receive feedback/approval from DHHS	8/3/21	8/23/21	Project Manager
Final Deliverable 1 and 2: Finalize and distribute EQR reports to DHHS and MCOs/DBM upon approval	8/24/21	9/1/21	Project Manager PM Manager QI Coordinator Tech. Writer/Editor
Conduct corrective action plan (CAP) activities (if applicable)	TBD	TBD	Project Manager PM Manager QI Coordinator

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Annual PIP Validation Work Plan

Annual PIP Validation	Start*	End*	Resources
Work with DHHS to confirm PIP requirements, scoring, levels of confidence, PIP topics, and performance measures	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator

Annual PIP Validation	Start*	End*	Resources
Conduct annual EQR orientation, including PIPs, for MCOs/DBM	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Develop and distribute [redacted] and reporting templates to MCOs/DBM	4/21/21	4/30/21	Project Manager
Develop customized reporting templates	5/3/21	5/13/21	Project Manager QI Coordinator
Submit templates and obtain DHHS approval	5/14/21	5/31/21	Project Manager
Receive annual PIP reports from MCOs/DBM	7/12/21	7/12/21	Project Manager
Conduct PIP review and validation	7/13/21	7/23/21	Project Manager QI Coordinator PM Manager Analyst
Complete draft PIP reports	7/26/21	8/11/21	Project Manager QI Coordinator
Conduct peer review/validation/formatting of draft reports	8/12/21	8/19/21	Project Manager PM Manager QI Coordinator Ops Coordinator Tech. Writer/Editor
Draft Deliverable 3 and 4 : Submit draft PIP reports to DHHS for review and approval	8/20/21	8/20/21	Project Manager
Receive feedback/approval from DHHS	8/23/21	9/10/21	Project Manager
Final Deliverable 3 and 4: Finalize and distribute PIP reports to DHHS and MCOs/DBM upon approval	9/13/21	9/20/21	Project Manager QI Coordinator

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Annual PMV Work Plan

Annual PMV	Start*	End*	Resources
Work with DHHS to identify performance measures, requirements, levels of confidence	4/1/21	4/2/21	Project Director Project Manager PM Manager QI Coordinator
Prepare medical record review tools for over-reads	4/12/21	4/30/21	PM Manager QI Coordinator
Prepare final rate workbooks for MCOs/DBM reporting	4/12/21	4/30/21	PM Manager QI Coordinator
Conduct annual EQR orientation, including PMV, for MCOs/DBM, identify performance measures, requirements, timelines, and share ISCA Tool	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Receive pre-onsite MCO/DBM documents for review	4/21/21	4/30/21	PM Manager QI Coordinator
Conduct pre-onsite review of documentation, source code (if applicable), and completed ISCA from MCOs/DBM	5/3/21	5/21/21	PM Manager QI Coordinator
Develop and distribute agenda for onsite MCOs/DBM visit	5/3/21	5/7/21	PM Manager QI Coordinator
Hold pre-onsite visit conference call to review agenda, answer questions, and discuss any concerns with source code (if applicable)	5/12/21	5/13/21	PM Manager QI Coordinator
Receive numerator positive lists from MCOs/DBM, select sample, and notify MCOs/DBM	5/12/21	5/14/21	PM Manager QI Coordinator
Receive medical records from MCOs/DBM and conduct over-reads	5/19/21	5/27/21	PM Manager QI Coordinator
Complete MCOs/DBM onsite visit	5/24/21	6/4/21	PM Manager QI Coordinator
Share preliminary findings, and receive follow-up items and updated source code (if applicable)	6/7/21	6/14/21	PM Manager QI Coordinator
Review and validate corrective actions and updated source code (if applicable)	6/15/21	6/25/21	PM Manager QI Coordinator
Receive and approve final rates	7/1/21	7/30/21	PM Manager QI Coordinator
Analyze findings and make final assessments	8/2/21	8/30/21	PM Manager QI Coordinator

Annual PMV	Start*	End*	Resources
Develop draft reports using DHHS-approved reporting template	9/1/21	9/30/21	PM Manager QI Coordinator
Conduct internal review and validation activities	10/1/2121	10/14/21	Project Manager PM Manager QI Coordinator Ops Coordinator
Draft Deliverable 5 and 6: Submit draft PMV reports to DHHS	10/15/21	10/15/21	Project Manager PM Manager
Receive feedback/approval from DHHS	10/18/21	12/17/21	Project Manager PM Manager
Final Deliverable 5 and 6: Finalize PMV reports and submit to DHHS and MCOs/DBM	12/20/21	12/31/21	Project Manager PM Manager QI Coordinator

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Annual CR Work Plan

Annual CR	Start*	End*	Resources
Work with DHHS to collect information and determine standards	4/1/21	4/2/21	Project Director Project Manager QI Coordinator
Work with DHHS to define scoring and levels of compliance	4/1/21	4/9/21	Project Manager
Conduct annual EQR orientation, including CR, for MCOs/DBM	4/19/21	4/20/21	Project Director Project Manager PM Manager QI Coordinator
Customize reporting templates and identify supplemental information	4/19/21	4/23/21	Project Manager QI Coordinator Data Mgt. Director
Develop and share onsite visit agenda with MCOs/DBM	4/20/21	4/30/21	Project Manager
Receive pre-site documentation from MCOs/DBM	4/21/21	4/30/21	Project Manager
Conduct pre-onsite document review	5/3/21	5/21/21	Project Manager CQ Specialist QI Coordinator PM Manager
Hold pre-onsite calls with MCOs/DBM to review onsite EQR agenda and answer questions	5/12/21	5/13/21	Project Manager QI Coordinator

Annual CR	Start*	End*	Resources
Conduct MCOs/DBM onsite visits	5/24/21	6/4/21	Project Manager QI Coordinator PM Manager
Collect supplemental data and compile data and information	6/1/21	6/9/21	Project Manager CQ Specialist QI Coordinator PM Manager
Draft and submit exit letters to MCOs/DBM	6/10/21	6/11/21	Project Manager QI Coordinator
Receive responses to exit letters	6/14/21	6/25/21	Project Manager
Analyze findings and make final assessments	6/28/21	7/2/21	Project Manager CQ Specialist QI Coordinator PM Manager
Develop draft reports using DHHS-approved reporting template	7/6/21	7/21/21	Project Manager QI Coordinator
Conduct internal review and validation activities	7/22/21	7/30/21	Project Manager QI Coordinator Tech. Writer/Editor
Draft Deliverable 1 and 2: Submit draft reports to DHHS	8/2/21	8/2/21	Project Manager
Receive feedback/approval from DHHS	8/3/21	8/23/21	Project Manager
Final Deliverable 1 and 2: Finalize reports and submit to DHHS and MCOs/DBM	8/24/21	9/1/21	Project Manager QI Coordinator Tech. Writer/Editor

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Annual NAV Work Plan

Annual Network Adequacy Validation	Start*	End*	Resources
Discuss customized methodology with DHHS	4/1/21	4/2/21	Project Director Project Manager QI Coordinator
Finalize methodology and submit to DHHS	4/5/21	4/9/21	Project Manager QI Coordinator CQ Specialist
Develop provider directory specifications for MCOs/DBM based on provider types selected by DHHS	4/12/21	4/14/21	Project Manager QI Coordinator CQ Specialist
Conduct annual EQR orientation, including NAV, for MCOS/DBMs	4/19/21	4/20/21	Project Director Project Manager QI Coordinator

Annual Network Adequacy Validation	Start*	End*	Resources
Develop customized reporting templates	4/19/21	4/23/21	Project Manager QI Coordinator
Submit templates and obtain DHHS approval	4/26/21	5/7/21	Project Manager
Customize and test data collection tool for review activities	5/10/21	5/14/21	Project Manager QI Coordinator Data Management Director
Conduct onsite EQRs (at each MCO/DBM) and gather network adequacy information	5/24/21	6/4/21	Project Manager QI Coordinator
Request [redacted] from MCOs/DBM	6/7/21	6/7/21	Project Manager
Receive [redacted] from MCOs/DBM	6/8/21	6/21/21	Project Manager
[redacted] in data collection tool	6/22/21	6/25/21	Analyst QI Coordinator Ops. Coordinator
[redacted] and [redacted]	6/28/21	9/13/21	QI Coordinator Ops. Coordinator
Complete [redacted] and [redacted]	9/14/21	9/17/21	CQ Specialist
Complete comprehensive analysis	9/20/21	10/1/21	Project Manager QI Coordinator Analyst
Complete draft NAV reports	10/4/21	10/15/21	Project Manager QI Coordinator Analyst
Conduct peer review/validation/formatting of draft reports	10/18/21	10/28/21	Project Manager QI Coordinator Analyst Tech. Writer/Editor
Draft Ad-Hoc Deliverable 7 and 8: Submit draft NAV reports to DHHS for review and approval	10/29/21	10/29/21	Project Manager
Receive feedback/approval from DHHS	11/1/21	12/17/21	Project Manager
Final Ad-Hoc Deliverable 7 and 8: Finalize and distribute NAV reports to DHHS and MCOs/DBM	12/20/21	12/31/21	Project Manager QI Coordinator

*Dates are approximate for Contract Year 1. Beginning in Year 2, Qlarant will obtain provider directories and conduct surveys on a quarterly basis. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Aggregate ATR Work Plan

Aggregate ATR	Start*	End*	Resources
Develop ATR template and submit to DHHS for review/approval	5/10/21	5/21/21	Project Director Project Manager QI Coordinator Tech. Writer/Editor
Aggregate/analyze/compile EQR results	6/7/21	8/3/21	Project Manager PM Manager QI Coordinator Analyst
Conduct peer review/validation and formatting	8/4/21	8/13/21	Project Director Project Manager PM Manager QI Coordinator Analyst Tech. Writer/Editor
Draft Deliverables 1 and 2: Submit draft report to DHHS	8/16/21	8/16/21	Project Manager
Receive feedback/approval from DHHS	8/16/21	10/1/21	Project Manager
Final Deliverables 1 and 2: Finalize report, ensure 508 compliance, and submit to DHHS	10/1/21	10/15/21	Project Manager Tech. Writer/Editor

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

Ad-hoc Technical Assistance and Consultation Work Plan

Ad-hoc Technical Assistance and Consultation	Start*	End*	Resources
Deliverable 9: Provide technical assistance and consultation	Ongoing		Project Director Project Manager QI Coordinator PM Manager Analyst Tech. Writer/Editor

*Dates are approximate for Contract Year 1. Qlarant will work with DHHS to confirm and finalize dates. Qlarant will update the work plan on an annual basis with input from DHHS.

DRAFT Work Plan Approval Process

Qlarant will submit a draft Work Plan on an annual basis and make adjustments to best meet the needs of DHHS. We understand DHHS's right to approve or reject the plan. Qlarant will collaborate with DHHS to develop an agreeable solution. Qlarant will post the final Work Plan on the DHHS client portal for easy reference.

State of Nebraska
Department of Health and Human Services

Request for Proposal for
External Quality Reviews

Draft Communication Plan

Solicitation Number: RFP 6303 Z1

Issued by: Department of Health and Human Services

Submitted by:

Qlarant Quality Solutions

28464 Marlboro Avenue

Easton, MD 21601-2732

Phone: 410-822-0697

Toll-Free: 800-999-3362

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Draft Communications Plan (V.H.1/I.N.7)

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. (V.H.)

Within two weeks of the contract start date, Qlarant will submit a detailed Communications Plan. Qlarant presents a draft Communications Plan below.

DRAFT Communications Plan

Clear, collaborative, and continuous communication with clients and stakeholders is an integral part of Qlarant's project management. Our staff follow the Project Management Institute's principles for frequent and well-documented communication with customers and stakeholders. This practice of quality management permeates all aspects of our efforts when leading contract activities and meeting expectations for deliverables.

Contract Communication Protocols (V.H.1.a/)V.D.1-2 and 7)

Qlarant aims to keep DHHS informed of external quality review changes, staffing changes, reporting, meetings, and technical assistance planning. Qlarant's communication will be formal and informal—depending on the subject matter, requirements, and urgency.

Changes in External Quality Review (V.H.1/V.D.1-2, and 7)

Qlarant consistently reviews updates in protocols and the most current federal and state regulations and requirements to ensure ongoing compliance and maintain updated information on any potential developments affecting external quality review activities. DHHS can trust Qlarant to communicate updates affecting protocols or external quality review activities, including those identified under quality review (V.D.7). Qlarant outlines detailed responses to project requirements (V.D.) in Technical Approach Attachment 1. Summaries of our communication processes outline Qlarant's approach below:

Protocols. Most recently, CMS updated protocols in 2019 and released updated protocols publicly in January 2020. **Qlarant uses, and will continue to use, the most current EQR protocols and toolkits for external quality review activities.** Qlarant will perform contract activities consistent with specifics identified in CMS protocols including, data gathered, sources referenced, activities and steps followed, methods proposed, data obtained, and instructions, guidelines, worksheets, or other documents and tools implemented. Qlarant will report any problems with administration of the MCO

or DBM contracts and will propose a corrective action plan for any problems directly related to performance of this contract.

External Quality Review. Qlarant will conduct an annual external quality review of the MCOs and DBM in Nebraska and produce required reports. External quality review will include mandatory activities identified in the Code of Federal Regulations, including annual external quality review (including onsite reviews and draft onsite review reports), performance improvement projects, performance measure validation, compliance review, and network adequacy validation.

Quality Review. Information from additional activities as outlined in the Code of Federal Regulations may be included in the quality review. At the State's direction, Qlarant will perform encounter data validation, administrate or validate consumer or provider surveys, calculate performance measures, conduct performance improvement projects, conduct quality or focus studies, assist with a quality rating, or provide technical guidance.

Changes in Staffing (V.H.1.a.i)

Qlarant's Nebraska Project Manager will notify DHHS in writing of any key staff hiring, resignations, and dismissals within one business day after knowledge of any change in staffing.

Distribution of EQR Reports, Assessments, and Recommendations (V.H.1.a.ii/V.D.4-5)

Qlarant will distribute reports, assessments, and recommendations to keep interested parties and stakeholders informed of Heritage Health and Dental Benefit Program progress, results, and recommendations. Qlarant will:

Distribute reports. Qlarant will distribute information specified in V.D.4 (Reporting), upon request, in print or electronic media to interested parties and stakeholders.

Make reports available in alternative formats. Qlarant will make reports available in alternative formats for persons with disabilities, when requested. Qlarant ensures final annual technical reports (ATRs) are compliant with Section 508 of the Rehabilitation Act.

Protect patient information. Qlarant will not release or disclose the identity of any patient or any other information protected by law. Qlarant staff complete annual training addressing the importance of and identifying safe practices for maintaining and protecting patient information.

Distribute reports with DHHS permission. Qlarant will only share reports (and data utilized for reports) with DHHS written permission. The schedule, number of copies, and media for reports shall be specified by DHHS.

Maintain report distribution list. Qlarant will develop, update, and maintain a report distribution list during the contract period to incorporate changes required by DHHS.

Meeting Planning (V.H.1.a.iii/V.D.6.)

Qlarant will hold regular meetings to communicate updates, address questions, confirm expectations, conduct training, and more. Qlarant will monitor work plans and timelines closely and anticipate potential risks. Qlarant will inform DHHS of potential risks and share mitigation strategies. Qlarant will also provide technical assistance to DHHS, as requested. Qlarant will:

Hold monthly meetings with DHHS. Qlarant will establish monthly meetings with DHHS to provide updates and technical assistance. Meetings can be conducted via conference call or webinar with screen sharing. The Qlarant Nebraska Project Manager will facilitate monthly meetings. Other Qlarant participants include the EQR Director and other EQR subject matter experts (SMEs), as required. We will collaborate with DHHS to identify a meeting schedule that works for both parties. Qlarant will provide access to conference call lines or other technologies suited for the meetings.

Develop agendas. Qlarant will develop agendas for each meeting with DHHS input. Qlarant recommends the following agenda topics for regular meetings:

- Annual onsite EQR activities
- Performance Improvement Projects (PIPs)
- Performance Measure Validation
- Compliance Review
- Network Adequacy Validation
- Technical assistance needs
- Reporting
- Other quality review activities, as applicable
- Recommendations for improving the quality of health care services furnished by each MCO/DBM
- Quarterly operational meetings
- Questions

Qlarant will provide status updates, confirm expectations, and discuss potential risks and mitigation strategies for each EQR task.

Take and distribute minutes. Qlarant will take and distribute minutes within five business days after the meeting. Minutes will summarize discussions, highlight action items, and identify responsible parties. Minutes will be distributed via email and posted on the DHHS client portal as well. The portal will serve as a secure, electronic library and house important communications, meeting agendas/minutes, and reports for DHHS reference and use.

Participate in quarterly operational meetings. Qlarant will participate, in conjunction with DHHS, in quarterly operational meetings with MCOs/DBM. During these meetings, Qlarant will be an active, engaged participant answering questions and providing guidance as needed. Qlarant participation will include the Nebraska Project Manager and other Qlarant SMEs as needed.

Technical Assistance (V.H.1.a.iv./V.D.3)

Qlarant will provide technical SMEs to assist DHHS and the MCOs/DBM. Qlarant will work with DHHS and identify needs for technical assistance. Qlarant will determine goals and objectives and propose a technical assistance strategy for DHHS to consider. Upon approval, Qlarant will develop a tailored approach to best meet the needs of the MCOs/DBM. Qlarant will:

Provide technical assistance to groups of MCOs or the DBM. Qlarant will provide technical assistance to groups of MCOs or the DBM to assist them in conducting activities related to the mandatory and additional EQR activities. Qlarant identifies specific needs and incorporates them into trainings to ensure MCOs/DBM receive the knowledge or training necessary to be successful.

Report in writing any problems with the administration of contracts. Qlarant will report, in writing, any problems with the administration of the MCO/DBM contracts and propose a corrective action plan for any problems directly related to the performance of the contract. These problems may be uncovered during review activities. Should the problem require immediate attention, Qlarant will call DHHS first and follow up by documenting the problem and proposed resolution in writing.

Provide technical guidance in the development of PIPs. Qlarant will provide technical guidance to the MCOs/DBM on the development of PIPs. This is a common request due to the value in developing a PIP using appropriate structure and methodology. Conducting a PIP in a methodical manner promotes an environment that facilitates success.

Qlarant provides technical assistance using various methods and approaches to best match the needs of DHHS and MCO/DBM staff. Technical assistance may be provided via the following means:

Webinars ● Conference Calls ● Secure Web-Based Portals ● Telephone & Email Communications ● Technical Guides ● Reference Manuals

Deliverables (V.H.1.b)

Deliverables (V.H.1.b.i.)

Qlarant provides opportunity for DHHS to review and provide feedback on Qlarant draft reports. Qlarant provides clarification and/or makes edits based on DHHS feedback. Reports are finalized upon DHHS approval.

Qlarant will provide DHHS with a minimum of two months lead time to review reports and provide feedback. The timeline will be based on final deliverable due dates. Qlarant will correct deficiencies identified by DHHS within two weeks and resubmit the final report by the due date.

Qlarant will post all draft and final deliverables on the DHHS client portal.

Ad-hoc Deliverable Requests (V.H.1.c)

Ad-hoc Deliverable Requests (V.H.1.c.i.)

Qlarant is responsive to DHHS ad-hoc EQR-related informational requests. Qlarant will respond to such requests within one business day, or as agreed upon with DHHS throughout the contract. The Nebraska Project Manager will serve as DHHS's primary point of contact. When the Project Manager is not available, during times of annual or sick leave, a back-up will be assigned to ensure Qlarant responds to EQR-informational requests within one business day.

Work Plan Progress (V.H.1.d)

Work Plan Progress (V.H.1.d.i.)

Qlarant keeps DHHS informed and shares work plan progress. Qlarant will communicate work plan progress in completing activities and developing deliverables via monthly meetings and a monthly report. In addition to discussing and reporting completed activities, Qlarant will also summarize planned activities for the next month.

Qlarant will provide DHHS with a conference call line to use for monthly meetings.

DHHS Approval of Communications Plan

Qlarant aims to meet and exceed DHHS expectations for communications. Qlarant will submit a draft Communications Plan on an annual basis and make adjustments to best meet the needs of DHHS. We understand DHHS's right to approve or reject the plan. Qlarant will collaborate with DHHS to develop an agreeable solution. Qlarant will post the final Communications Plan on the DHHS client portal for easy reference.