



health. care.
made. better.

State of Nebraska
Department of Health and Human Services
External Quality Review Organization (EQRO)

RFP #6303 Z1 TECHNICAL RESPONSE

Submitted by: Qsource

Authorized Negotiator:
Dawn M. FitzGerald
Chief Executive Officer
Phone: 901.692.3539
dfitzgerald@qsource.org



October 30, 2020

Mr. Keith Roland
Department of Health and Human Services
301 Centennial Mall South, Lower Level
Lincoln, NE 68509

8245 Tournament Dr.
Ste. 201
Memphis, TN 38125

49 Music Square West
Ste. 402
Nashville, TN 37203

124 West Capitol Ave.
Ste. 900
Little Rock, AR 72201

328 E. Main St.
Louisville, KY 40202

911 E. 86th St.
Ste. 202
Indianapolis, IN 46240

920 Main Street
Ste. 801
Kansas City, MO 64105

Subject: Technical proposal in response to External Quality Review RFP #6303 Z1

Dear Mr. Roland:

Qsource is pleased to submit this technical proposal to serve as the State of Nebraska Department of Health and Human Services' (DHHS's) external quality review organization (EQRO) at a competitive and reasonable cost.

We will leverage our knowledge and experience in providing EQR services over 15 years with our proposed subcontractor, Great Plains Quality Innovation Network (QIN), located in Lincoln, NE. Together we will deliver unmatched quality and service in conducting EQR activities for DHHS.

The Qsource Team's attached technical proposal includes our:

- ⦿ [corporate overview](#);
- ⦿ acceptance of terms in RFP sections [II](#), [III](#), and [IV](#);
- ⦿ [approach for delivering services](#) defined in section V, Project Description and Scope of Work, of the RFP (including Attachment 1 – Technical Approach Narrative);
- ⦿ draft [work](#) and [communications](#) plans;
- ⦿ completed [Form A – Contractor Proposal Point of Contact](#);
- ⦿ signed [Request for Proposal for Contractual Services](#);
- ⦿ Qsource's [banking reference](#) and [audited financial statement](#); and
- ⦿ Great Plains QIN's [commitment letter](#).

The following individuals are authorized representatives who may be contacted regarding Qsource's proposal:

Dawn M. FitzGerald, MS, MBA
Chief Executive Officer
Phone: 901.692.3539
Fax: 615.244.2018
dfitzgerald@qsource.org

Craig Hofer
Chief Financial Officer
Phone: 901.273.2647
Fax: 901.273.2695
chofer@qsource.org

Qsource acknowledges receipt of the following postings pertaining to the above-referenced RFP:

- ⦿ Addendum One – Revised Schedule of Events dated June 26, 2020
- ⦿ Addendum Two – Questions and Answers dated July 7, 2020
- ⦿ Addendum Three – Revised Schedule of Events dated July 7, 2020
- ⦿ Addendum Four – Questions and Answers dated September 17, 2020
- ⦿ Addendum Four – Remote Bid Opening dated October 26, 2020



8245 Tournament Dr.
Ste. 201
Memphis, TN 38125

49 Music Square West
Ste. 402
Nashville, TN 37203

124 West Capitol Ave.
Ste. 900
Little Rock, AR 72201

328 E. Main St.
Louisville, KY 40202

911 E. 86th St.
Ste. 202
Indianapolis, IN 46240

920 Main Street
Ste. 801
Kansas City, MO 64105

Please contact me if you have any questions or require additional information.
Thank you for your consideration of this technical proposal submission.

Sincerely,

Dawn. M. FitzGerald, MS, MBA
Chief Executive Officer

A. Proposal Submission

This proposal submission demonstrates the Qsource Team's understanding of the scope of work outlined in Request for Proposal (RFP) Number 6303 Z1 (RFP #6303 Z1) to serve as the State of Nebraska Department of Health and Human Services' (DHHS's) external quality review organization (EQRO) for Nebraska's Medicaid managed care programs, administered through Heritage Health established in 2016, and the dental benefits manager for Nebraska's Medicaid members, as well as the requirements for submitting this technical proposal response.



A.1. Corporate Overview



Qsource has been a leader in healthcare quality improvement (QI), independent quality review, and health information analysis for more than 47 years, and is a federally designated Quality Innovation Network-Quality Improvement Organization (QIN-QIO). Qsource is an EQRO currently contracted in Arkansas, Florida, and Tennessee to provide independent evaluation of managed care organizations (MCOs) and dental benefits managers (DBMs), operating under both Medicaid and State Children's Health Insurance Program (SCHIP) waivers. Qsource has provided independent, external review of managed care services for a combined 23 years. As an EQRO, Qsource helps to ensure that Medicaid managed care members receive the right care, at the right place, at the right time. More locally, Qsource serves as the Centers for Medicare & Medicaid Services' (CMS's) End Stage Renal Disease Program (ESRD)—known as Qsource ESRD Network 12—in Nebraska (as well as Iowa, Kansas, and Missouri). This experience will be of benefit to the EQRO contract, especially given that we are already familiar with Nebraska's healthcare landscape and we have made valuable stakeholder connections through educational resources, activities, and data collection and analysis for key ESRD performance measures.

Qsource's mission is to create and enhance programs, services, and collaborative relationships that improve healthcare quality. Great Plains Quality Innovation Network (QIN), our proposed subcontractor, likewise aims to achieve better healthcare, improved health, safer care, and lower healthcare costs. Qsource and Great Plains QIN, together as the Qsource Team, will work with DHHS to help ensure Nebraska Medicaid enrollees receive care that is safe, effective, and efficient. We will do this by providing annual external and independent review of services on behalf of DHHS of the three MCOs and one DBM providing care to enrolled DHHS consumers.

This Corporate Overview section addresses the Qsource Team's identification and information, financial statements, change of ownership, office location, relationships with DHHS, employee relations to DHHS, contract performance, corporate experience summary, proposal personnel/management approach summary; and provides information about Great Plains QIN for conducting the scope of work defined in RFP #6303 Z1.

A.1.a. Contractor Identification and Information

Table 1 provides Qsource's identification information.

Table 1. Qsource Identification and Information	
Company Name	Qsource (2005)
Headquarters Address	8245 Tournament Drive, Suite 201, Memphis, TN 38125
EQRO Team Headquarters	49 Music Square West, Suite 402, Nashville, TN 37203
Entity Organization and Incorporation	Qsource is a private, nonprofit 501(c)(3) healthcare quality improvement (QI) and information technology (IT) consultancy incorporated under Tennessee law.
First Year of Business	Founded in 1973, Qsource has been in business continuously for more than 47 years.
First and Previous Names of Organization	<ul style="list-style-type: none"> ◆ Shelby County Foundation for Medical Care (1973) ◆ Midsouth Foundation for Medical Care (1977) ◆ Center for Healthcare Quality (2002)

A.1.b. Financial Statements

A reference letter from Bank of America, dated October 7, 2020 (within the past three months of this proposal's submission as required), is included in the [Appendix](#), and indicates that Qsource's business relationship with the financial institution is in positive standing. Following the reference letter is the most recent Qsource [audited financial statement](#).

Qsource is a financially responsible and stable organization as evidenced by our continuity in business since 1973. Qsource's most recently completed, audited financial statements are for the July 31, 2019 fiscal year end. As of that date, Qsource had total assets of \$29.3 million. Our total liabilities were \$1.9 million. This means that Qsource had working capital of \$27.4 million. In addition, Qsource has an excellent credit rating and impeccable track record of providing the resources needed to successfully meet our contract requirements.

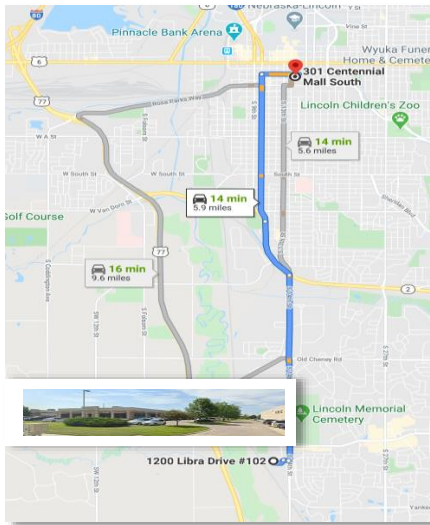
There is no material, pending, or expected litigation against Qsource that could adversely affect our ability to meet contractual requirements pursuant to RFP #6303 Z1, or that is likely to have a material adverse effect on Qsource's financial condition.

A.1.c. Change of Ownership

Qsource attests that no change in ownership or control of the organization is anticipated during the 12 months following the proposal due date. No change in ownership or control is expected for our proposed subcontractor, Great Plains QIN.

A.1.d. Office Location

Daily operations of the EQRO services will be delivered locally at the place of business of Great Plains QIN in Lincoln, NE (1200 Libra Drive, Suite 102, 68512). As shown in [Figure 1](#), this is approximately 6 miles from DHHS's office location at 301 Centennial Mall

Figure 1. Nebraska Office

South, Lower Level. Contract management, contract deliverables, and analytic requirements will be supported by Qsource Team members in Nashville and Memphis, TN.

A.1.e. Relationships with the State

Qsource has not had any dealings or contracts with the State of Nebraska in the previous 10 years or prior. Great Plains QIN previously held a contract with DHHS from 2017 to 2020 (contract #50562 Y3) that included support for critical access hospitals reporting quality measures.

A.1.f. Employee Relations to the State

Qsource and Great Plains QIN staff named in the proposal have not been employees of the State in the past 60 months, per the RFP, page 34, section A.1.f.

A.1.g. Contract Performance

Qsource has never had a contract terminated due to default.

Since Great Plains QIN was incorporated in 2014, the company has not had a contract terminated for default. Great Plains QIN had one contract mutually agreed to be terminated, a contract with Nebraska DHHS that included support for critical access hospitals reporting quality measures. Great Plains QIN acknowledged that due to quality improvement contracts ending 2019 Quarter 4, access to hospital data would be limited going forward into 2020. Great Plains QIN expressed concern that it would no longer be able to meet and fully support the agreement due to these changes. It was mutually agreed to terminate the agreement effective February 1, 2020. The contact information for this contract's sub-award manager is as follows:

Nancy Jo Hansen
 Nebraska Office of Rural Health
 Nebraska Department of Health and Human Services
 P.O. Box 95026
 Lincoln, NE 68509-5026
 402.471.4616
Nancyjo.hansen@nebraska.gov

A.1.h. Summary of Corporate Experience

The Qsource Team brings significant expertise gleaned from previous EQRO work to provide DHHS with efficient, effective EQR services. [Table 2](#) lists the Qsource Team's EQR contracts resume.

Table 2. Qsource/Great Plains QIN EQR Contracts Resume

State and Contracting Agency Q-Qsource Contract G-Great Plains QIN Contract	Years	Mandatory EQR Activities					Optional EQR Activities							Other		
		Validation of Performance Improvement Projects (PIPs)	Validation of Performance Measures	Compliance Assessment	Validation of Network Adequacy	Annual EQR Technical Report	Validation of Encounter Data	Validation/Implementation of Member & Provider Surveys	Calculation of Performance Measures	Implementation of PIPs	Focused Studies	Quality Rating System/ Consumer Report Card	Technical Assistance and Training	Readiness Reviews and Additional Monitoring Activities	Quality Strategy Development, Evaluation, Revision	Stakeholder Meetings
Arkansas-Q Arkansas Department of Human Services (DHS)	Present: 7/1/2020-6/30/2022 Past: Not Applicable (N/A)	•	•	•	•	•	•	•	•			•	•	•		•
Florida Healthy Kids-Q Florida Healthy Kids Corporation (FHKC)	Present: 1/1/2018-12/31/2023 Past: N/A	•	•	•	•	•	•				•		•			•
North Dakota-G Centers for Medicare & Medicaid Services (Great Plains QIN Prime)	Present: 11/7/2019-11/6/2024 Past: 7/18/2014-7/17/2019	•	•	•					•	•			•		•	•
Ohio-Q Ohio Department of Medicaid (ODM)	Present: 7/29/2019-6/30/2020 Past: N/A			•	•	•		•	•				•	•		•
South Dakota-G Centers for Medicare & Medicaid Services (Great Plains QIN Prime)	Present: 11/7/2019-11/6/2024 Past: 7/18/2014-7/17/2019	•	•	•					•	•			•		•	•
Tennessee-Q Tennessee Division of TennCare (Qsource Prime)	Present: 10/1/2015-9/30/2020 Past: 10/1/2005-9/30/2015	•	•	•	•	•	•	•			•	•	•		•	•

Tables 3, 4, and 5 include a summary matrix listing Qsource's previous projects similar to this solicitation in size, scope, and complexity. Tables 6, 7, and 8 present Great Plains QIN's similar project listings.

Table 3. External Quality Review Organization (EQRO) TennCare Contract – Prime Contractor	
(a) Time Period of Project	10/1/15-present
(b) Originally Scheduled Completion Date	9/30/20
Actual/Currently Planned Completion Date	9/30/25 due to successful re-procurement
Original Budget	\$12,356,220
Actual/Currently Planned Budget	\$8,597,784 due to cost efficiencies offered by Qsource
(c) Qsource's Responsibilities	
<p>Qsource provides the State of Tennessee Division of TennCare with an independent, external review of the quality of services available to TennCare enrollees via the following activities:</p> <ul style="list-style-type: none"> ▶ <u>Conducts Annual Quality Survey (AQS):</u> An annual compliance review is conducted of each managed care entity (MCE) for contractual compliance and includes pre-assessment, onsite review and post-onsite analysis. In accordance with Centers for Medicare & Medicaid Services (CMS) protocols, review criteria include contract compliance to meet current industry, federal and state requirements for managed care. Qsource provides regional reports specific to the managed care organization (MCO) with recommendations for each health plan. Results are also part of the annual technical report. ▶ <u>Conducts Annual Evaluation of Provider Network Adequacy (ANA):</u> The onsite evaluation helps ensure that the MCEs have the capacity to provide covered services and that those services are accessible to TennCare enrollees. The report includes objectives, technical methods of data collection and analysis, description of data obtained and conclusions drawn from the data. ▶ <u>Validates Provider Data (PDV):</u> Quarterly, samples of TennCare providers are contacted to self-report data concerning contract and provider status with the MCEs and care services provided to Medicaid members. These data are compared to provider self-reported data given to the MCEs to discern the level of accuracy of the provider data maintained by the MCEs. Qsource compiles results in a report and includes a comparative analysis with the prior quarter's results to inform TennCare of MCE progress towards accuracy in provider data. ▶ <u>Analyzes HEDIS/CAHPS Data:</u> An annual comprehensive analysis of Healthcare Effectiveness Data and Information Set (HEDIS®) and Consumer Assessment of Healthcare Providers and Systems (CAHPS®) data results is prepared to identify opportunities for improvement and best practices among MCOs. ▶ <u>Validates Performance Improvement Projects (PIP):</u> PIP validation is performed for each of the MCOs using the current CMS protocols, culminating with the production of a written report of findings and recommendations. Qsource evaluates the soundness and results of the PIPs implemented by the MCOs. The PIP validation results are included in individual reports by plan and region, and in the EQR Technical Report. ▶ <u>Validates Performance Measures:</u> Performance measure validation (PMV) involves evaluating the accuracy of TennCare performance measures reported by the MCOs and requires a Certified HEDIS Compliance Auditor™ (CHCA). As part of this task, Qsource reviews the data management processes of the MCOs, evaluates the algorithmic compliance and verifies that state-specified performance measures are based on accurate source information. The results of the PMV process are included in individual reports by plan and region, and in the <i>Annual EQRO Technical Report</i>. Our EQRO Director and Healthcare Analyst have the CHCA designation. 	

Table 3. External Quality Review Organization (EQRO) TennCare Contract – Prime Contractor

- ▶ Performs Quality Survey for Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Compliance: As part of the onsite AQS, MCE compliance with federal and state EPSDT regulations is monitored, including a review of each MCE's EPSDT information tracking system for explicit monitoring. The MCEs are required to achieve and maintain the capability of tracking each child for the purposes of monitoring the child's receipt of the required screening, diagnosis and treatment. An annual report of EPSDT findings and recommendations is produced.
- ▶ Prepares Detailed Technical Report: This report describes the manner in which the data from all oversight activities, in accordance with 42 *Code of Federal Regulations* § 438.358, were aggregated and analyzed, and in which conclusions were drawn as to the quality, timeliness, and access to the care furnished by TennCare-contracted MCEs. The report includes objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Other aspects of the report include an assessment of each MCE's strengths and weaknesses with respect to the quality, timeliness, and access to healthcare services furnished to Medicaid recipients; recommendations for improving the quality of healthcare services furnished members; an assessment of the degree to which each MCE has effectively addressed QI recommendations made by the EQRO during the previous year's review processes; and quality assurance to protect patient privacy data.
- ▶ Researches legislative, regulatory and policy developments (Impact Analysis): An annual compilation of state and federal activities and quality research that could have short- or long-term impacts on EQR activities is reported with focus topics determined in collaboration with the State, including regulatory changes and quality assurance best practices from other states.
- ▶ Coordinates Triannual Health Plan Meetings: Three times per year, Qsource arranges speakers/presenters, coordinates continuing education units and meeting arrangements to engage TennCare and its MCEs in sharing best practices and implementing innovative approaches to serving Tennessee's Medicaid members.
- ▶ Prepares CHOICES Satisfaction Survey Report: This report is an evaluation of CHOICES members' satisfaction with the services and supports they receive, as well as their overall contentment. Qsource receives the completed paper surveys from TennCare and enters survey responses into a Database. Data from the nine Area Agencies on Aging and Disability (AAAD) regions are then collapsed into Tennessee's three Grand Regions and data analyses is conducted by CHOICES group and statistical significance is determined among the Grand Regions.
- ▶ Conducts Child Focus Study: For the Focus Study, Qsource has collaborated with TennCare to develop forms and tools that would ensure criteria specific to requirements of a focused medical record review (MRR), that recommendations were met and all data sought were collected. Qsource staff gathers the required information via Fax after telephoning providers to explain the purpose and process of the Focus Study. Responses are then documented in a database tool. The results are analyzed by the Focus Study elements, by grand regions and by plan. Region-specific results are included in the report with summary analyses. The first of these reports conducted covered all EPSDT elements trended for five years (EPSDT MRR) and the second focused MRR on body-mass index (BMI) quality measures documented according to EPSDT mandates in member health records. The most recent Focus Study was a research report titled How Medicaid Can Support Third-Grade Reading Success.
- ▶ Analyzes D-SNP Data: An annual comprehensive analysis of HEDIS data results of the dual-eligible special-needs plans (D-SNPs) is prepared to identify opportunities for improvement and best practices among those states where MCO is serving Medicare beneficiaries who are also Medicaid members.
- ▶ Performs Annual Abortion Sterilization and Hysterectomy (ASH) Audit: An ASH audit is conducted for each MCO to verify that the MCOs apply appropriate utilization review. Review criteria ensures that the procedures have been performed in accordance with state and federal regulations, including the correct completion of a specific certification form associated with each ASH procedure and additional

Table 3. External Quality Review Organization (EQRO) TennCare Contract – Prime Contractor

documentation as required. Qsource provides the State with a Summary report of the MCE-specific results with recommendations.	
<ul style="list-style-type: none"> ► <u>Provides Special Ad-Hoc Reports:</u> Reports designed to improve the TennCare program and the quality of care rendered to the TennCare population, including submission of individual provider-level or patient-level data when requested to support deliverable reports. ► <u>Analyzes Other TennCare Data:</u> Other analyses are conducted at the request of TennCare. 	
(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address	State of Tennessee, Division of TennCare Karly Campbell, Chief Quality Officer 615.507.6902 615.253.5607 karly.compbell@tn.gov

Table 4. External Quality Review Organization (EQRO) Florida Healthy Kids Corporation (FHKC) Contract – Prime Contractor

(a) Time Period of Project	1/1/18-present
(b) Originally Scheduled Completion Date	12/31/20
Actual/Currently Planned Completion Date	12/31/21
Original Budget	\$1,777,852
Actual/Currently Planned Budget	\$2,374,815 due to optional year extension
(c) Qsource's Responsibilities	
Qsource provides FHKC with an independent, external review of the quality of services available to Florida Healthy Kids enrollees via the following activities:	
<ul style="list-style-type: none"> ► <u>Validates Performance Improvement Projects (PIP):</u> PIP validation is performed for each of the MCO/DBMs using CMS protocols, culminating with the production of a written report of findings and recommendations for each of the MCO/DBM's two PIPs (one clinical and one nonclinical). Qsource evaluates the soundness and results of the PIPs implemented by the MCOs/DBMs. In addition, rapid-cycle improvements are reviewed using plan-do-study-act (PDSA) principles. The PIP validation results are included in individual reports by MCO/DBM, and in the <i>Annual EQRO Technical Report</i>. ► <u>Validates Performance Measures (PMV):</u> PMV involves evaluating the accuracy of Florida Healthy Kids performance measures reported by the MCOs/DBMs and requires a Certified HEDIS Compliance Auditor™ (CHCA). As part of this task, Qsource reviews the data management processes of the MCOs/DBMs, evaluates the algorithmic compliance, and verifies that state-specified performance measures are based on accurate source information. The results of the PMV process are included in individual reports by MCO/DBM, and in the <i>Annual EQRO Technical Report</i>. Our EQRO Director and Healthcare Analyst have the CHCA designation. ► <u>Conducts Annual Compliance Assessment:</u> An annual compliance review is conducted of each MCO and DBM for contractual compliance and includes pre-assessment, onsite review, and post-onsite analysis. In accordance with Centers for Medicare & Medicaid Services (CMS) protocols, review criteria include contract compliance to meet current industry, federal, and state requirements for managed care. Qsource provides reports specific to the MCO/DBM with recommendations for improvement for each. Results are also part of the <i>Annual EQRO Technical Report</i>. 	

Table 4. External Quality Review Organization (EQRO) Florida Healthy Kids Corporation (FHKC) Contract – Prime Contractor

- ▶ Conducts Annual Evaluation of Provider Network Adequacy (ANA): This annual evaluation helps ensure that the MCOs/DBMs have the capacity to provide covered services and that those services are accessible to Florida Healthy Kids enrollees. The MCO/DBM-specific reports include objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Results are also part of the *Annual EQRO Technical Report*.
- ▶ Validates Encounter Data (EDV): CMS encourages the use of EQROs to validate encounter data to ensure that data used for activities related to payments and delivery of care are valid and reliable. Validation determines the accuracy and completeness of encounter data to inform policy and operational decision-making, assess quality, monitor program integrity, and determine capitation payment rates. Quarterly service dates reports are provided for each MCO/DBM, and the quarterly paid dates report includes results and analysis for all MCOs and DBMs. In addition, this activity culminates in one annual service dates report, and EDV results are included in the *Annual EQRO Technical Report*.
- ▶ Prepares Detailed EQRO Technical Report: This report describes the manner in which the data from all oversight activities, in accordance with 42 *Code of Federal Regulations* § 438.358, were aggregated and analyzed, and in which conclusions were drawn as to the quality, timeliness, and access to the care furnished by Florida Healthy Kids-contracted MCOs and DBMs. The report includes objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Other aspects of the report include an assessment of each MCO/DBM's strengths and weaknesses with respect to the quality, timeliness, and access to healthcare services furnished to Florida Healthy Kids enrollees; recommendations for improving the quality of healthcare services furnished enrollees; an assessment of the degree to which each MCO/DBM has effectively addressed QI recommendations made by the EQRO during the previous year's review processes; and quality assurance to protect patient privacy data.
- ▶ Coordinates Triannual Health Plan Meetings: Three times per year, Qsource arranges speakers/presenters and meeting arrangements to engage FHKC and its MCOs/DBMs in sharing best practices and implementing innovative approaches to serving Florida Healthy Kids enrollees. One of these meetings is held in person, and the remaining two are virtual.
- ▶ Analyzes Other Florida Healthy Kids Data: Other analyses are conducted at the request of FHKC.

(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address

Florida Healthy Kids Corporation
 Lindsay Lichti, Deputy Director of Health/Dental Plans
 850.701.6850
 866.867.0054
lichtil@healthykids.org

Table 5. External Quality Review Organization (EQRO) Arkansas Contract – Prime Contractor

(a) Time Period of Project	7/1/20-present
(b) Originally Scheduled Completion Date	6/30/22 (+ anticipated 5 optional years)
Actual/Currently Planned Completion Date	6/30/22 (+ anticipated 5 optional years)
Original Budget	\$2,110,970
Actual/Currently Planned Budget	\$2,110,970
(c) Qsource's Responsibilities	
<p>Qsource provides the Arkansas Department of Human Services with an independent, external review of the quality of services available to Provider-Led Arkansas Shared Savings Entity (PASSE) and dental managed care organization (DMO) enrollees via the following activities:</p> <ul style="list-style-type: none"> ▶ Validates Performance Improvement Projects (PIP): PIP validation is performed for each of the PASSE/DMOs using CMS protocols, culminating with the production of a written report of findings and recommendations for each of the PASSE/DMO's two PIPs (one clinical and one nonclinical). Qsource evaluates the soundness and results of the PIPs implemented by the PASSEs/DMOs. In addition, rapid-cycle improvements are reviewed using Plan-Do-Study-Act (PDSA) principles. The PIP validation results are included in individual reports by PASSE/DMO, and in the <i>Annual EQRO Technical Report</i>. ▶ Validates Performance Measures (PMV): PMV involves evaluating the accuracy of performance measures reported by the PASSEs/DMOs and requires a Certified HEDIS Compliance Auditor™ (CHCA). As part of this task, Qsource reviews the data management processes of the PASSEs/DMOs, evaluates the algorithmic compliance, and verifies that state-specified performance measures are based on accurate source information. The results of the PMV process are included in individual reports by PASSE/DMO, and in the <i>Annual EQRO Technical Report</i>. Our EQRO Director and Healthcare Analyst have the CHCA designation. ▶ Conducts Compliance Assessment: A compliance review is conducted of each PASSE and DMO for contractual compliance and includes pre-assessment, onsite review, and post-onsite analysis. In accordance with Centers for Medicare & Medicaid Services (CMS) protocols, review criteria include contract compliance to meet current industry, federal, and state requirements for managed care. Qsource provides reports specific to the PASSE/DMO with recommendations for improvement for each. Results are also part of the <i>Annual EQRO Technical Report</i>. ▶ Conducts Annual Evaluation of Provider Network Adequacy (ANA): This annual evaluation helps ensure that the PASSEs/DMOs have the capacity to provide covered services and that those services are accessible to AR Medicaid enrollees. Review of Person-Centered Service Plans (PCSP) for Plan members are conducted annually to ensure services are both accessible and utilized by each members according to an individual approved care plan. The PASSE/DMO-specific reports include objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Results are also part of the <i>Annual EQRO Technical Report</i>. ▶ Validates Encounter Data (EDV): CMS encourages the use of EQROs to validate encounter data to ensure that data used for activities related to payments and delivery of care are valid and reliable. Validation determines the accuracy and completeness of encounter data to inform policy and operational decision-making, assess quality, monitor program integrity, and determine capitation payment rates. In addition, this activity culminates in one annual service dates report, and EDV results are included in the <i>Annual EQRO Technical Report</i>. 	

Table 5. External Quality Review Organization (EQRO) Arkansas Contract – Prime Contractor

- ▶ Prepares Detailed EQRO Technical Report: This report describes the manner in which the data from all oversight activities, in accordance with 42 *Code of Federal Regulations* § 438.358, were aggregated and analyzed, and in which conclusions were drawn as to the quality, timeliness, and access to the care furnished by AR Medicaid-contracted PASSEs and DMOs. The report includes objectives, technical methods of data collection and analysis, description of data obtained, and conclusions drawn from the data. Other aspects of the report include an assessment of each PASSE/DMO's strengths and weaknesses with respect to the quality, timeliness, and access to healthcare services furnished to AR Medicaid enrollees; recommendations for improving the quality of healthcare services furnished to enrollees; an assessment of the degree to which each PASSE/DMO has effectively addressed QI recommendations made by the EQRO during the previous year's review processes; and quality assurance to protect patient privacy data.
- ▶ Conducts Patient Centered Service Plan (PCSP) Evaluations: Evaluations of PCSPs are conducted for a statistically valid sample of PASSE members annually for each PASSE plan. Care coordination and care management records are evaluated for compliance.
- ▶ Analyzes Critical Incidents: Evaluation and analysis of AR DHS critical incident reports allows trending of data to identify areas of concern and those where additional outreach or regulatory follow up is necessary. Regular reporting is presented currently, with an automated dashboard planned for future implementation.
- ▶ Analyzes Other PASSE and DMO Data: Other analyses are conducted at the request of AR DHS.

(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address

Arkansas Department of Human Services
 Kristin Koenigsfest, Director of Home and Community Based Services
 501.396.6409
 501.682.1197
Kristin.koenigsfest@dhs.arkansas.gov

Table 6. QIN-QIO 11th Statement of Work, Task Order 1 for Nebraska, North Dakota, South Dakota, and Kansas – Prime Contractor

(a) Time Period of Project	7/18/14 – 7/17/19
(b) Originally Scheduled Completion Date	7/17/19
Actual/Currently Planned Completion Date	10/17/19 (CMS issued a “transition statement of work” from 7/18/19 – 10/17/19 until the awards for the next QIN-QIO contract could be finalized.)
Original Budget	\$35,211,219
Actual/Currently Planned Budget	Great Plains QIN came in under budget on the \$35,211,219 five-year contract with an actual budget of \$33,412,427.
(c) Great Plains QIN's Responsibilities	
<ul style="list-style-type: none"> ▶ Great Plains QIN's responsibilities for the 11th Statement of Work included quality improvement teams assisting providers in improving outcomes, and often working with resource-challenged rural, small, and Indian Health Service providers. This contract required forming long-term relationships with healthcare providers, and helping them meet various Medicare program requirements and improving performance on quality measures. 	

Table 6. QIN-QIO 11th Statement of Work, Task Order 1 for Nebraska, North Dakota, South Dakota, and Kansas – Prime Contractor

<ul style="list-style-type: none"> ▶ As a QIN-QIO, Great Plains QIN performed the work itself in Nebraska, and utilized subcontractors to coordinate efforts in ND (Quality Health Associates), SD (South Dakota Foundation for Medical Care), and KS (Kansas Foundation for Medical Care). ▶ This contract connects well with activities Great Plains QIN will need to perform in the Nebraska EQRO work. Specifically, providing technical assistance with complex programs/requirements, conducting reviews and producing reports, highlighting outcomes of efforts in deliverables, hosting regular meetings with partners, and assisting with improving performance are all areas Great Plains QIN excelled in during the 11th Statement of Work. ▶ Great Plains QIN met or exceeded all recruitment targets set forth in the contract. The organization submitted 100% of the more than 1,000 individual contract deliverables timely over the 5-year contract period. In the final evaluation for this task order in the CPARS federal system, CMS gave Great Plains QIN a “Very Good” rating for Quality, Schedule, Cost Control, and Management. The organization received a “Satisfactory” rating for Small Business Subcontracting and Regulatory Compliance. 	
(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address	Centers for Medicare & Medicaid Services Claudia Bullock, CMS Contracting Officer Representative 816.426.6496 816.235.7037 claudia.bullock@cms.hhs.gov

Table 7. Transforming Clinical Practice Initiative (TCPI), Task Order 4 for Nebraska, North Dakota, South Dakota, and Kansas – Subcontractor

(a) Time Period of Project	12/23/15 – 7/31/19
(b) Originally Scheduled Completion Date	7/31/19
Actual/Currently Planned Completion Date	7/31/19 (CMS awarded a partial base year first, and picked up three option years as well.)
Original Budget	\$1,502,082
Actual/Currently Planned Budget	Great Plains QIN came in right on budget on the \$1,502,082 four-year contract with an actual firm fixed-price budget of \$1,502,082.
(c) Great Plains QIN's Responsibilities	
<ul style="list-style-type: none"> ▶ Great Plains QIN's responsibilities for the TCPI contract included building key relationships with practice transformation network awardees, and providing independent assessments of the progress that physician practices participating in the TCPI initiative were making towards various checkpoints. This work included providing technical assistance and education on how practices could implement processes to move through the five phases of the TCPI program. The phase milestones included setting aims/plans, reporting and using data, working on aims of lower costs and better care, achieving care benchmarks, and demonstrated capabilities in these areas. Great Plains QIN performed the work itself in Nebraska, and utilized subcontractors to coordinate efforts in ND (Quality Health Associates), SD (South Dakota Foundation for Medical Care), and KS (Kansas Foundation for Medical Care). ▶ This contract connects well with activities Great Plains QIN will need to perform in the Nebraska EQRO work. Specifically, providing independent reviews and producing reports, highlighting outcomes of efforts in deliverables, hosting regular meetings with stakeholders, and assisting with improving performance are all areas Great Plains QIN performed well during TCPI Task Order 4. ▶ Great Plains QIN met or exceeded all TCPI assessment targets set forth in the contract. The organization excelled in securing assessments in the earlier years of the contract, and CMS increased 	

Table 7. Transforming Clinical Practice Initiative (TCPI), Task Order 4 for Nebraska, North Dakota, South Dakota, and Kansas – Subcontractor

the number of assessments and funding provided in the final option year. In the final evaluation for this task order in the CPARS federal system, CMS gave Great Plains QIN an “Exceptional” rating for Quality, and a “Very Good” rating for Schedule and Management. The organization received a “Satisfactory” rating for Small Business Subcontracting and Regulatory Compliance.

(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address

Centers for Medicare & Medicaid Services
 Claudia Bullock, CMS Contracting Officer Representative
 816.426.6496
 816.235.7037
claudia.bullock@cms.hhs.gov

Table 8. American Indian/Alaska Native Healthcare Quality Initiative, or Partnership to Advance Tribal Health (PATH) – Prime Contractor

(a) Time Period of Project	9/26/16 – 7/17/20
(b) Originally Scheduled Completion Date	7/26/19
Actual/Currently Planned Completion Date	7/17/20 (CMS provided a 6-month no cost extension to use remaining funds, along with a 6-month extension with funding through 7/17/20.)
Original Budget	\$4,805,515
Actual/Currently Planned Budget	Great Plains QIN came in under budget on the \$4,805,515 four-year contract with an actual budget of \$3,780,918 (some Indian Health Service hospitals lost Medicare certifications during the contract).
(c) Great Plains QIN's Responsibilities	
<ul style="list-style-type: none"> ▶ Great Plains QIN's responsibilities for the PATH contract included supporting Comagine to achieve large-scale health transformation with seven Indian Health Service (IHS) hospitals in Nebraska, North Dakota, and South Dakota. Goals included improving hospital infrastructure; supporting frontline staff; instilling principals of continuous quality improvement; improving health outcomes; and developing patient-centered approaches to care in the context of culture, traditions, and personal wishes. Key relationships were developed with IHS Headquarters leadership and also in the Great Plains Aberdeen Area IHS Office. During the contract, JCAHO accreditation by the Fort Yates, ND IHS Standing Rock hospital was recognized by CMS at their Quality Conference with a CMS QIIG Results Coin. Great Plains QIN utilized subcontractors to coordinate efforts in ND (Quality Health Associates) and SD (South Dakota Foundation for Medical Care). ▶ This contract connects well with activities Great Plains QIN will need to perform in the Nebraska EQRO work. Specifically, providing technical assistance and producing reports, highlighting outcomes of efforts in deliverables, hosting regular meetings with stakeholders, and assisting with improving performance are all areas Great Plains QIN performed well during the PATH contract. ▶ Great Plains QIN met or exceeded all expectations set forth in the contract. The IHS hospitals we worked with demonstrated great improvement in system capabilities, and implemented key infrastructure that will lead to continued performance after the contract ended. The final report for the PATH project detailed that a total of 466 IHI Open School certificates were completed by IHS staff, improving staff skillsets. Improved outcomes included better Emergency Severity Index triage accuracy, and a decline in emergency department encounters. 	

Table 8. American Indian/Alaska Native Healthcare Quality Initiative, or Partnership to Advance Tribal Health (PATH) – Prime Contractor

(d) Customer Name, Contact Person and Title, Telephone Number, Facsimile Number, & Email Address	Comagine Pablo Garcia, Comagine Health Director of Contracts Administration and Compliance 801.892.6673 801.892.0160 pgarcia@comagine.org
---	--

A.1.i. Summary of Qsource's Proposed Personnel/Management Approach

The Qsource Team will perform EQR activities as outlined in Title 42 of *Code of Federal Regulations* Section 438.358 (42 CFR §438.358) for the Nebraska Medicaid managed care program, via Heritage Health, as well as the dental benefits program for Nebraska's Medicaid population. We have developed an initial [draft work plan](#) informed by the contract scope, schedule, cost, quality, resources, communications, risk, procurement, and stakeholder engagement. The fully executed work plan to be finalized post-contract award will serve as a blueprint for successfully managing each task in the EQRO contract.

We possess in-depth knowledge and understanding of managed care delivery systems and EQR protocols. The Qsource Team will include expertise in conducting EQR medical and dental quality review; program management; contract management; program evaluation; data collection and validation; data and statistical analysis; International Classification of Diseases (ICD); Current Procedural Terminology (CPT®); research design, methodology, and statistical analyses; quality improvement (QI) and performance improvement; contract audits; clinical care; National Committee for Quality Assurance (NCQA) Accreditation; Healthcare Effectiveness Data and Information Set (HEDIS®); Consumer Assessment of Healthcare Providers and Systems (CAHPS®); provider education and training; detail and summary report production; and the entire lifecycle of performance measurement, including design, implementation, testing and reporting.

Our team's expertise is matched by its longevity, as demonstrated by our high retention rates and our staff members' years of service. In addition to the proposal team, Qsource can deploy experts company-wide as needed, including clinical staff (physicians, nurses, pharmacists); QI, behavioral health, and health information technology (HIT) specialists; a biostatistician; epidemiologists; researchers; analysts; insurance specialists; public health educators; healthcare administrators; social workers; IT professionals; and communication specialists. Our team also has subject-matter experts (SMEs) offering technical assistance, tailored education, best practices, tools, and resources for healthcare organizations.

Qsource's proposed staff include an analyst, a database administrator, a technical writer, and an NCQA Certified HEDIS Compliance Auditor™ (CHCA)—all at a master's level—as well as a Project Management Professional (PMP®), clinical QI specialists with current licensure as registered nurses (RNs), and other QI specialists.



Table 9 includes the proposed Qsource Team members' relevant experience in years as listed in the requirements in RFP section A.1.i.i-iv, for both Qsource and Great Plains QIN staff.

Table 9. Team Members' Experience in Years				
Team Members	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
Qsource				
John Couzins, MPH, CHCA EQRO Director/Epidemiologist	18	18	18	20
Lois Heffernan, MBA, BSN, RN Protocol Subject-Matter Expert	14	19	14	14
Stacy Spreainde, MPA, LSW Nebraska EQRO Program Manager	10	5	3	3
Denise Satterfield, CPHIMS, PMP Lead Project Manager	8	8	8	2
Fujin Lu, MBBS, MS, Healthcare Data Analyst/ Programmer	2	2	5	27
Jackie Sourek, MBA, Technical Writer	5	1	5	1
Joseph Greer, MS, BBA, CEH, CHFI, CNDA Programmer/Analyst	8	8	12	12
Roderick Robinson, AAS Network Administrator	10	10	10	10
Great Plains QIN				
Dee Kaser, RN, CDCES Clinical QI Specialist	26	6	18	0

Physical, Technological, and Financial Resources to Conduct EQR or EQR-Related Activities

Qsource has trained, experienced, culturally competent EQRO staff; software and office equipment; administrative support and supplies; a nationally recognized in-house marketing and communications (MarCom) staff; and an in-house information technology (IT) staff with the skills to adapt/create electronic assessment/survey tools and databases already in place, thereby saving costs and reducing any delay in starting the EQRO work.

Team members responsible for management and implementation of the tasks set forth in this EQRO opportunity have been involved in this or similar work for more than a decade and bring unique knowledge and qualifications. As exhibited in our relevant experience,

personnel roster, and resumes, the Qsource Team has all the necessary resources to successfully provide the services and deliverables as specified in the scope of work in RFP #6303 Z1.

Qsource maintains five offices in four states, each conforming to necessary *Federal Information Security Management Act* / National Institute of Standards and Technology (FISMA/NIST) and *Health Insurance Portability and Accountability Act* (HIPAA) security requirements and an IT infrastructure of over 10 servers across multiple locations. Qsource provides all necessary hardware, software, and telecommunications necessary to staff to perform work in the office or virtually. Our team members have experience managing projects both onsite and remotely, as evidenced by our fully remote Florida EQRO team. We communicate via a virtual working environment (e.g., Microsoft Teams®, GoToMeeting®), which will enable Qsource management staff to maintain oversight of subcontracted Great Plains QIN staff. Working virtually for all EQR-related tasks is of particular benefit in the current climate of the novel coronavirus 2 causing the COVID-19 pandemic.

Qsource maintains technologies to best serve our clients and associates, including Microsoft®, Adobe®, Salesforce®, Smartsheet®, Quest Analytics®, and SAS®. We also use SurveyMonkey® to administer satisfaction surveys. Qsource has established a secure, password-protected SharePoint Xchange site to facilitate file sharing and data exchanges among DHHS, Heritage Health, the MCOs and DBM, and the Qsource Team. Where needed, communications also will occur through meetings, email, postal services, and fax.

There are currently no major changes expected to the software the Qsource Team will use to complete the functions of this project. Should it become necessary, we will submit any proposed software changes to DHHS as early as possible and work with all parties to minimize the effects of the change. Additionally, we will update all software to be in compliance with DHHS standards, and will maintain the functionality, security, and efficacy of all products in use for the EQRO work. The Qsource Team will coordinate these minor updates with all DHHS parties to reduce any compatibility, functionality, or security concerns. We will ensure that all software used for this effort is satisfactory to DHHS.

Qsource's financial resources are described in [A.1.b. Financial Statements](#). According to our most recent financial statements, our working capital totals \$27.4 million. In addition, we have a proven record of providing the resources needed to successfully meet our contract requirements on time and on budget.

The Qsource Team office in Lincoln, NE, is secured by an alarm system, and staff utilize badges to access the space. Visitors and vendors are required to sign a visitor log and provide identification. The office phone system has voicemail, as well as the ability to forward calls to staff working remotely. Locked shred bins are placed in the office so sensitive documents can be disposed of properly, and staff also have the ability to secure sensitive files in locked file cabinets.

Additionally, all staff have encrypted laptops to perform their work either remotely or physically located in the office. Staff have access to the Microsoft Office® suite of software, including Teams for collaboration and SharePoint for central file storage.

Other Clinical and Nonclinical Skills Necessary to Carry Out EQR or EQR-Related Activities and to Oversee Subcontractor Work

Additional staff resources are available from various divisions within Qsource, including access to clinical, epidemiologic, social work, data analytic, and communications specialists in response to special requests or to meet surge capacity needs of the contract. Qsource EQRO staff members are cross-trained to assist in each of our contract states and are supported by other team members with decades of experience in Medicaid managed care, CHIP, Medicare, and healthcare compliance review.

Our Qsource Team staff also have specific experience in the epidemiological and statistical measurement of health and service performance indicators—including population health, behavioral health, and long-term care—in defined populations to support the performance measure validation requirements of this scope of work. This includes in-depth understanding of the scope and methodologies of data collection and the social and economic factors that affect the interpretation of data.



Additional Qsource consultants will provide their services as necessary to ensure the Qsource Team exceeds contract expectations. Ben Heavrin, MBA, MD, possesses more than 20 years of clinical experience and over 10 years' experience as a physician leader, including serving as a Tennessee Medicaid medical director. He is a practicing physician board-certified in emergency medicine. Dr. Heavrin serves as Qsource's medical director and will be available for escalated clinical review issues as well as subject-matter expert (SME) input.

Jonathon Pouliot, PharmD, MS, BCPS, will provide clinical pharmacology support to the Qsource Team, as needed. His pharmacy experience in community retail, hospital, academic, and quality improvement settings is enhanced by his additional expertise in

emergency pharmacology and care delivery. Consultant biostatistician Celia Larson, PhD, will support data analyses and validation for the validation of performance improvement projects.

Detailed Description of Proposed Approach to Project Management

Qsource combines a structured project management architecture with agile practices. This blended approach inspires innovative advancements in a rapidly changing healthcare environment to achieve project outcomes. The Qsource Team views customer satisfaction

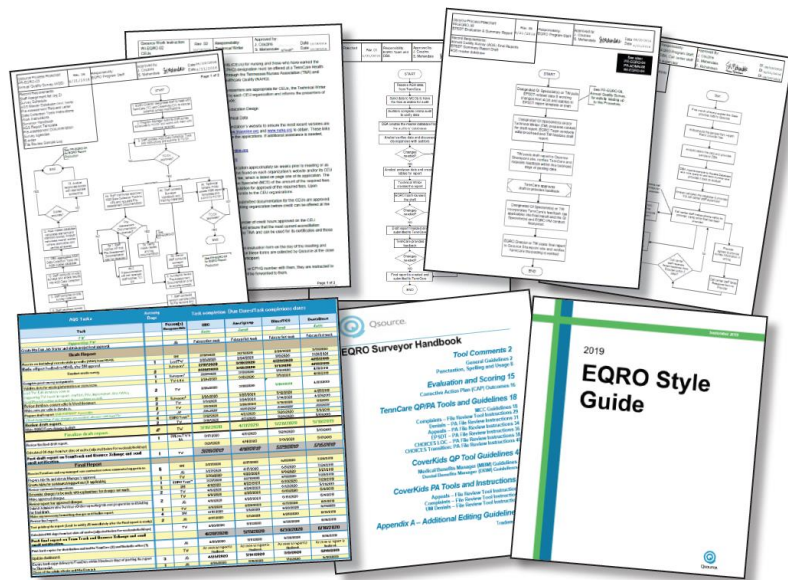
as the highest priority and values a culture of iterative learning, stimulating imagination, and managing innovative technologies to achieve ambitious results. This approach ensures we will deliver the best value to DHHS and enables a laser focus on our project goals. The Qsource Team will continue our systematic approach to quality assurance that will focus on complying with DHHS requirements and fulfilling EQRO needs.

Continuous quality improvement

Qsource, as the leading organization overseeing the EQR work of this contract, will ensure that performance and programmatic objectives are met through continuous monitoring of contract performance via our quality management system (QMS) and internal quality controls dashboard. We will use this tool to define contract milestones and track timeliness of deliverables using interactive dashboards that include warnings, reminders, and prompts for follow-up. These will be maintained and monitored by the Lead Project Manager, who assesses critical needs and actions necessary to ensure accurate and timely deliverables completion.



Qsource is one of only a handful of healthcare consultancies to have a QMS certified by International Organization for Standardization (ISO) 9001:2015 for the design, development, and delivery of services. ISO 9001 represents a critical element in our overall strategic plan by guaranteeing that our project management activities and QI efforts are documented, tracked, and reported. As part of



our QMS, Qsource's EQRO staff utilize standardized procedures and sets of work instructions for EQR activities. Deliverables are monitored using automated work plans, and the annual EQR protocols are consistently administered through the use of an *EQRO Surveyor Handbook*. Our QMS helps us maintain 100-percent satisfaction from TennCare, Florida Healthy Kids Corporation, and the Arkansas Department of Health for timely deliverables and contract compliance. These documents will be available to the

Qsource Team via Qville, our employee intranet site as well as our SharePoint site, and can easily be shared with members of DHHS staff.

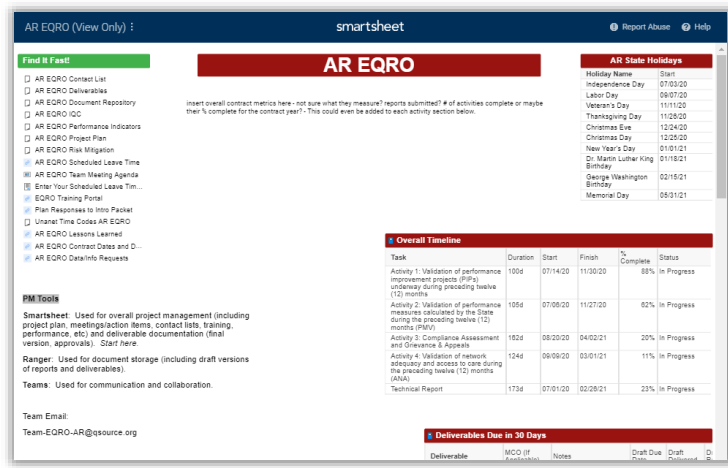
The architecture of Qsource's QMS approach is informed by the Project Management Institute's (PMI's) Project Management Professional® (PMP) body of knowledge. This structure involves developing project management plans informed by the project's scope, schedule, cost, quality, resources, communications, risk, procurement, and stakeholder engagement, and is amplified by integration management practices within and among projects.

Project management metrics will enable the Qsource Team to determine the success of tasks and activities, and help the EQRO Program Manager evaluate a project's status, foresee risks, and assess team productivity and quality of work. These metrics will allow us to see work plan performance and any gaps by measuring EQRO task timeliness, activity change requests, error-free reports, cost, and both external and internal satisfaction. Internal quality control dashboards with a stoplight visualization will be used for all metric tracking and enable us to accommodate surges in resource requirements, contribute resources and expertise to others, monitor performance, rapidly act on the spread of successes/lessons learned, identify and mitigate risks, contribute to a culture of sharing, and efficiently accommodate changes requested by DHHS.

As our subcontractor, Great Plains QIN will be held to the same level of performance rigor as Qsource. We will monitor performance on an ongoing basis and conduct an annual performance assessment. Qsource, via our Nebraska EQRO Program Manager, will closely manage expectations, align our vision with their talents, keep them informed, and regularly monitor their performance via internal quality control metrics and integrated performance dashboards.

The [draft work plan](#) includes representative tasks that the Nebraska EQRO Program Manager, Stacy Spreainde, MPA, LSW, will follow to achieve contract requirements. The full and final work plan will articulate more specific requirements of each task and break down the work into subcomponents where ownership of activities and their completion are managed according to the contract requirements. Our corporate EQRO Director, John Couzins, MPH, CHCA, will be responsible for working with the EQRO Program Manager to develop and automate the work plan for each task. To ensure timely and successful performance of the work proposed, the work plan will include timeframes for each objective with a Gantt chart viewable option to visually display the timeline, dates for each milestone, and personnel responsible for ensuring the objective is completed.

Contract milestones will be populated and shared via IT-enabled systems (Smartsheet and SharePoint), and formatted in a contract dashboard on Qsource's SharePoint site. Every Qsource Team member will have access to the contract dashboard. This



dashboard will demonstrate the real-time status of the timeline and milestone achievements and also code each measure with red (not met), yellow (needs attention), or green (met) according to status against the established goal. Principles of LEAN/Six Sigma and plan-do-study-act (PDSA) will be applied where appropriate.

Qsource will ensure compliance with all statutory subcontractor requirements. Great Plains QIN

will participate in initial and annual EQRO training and serve as local support for DHHS and the EQRO contract. Great Plains QIN will assist with conducting validation of performance improvement projects, performance measure validation, compliance reviews, network adequacy analysis, and some project management. In year one, both partners will participate in contract ramp-up, deployment of services, and overall contract implementation at the direction of the Nebraska EQRO Program Manager.

EQRO training

Program activities and communication protocols will be clearly defined and a part of each Qsource Team member's initial and ongoing training. Trainings are conducted using interactive, virtual learning management systems. Utilization of automated, web-based training tools allow input, tracking, and timely response to each team member's training progress regardless of physical location. Weekly meetings will be conducted to address training needs. The EQRO Program Manager will be responsible for verifying training completion, inter-rater reliability, and competency.

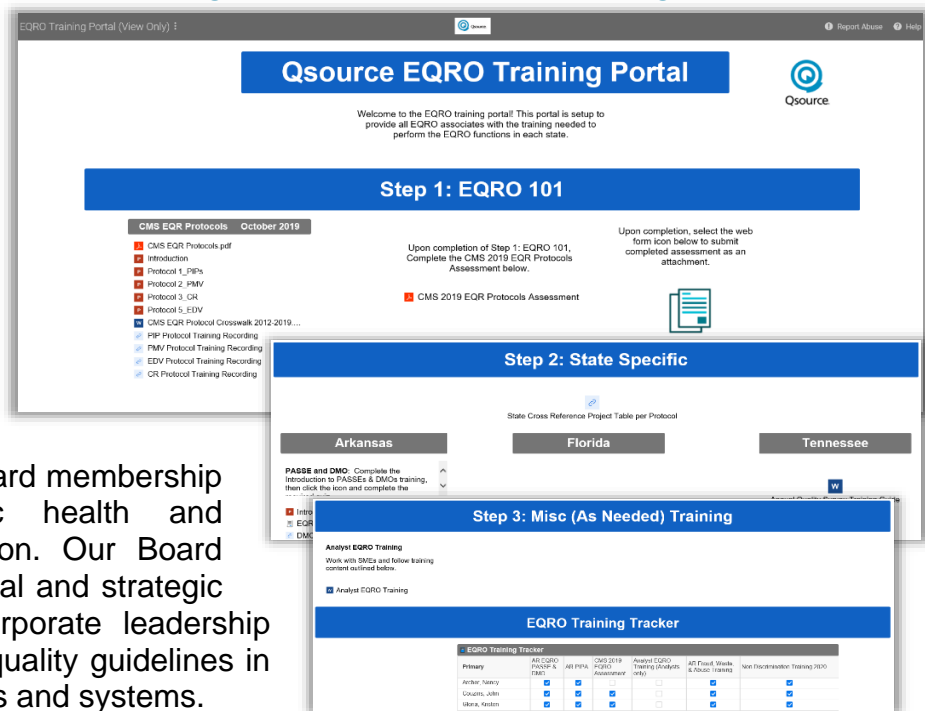
Qsource trains new and existing EQRO staff on all scopes of services within our EQRO contracts and new additions to the protocols, directives, or legislation via our customized EQRO Training Portal ([Figure 2](#)). Detailed protocol training for all Qsource Team members will occur each year prior to the start of all required EQR activities for DHHS, and all training records will be readily available to DHHS. Topics regularly covered in weekly meetings will include compliance training as it pertains to federal, state, and contract requirements; confidentiality and facility/information system (IS) security; applicable federal and state laws, regulations, and policies; the MCOs and DBM; federal EQR regulations and protocols; and the MCOs' contracts with Heritage Health and the DBM's contract with DHHS. All team members will receive and document security and confidentiality training annually, and comply with the provisions of all applicable security

and privacy laws. The Qsource Team's training materials would be available to DHHS to supplement DHHS staff training.

Organizational structure

Qsource is guided by a Board of Directors representing the healthcare industry, academia, and business expertise. Board membership also includes public health and consumer representation. Our Board provides careful financial and strategic oversight, and our corporate leadership embraces recognized quality guidelines in management processes and systems.

Figure 2. Qsource's EQRO Training Portal



Qsource CEO Dawn FitzGerald, MS, MBA, guides our organizational mission and reports to the Board of Directors. Qsource's organizational compliance is regulated and monitored by Director of Corporate Compliance (CC) Katrina Scott. Finance activities are regulated and monitored by Chief Financial Officer (CFO) Craig Hofer. Corporate operations are monitored by Chief Operating Officer (COO) Nancy Archer, and clinical guidance is provided by Chief Medical Officer (CMO) Ben Heavrin, MD, who provides physician oversight of EQRO activities. The CC, CFO, COO, and CMO report to the CEO.

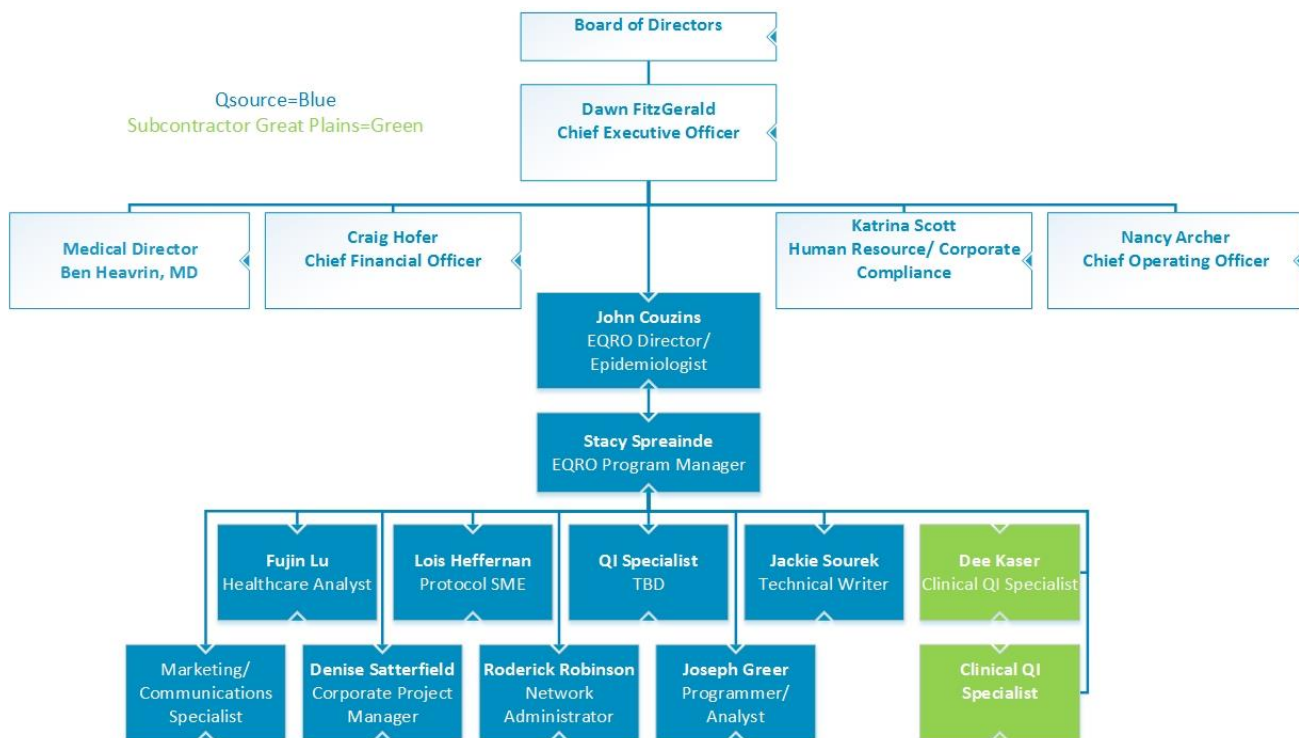
For this scope of work, John Couzins, MPH, CHCA, will oversee the Nebraska EQRO, working directly with team members and DHHS during implementation and throughout the project as needed. Nebraska EQRO Program Manager Stacy Spreainde, MPA, LSW, will oversee the daily operations and be responsible for contract management of the Nebraska EQRO. She brings two decades of healthcare experience as well as expertise in evaluating managed care entity (MCE) performance and compliance for special populations.

EQRO Protocol SME Lois Heffernan, MBA, BSN, RN, will bring her wealth of managed care program experience and EQRO knowledge to the Nebraska contract. Denise Satterfield, CPHIMS, PMP, as Lead Project Manager, will provide oversight assistance in the management of deliverables. The EQRO Program Manager; Clinical QI Specialist Dee Kaser, RN, CDCES; and two QI Specialists will be primarily responsible for communications with DHHS, Heritage Health, the MCOs, and DBM, as well as for all review activities. Healthcare Data Analyst/Programmer Fujin Lu, MBBS, MS, will conduct healthcare data analyses and validation. Technical Writer Jackie Sourek, MBA, will prepare deliverable content and templates, specific to each EQR activity; summarize findings and recommendations in reports to meet DHHS's needs; conduct research on healthcare

regulations, news, and trends; and be responsible for data visualizations and related technical content, formatting, and production. Programmer/Analyst Joseph Greer, MS, BBA, CEH, CHFI, CNDA, will help in creating web-based EQRO review tools and outputs to aid in data aggregation, collection, validation, and seamless reporting. Network Administrator Roderick Robinson, AAS, will maintain and support the EQRO information systems network and equipment and will be responsible for ensuring privacy and security standards within our systems.

Figure 3 depicts our Nebraska EQRO Organizational Chart.

Figure 3. Organizational Chart for Nebraska EQRO



Our qualified staff, their related experience, and their specific roles in this endeavor are outlined in this section, which includes detailed resumes and references for proposed staff. The Qsource Team will request prior approval from DHHS for changes to the proposed staffing. We will also ensure that current licensure is maintained for all licensed professionals throughout the contract. Additionally, we will perform criminal background checks on all new hires.

[Table 10](#) lists the names of Qsource Team's proposed members, along with the estimated number of hours per staff member. Following the personnel roster are resumes for each of the personnel listed, detailing title, education, current position, and employment history. Each staff resume includes three references.

Table 10. Qsource Personnel Roster with Annual Average Hours of Initial Period

Staff	Qualifications	Responsibilities
Qsource Staff		
EQRO Director/ Epidemiologist 156 hours John Couzins , MPH, CHCA	<ul style="list-style-type: none"> ◆ Master's degree in Public Health in Epidemiology ◆ 20 years' experience in healthcare assessment ◆ 17 years' management experience ◆ Expertise in CMS EQRO protocols ◆ Certified HEDIS Compliance Auditor ◆ NCQA accreditation expertise ◆ Experience in conducting epidemiologic analyses ◆ Extensive knowledge of state-specific and federal healthcare legislation 	Reports to CEO <ul style="list-style-type: none"> ◆ Directs, monitors, and facilitates all EQRO activities ◆ Manages and oversees all EQRO staff/administrative structure ◆ Coordinates all epidemiologic activities ◆ Develops and maintains internal data controls and quality control plans ◆ Conducts onsite/virtual HEDIS/performance measure validation surveys ◆ Conducts annual HEDIS/CAHPS comparative analyses
Protocol Subject-Matter Expert (SME) 38 hours Lois Heffernan , MBA, BSN, RN	<ul style="list-style-type: none"> ◆ 3 years as EQRO team manager ◆ Master's degree in Business Administration and BS degree in Nursing ◆ 13 years' healthcare data analysis experience ◆ Expert knowledge of Medicaid managed care regulatory and contractual requirements and associated EQR activities ◆ Extensive knowledge of and experience in QI principles and activities ◆ Comprehensive understanding of NCQA accreditation and HEDIS performance measurement ◆ Expertise in CMS EQRO protocols 	Reports to EQRO Director <ul style="list-style-type: none"> ◆ Provides subject-matter expertise on CMS EQR Protocols (2019 revised versions) ◆ Offers support across EQR activities
Nebraska EQRO Program Manager 300 hours Stacy Spreinde , MPA, LSW	<ul style="list-style-type: none"> ◆ 20 years' healthcare experience, including EQRO management ◆ Expertise in contract oversight and coordination of contract deliverables/timelines ◆ Trained in assessments of clinical, financial, and quality improvement outcomes ◆ Quality improvement plan development, measurement, and evaluation depth of knowledge ◆ Health plan experience, specifically with EQR-related activities 	Reports to EQRO Director <ul style="list-style-type: none"> ◆ Contract Manager: Monitors overall contract performance and deliverables; oversees subcontractor Great Plains QIN ◆ Coordinates all contract deliverables and completes monthly activity report ◆ Coordinates with DHHS, Heritage Health, and other contract stakeholders ◆ Participates in Compliance Assessment activities and onsite/virtual surveys

Table 10. Qsource Personnel Roster with Annual Average Hours of Initial Period

Staff	Qualifications	Responsibilities
	<ul style="list-style-type: none"> ◆ Licensed social worker with case management, social program and health plan evaluation expertise ◆ Clinical social work, behavioral health and long-term care services and supports experience 	<ul style="list-style-type: none"> ◆ Performs data analytic and research-related functions ◆ Conducts HEDIS/CAHPS comparative analyses ◆ Develops and conducts internal/external training activities ◆ Organizes meetings for DHHS, Heritage Health, MCOs, and DBM ◆ Develops and maintains internal data controls, quality control plans, and EQRO dashboard for continuous quality improvement
Lead Project Manager 290 hours Denise Satterfield , CPHIMS™, PMP®	<ul style="list-style-type: none"> ◆ 2 years' project management experience ◆ PMP certified ◆ 8 years' experience in healthcare information management ◆ Training education coordinator ◆ Expert skills integrating technology to enhance organizational management ◆ Lean Six Sigma Yellow Belt 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Engineers contract/tasks by organizing project elements, including launch, milestones, and performance tracking ◆ Designs and maintains contract-specific timeline, project schedules, and overall plan ◆ Establishes automated project dashboard and workspace ◆ Continuous feedback and tracking of all contract activities
Total Management Time for Annual Average of Initial Period		795 hours
Clinical QI Specialist 697 hours TBD	<ul style="list-style-type: none"> ◆ TBD 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Participates in Compliance Assessment activities and onsite/virtual surveys ◆ Evaluates/provides technical assistance with MCO/DBM corrective action plans (CAPs) ◆ Provides technical assistance to MCOs, DBM, Heritage Health, and DHHS as necessary ◆ Conducts performance improvement project (PIP) validation ◆ Performs required medical record reviews (MRRs)
Healthcare Data Analyst/Programmer 1,566 hours Fujin Lu , MBBS, MS	<ul style="list-style-type: none"> ◆ Expertise in data analytics, data mining, data reporting, and machine learning with a strong background in statistical analysis and predictive modeling ◆ More than five years' experience in healthcare data analysis and management 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Conducts HEDIS/performance measure validation audits ◆ Coordinates data collection and analyses

Table 10. Qsource Personnel Roster with Annual Average Hours of Initial Period

Staff	Qualifications	Responsibilities
	<ul style="list-style-type: none"> ◆ Skilled in developing stored procedures, functions, and triggers for implementing data integrity; data extraction, transformation and loading; object oriented programming languages, relational database management systems and reporting; and in creating process and data models, ER and data flow diagrams 	<ul style="list-style-type: none"> ◆ Queries data, synthesizes data sets, produces findings, and assists with report creation ◆ Assists in data validation and accuracy checks ◆ Develops online programs and tools when necessary for work
Technical Writer 413 hours Jackie Sourek , MBA	<ul style="list-style-type: none"> ◆ Master's degree in Business Administration and bachelor's degree in Mass Communications with 15 years of experience as a communications professional, including writing, editing and proofreading ◆ Proven leadership in the development, implementation and analysis of marketing and communications ◆ In-depth knowledge and experience in messaging and social marketing 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Responsible for all required report writing, design, and production functions ◆ Performs research and analyses on state and federal healthcare regulations ◆ Updates EQRO dashboard, procedures, work instructions, style manual, and surveyor handbook as needed
Programmer/Analyst 188 hours Joseph Greer , MS, BBA, CEH, CHFI, CNDA	<ul style="list-style-type: none"> ◆ More than 10 years' experience in programming/analytics ◆ Eight years in healthcare, SharePoint, and developing web-based applications. ◆ Applied knowledge in developing dashboards for business intelligence, integrating SQL Server Reporting Services, and developing and managing InfoPath forms and custom workflow structures. ◆ Skilled in Microsoft SQL Server and Access; Microsoft .NET Framework, C#, Visual Studio, CSS, Java, HTML, PHP, WordPress (CMS) 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Provides database support and development required for contract deliverables (Compliance Assessment, PIPs, etc.) ◆ Maintains and supports EQRO automated systems network ◆ Architect of innovative electronic tools and workflows
Network Administrator 64 hours Roderick Robinson , AAS	<ul style="list-style-type: none"> ◆ 16 years' experience as network analyst and systems administrator ◆ Manages operating system for multistate network with expertise in safety, security, backups and network program integration, where applicable 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Maintains and supports EQRO information systems network and user equipment ◆ Ensures necessary security and disaster recovery procedures for EQRO network and conducts daily facilities support

Table 10. Qsource Personnel Roster with Annual Average Hours of Initial Period

Staff	Qualifications	Responsibilities
Marketing/Communications Specialist 16 hours Aggregate Support Team	<ul style="list-style-type: none"> ◆ 16 years' experience as marketing specialist ◆ Manages website and creates graphical reports and materials 	Reports to Project Manager <ul style="list-style-type: none"> ◆ Maintains and supports EQRO marketing and communication activities ◆ Ensures necessary styles and formats are applied prior to distribution
Subcontractor: Great Plains QIN Staff		
Clinical QI Specialist 1,168 hours Dee Kaser , RN, CDCES	<ul style="list-style-type: none"> ◆ 34 years of clinical experience, including long-term care, intensive care unit, and physician office nursing along with utilization review and staff development ◆ Expertise in diabetes training to help patients achieve optimal health outcomes, medical case review, and helping providers develop QI plans to improve performance 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Participates in Compliance Assessment activities and onsite/virtual surveys ◆ Evaluates/provides technical assistance with MCO/DBM CAPs ◆ Provides technical assistance to MCOs, DBM, Heritage Health, and DHHS as necessary ◆ Conducts PIP validation ◆ Performs required MRRs
QI Specialist 781 hours TBD	<ul style="list-style-type: none"> ◆ TBD 	Reports to EQRO Program Manager <ul style="list-style-type: none"> ◆ Participates in Compliance Assessment activities and onsite/virtual surveys ◆ Evaluates/provides technical assistance with MCO/DBM CAPs ◆ Provides technical assistance to MCOs, DBM, Heritage Health, and DHHS as necessary ◆ Conducts PIP validation ◆ Performs required MRRs

Staff Resumes

Resume of John Couzins, MPH, CHCA

John Couzins, MPH, CHCA

Current Qsource EQRO Director with more than 20 years' experience in epidemiology/clinical tasks and quality assurance management/review, including more than 16 years in managed care EQR and QI, and more than 10 years in management. Certified HEDIS Compliance Auditor with advanced knowledge and understanding of NCQA accreditation, HEDIS technical specifications, managed care plan compliance audit processes, and ISO 9001 certification. Expertise in EQRO processes and care organization systems for Medicaid managed care programs and applied public/population health and disease management data aggregation and analyses, including understanding interpretation of data and social and economic factors affecting data interpretation. Heightened analytical, research and communication skills.

PROFESSIONAL EXPERIENCE

Qsource	Nashville, TN
EQRO Director/Epidemiologist	Mar 2007 – Present
Qsource	Nashville, TN
Senior Healthcare Analyst	May 2003 – Mar 2007
Georgia Medical Care Foundation	Atlanta, GA
Epidemiologist/Health Data Analyst	Jan 2000 – May 2003
DeKalb County Board of Health	Decatur, GA
County Epidemiologist	Feb 1999 – Jan 2000
Centers for Disease Control (CDC) Mycotic Diseases Branch	Atlanta, GA
Data Analyst	Jan 1998 – Feb 1999
CDC National Institute of Occupational Safety and Health	Atlanta, GA
Association of Schools of Public Health/CDC Intern	Jun 1998 – Sep 1998

RELATED SKILLS

- ◆ Manages EQRO Division and serves as the main liaison with TennCare, Florida Healthy Kids, and Arkansas Department of Human Services. Coordinates oversight of all EQR activities and provides technical assistance on state and federal regulations affecting managed care, Medicaid, and CHIP programs.
- ◆ Exhibits expertise and provides internal oversight in EQRO processes for Medicaid managed care programs, identifying utilization patterns, reporting relative resource use and in the epidemiological and statistical measurement of health and service status indicators in defined populations, including behavioral/mental health.
- ◆ Conducts NCQA HEDIS Compliance Audits of MCOs throughout the country, maintaining an active and applied knowledge of HEDIS technical specifications.
- ◆ Is a member of NCQA expert workgroup for the development of HEDIS measures using electronic clinical data systems.
- ◆ Performed advanced analyses of Medicare claims/enrollment data using various statistical techniques; developed and implemented an Access-based surveillance system for a statewide diabetes QI initiative.

Resume of John Couzins, MPH, CHCA

- ◆ Analyzed and interpreted public health surveillance data using ArcView/geographic IS to map public health data and perform spatial analyses; provided training, technical assistance, and consultative services regarding epidemiology and control of diseases.
- ◆ Analyzed data for public health case control study; performed descriptive epidemiologic analysis of NHANES and NHIS national databases in preparation for a study of occupational exposures and mental health attributes.

EDUCATION

Master of Public Health (MPH) in Epidemiology
Emory University, Rollins School of Public Health

May 1999
Atlanta, GA

Bachelor of Science in Microbiology
The Ohio State University

Dec 1995
Columbus, OH

Certification

Certified HEDIS Compliance Auditor (CHCA)

Oct 2003

SELECT PUBLICATIONS & PRESENTATIONS

McClellan W, Millman L, Presley R, **Couzins J**, Flanders D. Improved diabetes care by primary care physicians: results of a group-randomized evaluation of the Medicare Health Care Quality Improvement Program (HCQIP). *Journal of Clinical Epidemiology* 2003; 56:1210-1217.

Couzins J. Do quarterly Glycosylated Hemoglobin test predict survival? [Oral]. Presented at: The American Health Quality Association (AHQA) Technical Conference; February 1, 2002; Dallas, TX.

Couzins J. An investigation into the demographic, ecological and clinical variables associated with the care of patients with diabetes [oral]. Presented at: The Tri-Regional Conference; June 15, 2001; St. Petersburg, FL.

Couzins J. A comprehensive database and project management tool for the outpatient initiatives [oral]. Presented at: The Tri-Regional Conference; June 15, 2001; St. Petersburg, FL.

Couzins J. Mailing practice-specific quality of care profiles linked to educational materials improved the care of diabetes mellitus: A randomized trial. Poster presented at: The AHQA Technical Conference; February 10, 2001; Los Angeles, CA.

Couzins J. Web based immunization program. Poster presented at: SDPS/HCFA User's Group Meeting; September 29, 2000; Des Moines, IA

REFERENCES

Wendy Talbot, MPH

Assistant Vice President – Measure Collection & Audit
National Committee for Quality Assurance (NCQA)
1100 13th Street NW, Third Floor
Washington, DC 20005
202.955.1708
talbot@ncqa.org

Paul Ackroyd, MBA, CPA, CHCA

Senior Vice President/Practice Leader
HealthcareData Company, LLC
600 Bent Creek Boulevard, Suite 160

Mechanicsburg, PA 17050-1893
717.458.0554
pjackroyd@HDCdata.com

Resume of John Couzins, MPH, CHCA

Jennifer Lenz, MPH, CHCA
Independent Consultant
Quality Review Solutions, LLC
4527 E. Villa Maria Drive
Phoenix, AZ 85032
480.438.1886
jlenz@qrs.email

Matthew A. Flores, MS, RRT, CHCA
Client Manager Advent Advisory Group, LLC
1408 Garfield Avenue Wyomissing, PA 19610
484.388.5571
mflores@adventadvisorygroup.com

Resume of Lois Heffernan, RN, BSN, MBA

Lois Heffernan, RN, BSN, MBA

EQRO Program Manager with over 25 years' experience in managed care delivery systems, most recently in Medicaid managed care health plan QI and EQR roles. Expert knowledge of Medicaid managed care regulatory and contractual requirements and associated EQR activities. Extensive knowledge of and experience in QI principles and activities. Comprehensive understanding of NCQA accreditation and HEDIS performance measurement.

PROFESSIONAL EXPERIENCE

Qsource	Remote
EQRO Program Manager	Nov 2017 – Present
QRS	Remote
EQR Compliance Assessment Reviewer (contract)	Jan 2016 – Dec 2017
Health Services Advisory Group	Columbus, OH
Director, Quality Improvement	Dec 2013 – Dec 2015
Molina Healthcare of Ohio	Columbus, OH
Director, Quality Improvement	Dec 2012 – Nov 2013
	Jun 2006 – Nov 2011
Mount Carmel Health System (MediGold)	Columbus, OH
Quality Improvement and Healthcare Data Analyst	Jan 2005 – Jun 2006
Mental Health Association of Franklin County	Columbus, OH
Assistant to the Executive Director	May 2000 – Jan 2005
HealthScope	Columbus, OH
Manager of Data Analysis	Jan 1997 – Apr 2000
Nationwide Insurance	Columbus, OH
Multiple positions in group health insurance utilization management data analysis, and provider network development	Apr 1985 – Nov 1996
Riverside Methodist Hospital	Columbus, OH
Staff Nurse	Jun 1981 to Jun 1985

RELATED SKILLS

- ◆ Coordinates EQRO Division deliverables and manages EQRO team members to ensure timely and accurate completion of required EQR activities.
- ◆ Collaborates with and provides technical assistance to the state agency and other contract stakeholders regarding QI plan development, implementation, measurement, quality strategy planning, and program evaluation.
- ◆ Coordinates/conducts quality studies and performance validations, including comprehensive compliance assessments, network adequacy analyses, performance improvement projects, performance measure validation, and encounter data validation.

Resume of Lois Heffernan, RN, BSN, MBA

EDUCATION

Master of Business Administration
Ohio State University

1987
Columbus, OH

Bachelor of Science in Nursing
Ohio State University

1983
Columbus, OH

Certification

Paralegal
Capital University

2004
Columbus, OH

REFERENCES

Romy Marques, Quality Manager
Florida Healthy Kids Corporation
marquesr@healthykids.org
239.537.5914

Jennifer Lenz, Independent Consultant
Quality Review Solutions, LLC
jlenz@qrs.email
480.438.1886

Swapna Mehendale, EQRO Program Manager
Qsource
49 Music Square West, Suite 402
Nashville, TN 37203
smehendale@qsource.org
270.282.3683

Resume of Stacy Spreainde, MPA, LSW

Stacy Spreainde, MPA, LSW

Current EQRO Project Director with more than 19 years' experience in healthcare and well-being of patients and caregivers. Offers expertise in Ohio healthcare and social programs, case management and evaluating health plan performance and compliance for special populations. Trained in assessments of clinical, financial, and quality improvement outcomes; clinical social work, geriatrics, behavioral health, and long-term services and supports.

PROFESSIONAL EXPERIENCE

Qsource	Columbus, OH
Project Director, EQRO-OH	May 2019 – present
Keystone Peer Review Organization	Columbus, OH
Manager, Operations	May 2017 – May 2019
Health Services Advisory Group (HSAG)	Columbus, OH
Clinical Review Specialist, State & Corporate Services	Jan 2016 – May 2017
Molina Healthcare	Columbus, OH
Supervisor, Healthcare Services	2014–2016
Summa Health System	Akron, OH
Geriatric Social Worker, Center for Senior Health	2006–2012
Area Agency on Aging, 10B	Uniontown, OH
Passport Care Manager, Medicaid Waiver Program	2000–2006

RELATED SKILLS

- ◆ Coordinates all External Quality Review Organization (EQRO) Division deliverables in Ohio, manages EQRO team members and collaborates with and provides technical assistance to the State and other contract stakeholders regarding QI plan development, implementation, measurement, quality strategy planning, and program evaluation.
- ◆ Develops and maintains a detailed project work plan to outline how and when Qsource will effectively complete each EQRO activity, ensures all deliverables are completed within required time frames with accuracy, and facilitates work flow related to deliverables.
- ◆ Assists in the development of data collection tools for each applicable EQR activity based on statutes, regulations and State contracts.
- ◆ Together with the Qsource EQRO Director, serves as main point of contact via written, telephonic and face-to-face interaction with the State in matters related to deliverables.
- ◆ Coordinates and manages the completion of the Annual EQR Technical Report.
- ◆ Performed quality of care and compliance reviews of care management activities, conducting documentation review, onsite documentation and system reviews, and interviews, and preparing reports of review findings.
- ◆ Participated in the completion of Performance Improvement Project validation.
- ◆ Managed and evaluated team members in the performance of various MyCare case management activities by performing clinical and compliance audits; assessed the adequacy of care management services provided to the consumer, family and/or caregiver through the care manager and

Resume of Stacy Spreainde, MPA, LSW

interdisciplinary care team; and participated in collaborative care with physicians and nurses, patients and families, to improve patient health and safety.

EDUCATION

Master of Public Administration (MPA)

The College at Brockport

Dec 2013

Rochester, NY

Bachelor of Science in Social Work

Bowling Green State University

May 2000

Bowling Green, OH

Certification

Licensed Social Worker (OH)

Current

REFERENCES

Kimberly Mobley

246 N High St, 1st Floor

Columbus, OH 43215

614.314.9174

John Couzins

49 Music Square West, Suite 402

Nashville, TN 37203

615.491.7673

Denise Satterfield

49 Music Square West, Suite 402

Nashville, TN 37203

615.879.8655

Denise Satterfield, CPHIMS, PMP

Project Management Professional accountable for project objectives. Training Education Coordinator with experience organizing, directing, and managing all aspects of contract education support functions. Salesforce Administrator developing and delivering CRM training and support. Certified Professional in Health Information Technology skilled in meaningful use, privacy and security and health information exchange. Former pharmaceutical sales professional with both CRM and product training experience. Strong team leader with project management expertise. Service oriented with the ability to effectively transfer knowledge and enthusiasm to clients. Excellent communicator with technical aptitude, problem-solving proficiency, and attention to detail.

PROFESSIONAL EXPERIENCE

Qsource

Memphis, TN

Project Manager

Jan 2020 – present

Leads the planning, executing, monitoring, controlling, and closing of projects. Determines project scope and work breakdown structure to support activities, dates, resources, costs, and quality objectives. Works with internal departments and subcontractors to adapt project goals, milestones, and deliverables to comply with customer requirements and adhere to project timelines. Maintains the progress, mutual interaction, and tasks of various parties in order to reduce the risk of overall failure, maximize benefits, and minimize costs. Key project management responsibilities include developing project plans and managing project stakeholders, communication, team, risks, schedule, conflicts, and delivery.

Training Education Coordinator

Nov 2015 – present

Maps out training plans, designing, and developing training programs (outsourced or in-house) and manages all aspects of contract support functions. Chooses appropriate training methods per case (simulations, mentoring, on the job training, professional development classes, etc.) throughout the contract or task. Markets available training opportunities. Conducts organization-wide needs assessments and identifies skills or knowledge gaps that need to be addressed. Utilizes accepted education principles, Agile development programs, and tracking new training methods and techniques. Improves the user experience through effective use of validated learning processes. Designs and prepares educational aids, materials, and curriculums for ongoing training and support. Maintains updated curriculum database and training records. Provides train-the-trainer sessions for internal subject-matter experts. Accountable for ensuring learning and education products meet organizational, contractual, and user needs.

Salesforce CRM Administrator

Jun 2015 – present

Manages database configuration, including aspects such as role hierarchy, licenses, user profiles, security, field requirements, team assignments, workflows and approvals, demographic updates and data integrity, validation rules, and reports. Developed and delivered initial training for entire organization upon launch of platform. Provides day-to-day support for end-user questions on salesforce automation, recruiting, and data access and training through the management of a Salesforce help desk. Manages the utilization of 90+ active users over 5 states for 11 QIN task orders. Develops and delivers ongoing training and resources including group sessions, task-focused training, Q&A sessions, one-on-one assistance, User Guide, and tip sheet development. Coordinates enhancements and programming updates with the tasks based on contractual needs. Develops and integrates workflows across additional organizational contracts. Maintains recruiting metrics by identifying critical issues impacting operations and strategy. Analyzes results on metrics including productivity, recruiting analysis, and roadblocks to success. Dashboard development and reporting.

Resume of Denise Satterfield, CPHIMS, PMP

HIT Specialist**Dec 2012 – Nov 2015**

Provided support and training to healthcare clients regarding HIT adoption and quality improvement efforts. Recruited healthcare clients for participation in HIT programs. *Healthshare Direct project Middle Tennessee Lead Specialist*: Led team to recruit, register, and implement Direct services and incentive to over 450 users; worked directly with the State Office of eHealth on the TN HISP pilot and Direct project pilot programs; developed educational resources for end users; and identified opportunities and provided solutions throughout the evolution of the Direct project to continuously improve processes and achieve contract goals. *Meaningful Use consulting in both Medicaid and Medicare settings*: Assisted clients in MU goal attainment, including workflow facilitation and technical guidance; worked with multiple EHRs/CEHRTs; assisted clients through the attestation process; provided audit and hardship guidance; and developed HIT related educational materials and delivered presentations to multiple healthcare organizations including THIMA, TPCA, and MGMA. *Privacy and security consulting*: Performed and reviewed Security Risk Assessments for clients in the EHR Incentive program; provided guidance and evaluation of SRAs with clients under audit.

**Sunovion, Bristol Myers Squibb, Galderma, ECR Labs,
Adams Laboratories**

TN**Pharmaceutical Sales Specialist, CRM Trainer, Product Trainer****Oct 1992 – Dec 2012**

Promoted RX, OTC, and Injectable product lines in both primary care and specialty settings; clients included physicians, nurses, mid-level providers, ancillary staff, hospitals, clinics, and pharmacies.

Tennessee Association for Mental Health Organizations**Nashville, TN****Grants and Training Support Manager****Jun 2005 – Nov 2007**

Responsible for legislative advocacy communications and education. Assisted with writing grants for mental health centers. Managed email communications and event planning. Earned multiple awards and recognitions for exceeding sales goals. Served as CRM Trainer for Salesforce/Veeva platforms. Served as product trainer, delivering product and disease state training in classroom, one-on-one, and remote settings to field-based reps and providing ongoing detail support and educational resource development.

EDUCATION**Bachelor of Science, Business Administration****May 1992**

Magna Cum Laude

University of Tennessee

Knoxville, TN

Certifications

Project Management Professional (PMP)

2019 – present

Certified Professional in Health Information and Management
Systems (CPHIMS)

2013 – present

REFERENCES**Amanda King**

Lead Project Manager, Qsource

aking@qsource.org

731.431.6480

Resume of Denise Satterfield, CPHIMS, PMP

Steve Scott

Information Systems Director, Qsource
sscott@qsource.org
901.273.2695

Jeanette Brown

Director of Project Management, University Clinical Health
jabrown296@gmail.com
864.247.3637

Resume of Fujin Lu, MBBS, MS

Fujin Lu, MBBS, MS

Current Qsource associate with American citizenship, more than 20 years' experience in analytics/statistics, 15 years in education, and six years in healthcare and clinical data. Offers expertise in SAS, R/S-Plus, SPSS, STATA, JMP, and Python, conducting descriptive statistics, categorical analyses (e.g., logistic and Poisson regression), survival analysis (e.g., Kaplan Meier plots, Cox regression), and longitudinal data analyses (mixed model). Professional experience includes data abstraction and analyses through hospital electronic medical records (EMRs), and preparing reports and presentations with clinical data findings.

PROFESSIONAL EXPERIENCE

Qsource

Memphis, TN

Programmer/Analyst

Mar 2016 – Present

Is responsible for manipulating, editing, verifying, validating and merging data sets, as well as responding to specific CMS QIN-QIO task analytic requests. Analyzes data from various sources to assist program areas on contract deliverables. Prepares reports to appropriate internal/external groups. Works with project teams to update/maintain CMS's project tracking system.

Baptist Cancer Center

Memphis, TN

Data Manager

2014–2016

Abstracted, managed, and maintained clinical data for cancer patients through EMR from 11 hospitals. Analyzed clinical data using SAS. Prepared reports and presentations.

University of Minnesota (UMN)

Twin Cities, MN

Graduate Student Instructor, School of Statistics

2005–2008

Independently taught undergraduate class for six semesters (30-90 students/class), determining course objectives, syllabus and timeline. Supervised and assigned duties to teaching assistants as the primary instructor.

Teaching Assistant, School of Statistics

2003–2005

Taught statistical software SAS/JMP and R/S-plus, held office hours, and graded homework.

Statistical Consultant, Statistical Consulting Service

Summer 2006, Summer 2007

Provided statistical consulting service to researchers at the University of Minnesota. Programmed routinely using statistical software: SAS, SPSS, JMP, R/S-Plus.

Statistical Analyst, Department of Facilities Management

Summer 2005

Worked as the team statistician for the project Predicting Energy Consumption in the UMN, developing R functions, implementing mixed effect models, cluster analysis and time trend analysis, and writing the technical report, which was accepted by the board of regents.

Shanghai Medical University

Shanghai, China

Assistant Professor, Department of Health Statistics

1999–2001

Yanbian University

Jilin, China

Assistant Professor, Department of Health Statistics

1993–1996

*Resume of Fujin Lu, MBBS, MS***EDUCATION**

Master of Science in Statistics (MS)	2008
University of Minnesota	Twin Cities, MN

Master of Science in Health Statistics (MS)	1999
Shanghai Medical University	China

Bachelor of Medicine in Clinical Medicine (MBBS, U.S. Equivalent to MD)	1993
Yanbian University	China

Certifications

Lean Six Sigma White Belt	2017
Lean Six Sigma Yellow Belt	2017

REFERENCES**Susan Brittman**

8245 Tournament Drive, Suite 201
Memphis, TN 38125
sbrittman@qsource.org
901.273.2694

Rebel Ward-McKnight

245 Green Valley Drive
Greenbrier, AR 72058
rmcknight@qsource.org
501.801.6930

Frances Richardson

8245 Tournament Drive, Suite 201
Memphis, TN 38125
frichardson@qsource.org
901.273.2637

Resume of Jackie Sourek, MBA

Jackie Sourek, MBA

Current Qsource associate with 15 years of experience as a communications professional, including writing, editing, and proofreading. Proven leadership in the development, implementation, and analysis of marketing and communications. In-depth knowledge and experience in messaging and social marketing. Expertise in Microsoft Word proven beneficial corporate-wide. Experience with PC, Macintosh, Microsoft Office Suite; Adobe Acrobat Pro, Photoshop, InDesign; extensive word-processing, data entry, publishing.

PROFESSIONAL EXPERIENCE

Qsource

Memphis, TN

Marketing and Communications Specialist

Jun 2015 – present

Assists in the annual production of reports for the External Quality Review (EQR) activities for managed care Medicaid programs and Children's Health Insurance Program or CHIP pertaining to contractor quality improvement (QI)/ assurance, national healthcare measure benchmarking, and national/state policy and best practices. Collaborates with multisite associates for EQR activities, and coordinates with administrative services for print production/dissemination. Participates in writing, reviewing, and editing electronic/print media needed by the EQR as well as business development, including provider/beneficiary education materials, website content, grant applications and presentations. Works with analytic team to identify opportunities for external publication and to help ensure branding. Summarizes clinical data and results of statistical analyses. Maintains confidentiality of client/agency information. Adjusted and aligned documentation formatting for a more cohesive and professional look.

Tennessee Primary Care Organization

Nashville, TN

Associate Director of Communications

Jan 2008 – May 2013

Managed communications and marketing campaigns, both internal and external. Responsible for writing and editing all publications, including newsletters, press releases, fact sheets and brochures. Maintained the organization's website and created web content. Tracked and analyzed email statistics. Assisted with event planning and logistics for virtual and in-person meetings. Developed and implemented the organization's membership recruitment program. Served as the point person for all public relations.

Tennessee Association for Mental Health Organizations

Nashville, TN

Grants and Training Support Manager

Jun 2005 – Nov 2007

Responsible for legislative advocacy communications and education. Assisted with writing grants for mental health centers. Managed email communications and event planning.

EDUCATION

Master of Business Administration (MBA)

Middle Tennessee State University

May 2010

Murfreesboro, TN

Bachelor of Science, Mass Communications

Middle Tennessee State University

Dec 2004

Murfreesboro, TN

Resume of Jackie Sourek, MBA

REFERENCES

Rebel McKnight, CPHIT, CPEHR
501.351.7585
Little Rock, AR

Lynn Maples
901.273.2614
Memphis, TN

Brooke Tweddell
901.273.2646
Memphis, TN

Resume of Joseph Greer, MS, BBA, CEH, CHFI, CNDA

Joseph Greer, MS, BBA, CEH, CHFI, CNDA

Current Qsource associate with more than 10 years' experience in programming/analytics and about 8 years in healthcare, SharePoint, and developing web-based applications. Experienced in planning, designing, and developing enterprise-wide and department-level SharePoint applications for internal and external platforms; including end-user training and admin management. Applied knowledge in developing dashboards for business intelligence and integrating SQL Server Reporting Services, developing and managing InfoPath forms and custom workflow structures. Knowledgeable and experienced in AD User Authentication Methods and Exchange/Outlook Mail Integration. Skilled in Microsoft SQL Server and Access; Microsoft .NET Framework, C#, Visual Studio, CSS, Java, HTML, PHP, WordPress (CMS); Adobe Photoshop, Creative Suite, and Illustrator; and Windows, Windows Server, and VMware. Proficient in SharePoint web applications and Designer with custom workflows, web parts, designing Master-Pages and Site Branding.

PROFESSIONAL EXPERIENCE

Qsource	Memphis, TN
Programmer/Database Admin	Dec 2013 – Present
Axia Management, Inc.	Bartlett, TN
Senior SharePoint Architect	Nov 2012 – Dec 2013
Ricoh Business Solutions	Cordova, TN
Business Development Program Manager	Oct 2009 – Nov 2012
Health Leaders InterStudy	Memphis, TN
Business Analyst	Jul 2008 – Nov 2009
Smith & Nephew, Inc.	Memphis, TN
Market Research Analyst	Feb 2006 – Jul 2008

RELATED SKILLS

- ◆ Manages, maintains, and develops internal/external web applications using Microsoft SharePoint Server, including EQRO survey tools.
- ◆ Manages SQL Server, develops forms in InfoPath, and creates/deployes SharePoint Designer Workflow for IT department, relying on knowledge and experience with Microsoft Office Suite, Project, Visio, InfoPath, and SharePoint Designer; SharePoint Server WSS 3.0, MOSS 2007, Forms Services, Excel Services, Search, Business Intelligence Tools, Workflows and SQL Server Reporting Services Integration, Active Directory, and Exchange.
- ◆ Planned, designed, installed and developed a companywide SharePoint platform as a global resource for collaboration; migrated SharePoint platforms and databases.
- ◆ Developed and created multiple websites/intranet portals using CMS for news archiving, analytic management, ecommerce, and company reporting.
- ◆ Effectively compiled and analyzed datasets on over 80 health insurance companies through an internal database, including Commercial Carriers, HMO, PPO, Medicare and Medicaid state managed programs; and led secondary research on healthcare legislation, pharmacy benefits, patient care management, and hospital and physician network data.

Resume of Joseph Greer, MS, BBA, CEH, CHFI, CNDA

EDUCATION

Master of Cybersecurity and Information Assurance

Western Governors University

Dec 2009

TN

Bachelor of Science in Business Administration

Minor in Music Performance: Orchestral Studies

University of Memphis, Fogelman College of Business and Economics

Dec 2009

Memphis, TN

Certifications

Certified Ethical Hacker (CEH)

Computer Hacking Forensic Investigator (CHFI)

Certified Network Defense Architect (CNDA)

MOS: SharePoint Server 2010, MOS: Excel 2010, MOS: PowerPoint 2010, MOS: Word 2010,
Microsoft Office Suite: 2007; CompTIA A+ Certification

REFERENCES

Steve Scott

Information Systems Director, Qsource

901.273.2661

sscott@qsource.org

Roderick Robinson

Network Administrator, Qsource

901.273.2635

rrobinson@qsource.org

David Hughes

Independent Consultant

615.497.0173

dlhughesconsulting@gmail.com

Resume of Roderick Robinson, AAS

Roderick Robinson, AAS

Current Qsource associate with 15 years' experience as an information technology (IT) professional. Strong background in user training and support documentation. Experience in major operating systems, applications, hardware, and various other areas within the IT industry.

PROFESSIONAL EXPERIENCE

Qsource	Memphis, TN
Network Administrator	2011 – Present
Network Specialist	2010–2011
Flextronics Logistics	Memphis, TN
Desktop Systems Analyst	2005–2010

RELATED SKILLS

- ◆ Serves as Security Point of Contact (SPOC) and performs annual security training and testing
- ◆ Manages operating system for HCQIS Microsoft Area Networks including maintaining system security, adding users, maintaining menus and operating systems, and operating systems support
- ◆ Ensures daily backups are performed and data restoration is accomplished as necessary
- ◆ Maintains backup log for systems citing date and type of backup
- ◆ Monitors performance on the LAN/WAN including balancing drive loads and disk space, monitoring response time and activity trends and analysis of server overload/buffer overflow analysis, physical media error, server configuration, and intruder alerts
- ◆ Monitors data communications and inter-network communications including time-out problems, data integrity, security, repeater errors, cabling problems, bridge configuration and assessment, routing table management, broadcast storms, and protocol conversion errors
- ◆ Serves as backup to Database Administrator/Corporate Systems Administrator for mission critical applications and environments
- ◆ FISMA compliance/auditing, SCCM compliance, and maintenance of BCCP and SSP documents
- ◆ Oversees internal IT policy and procedures documents

EDUCATION

Associate of Applied Science in Computer Electronics	2003
ITT Technical Institute	Memphis, TN
CompTIA Network Training	2015
New Horizons Computer Learning Center	Memphis, TN

REFERENCES

Brian Paden 901.334.6846 Dangelo.paden@gmail.com	Alfred Pratt 901.335.0576 Alfred.pratt2@va.gov	Margie Banse 502.680.2857 mbanse@qsource.or
---	---	--

Resume of Dee Kaser, RN, CDCES

Dee Kaser, RN, CDCES

Quality Improvement Advisor with 34 years of clinical experience, including long-term care, intensive care unit, and physician office nursing along with utilization review and staff development. Professional registered nurse who builds relationships with healthcare providers to improve outcomes together. Areas of expertise have included implementing diabetes training to help patients achieve optimal health outcomes, medical case review, and helping providers develop quality improvement plans to improve performance. Will serve as Project Lead Support for this scope of work.

PROFESSIONAL EXPERIENCE

Great Plains Quality Innovation Network / CIMRO of Nebraska	Lincoln, NE
Quality Improvement Advisor	2014 – Present
Clinical Lead, Case Review/Beneficiary Protection	2012–2014
Lincoln Surgical Hospital	Lincoln, NE
Utilization Review Nurse and Staff Development Coordinator	2011–2012
Saint Francis Medical Center	Grand Island, NE
Patient Education Coordinator and Diabetes Educator	2005–2011
Utilization Review Nurse	2002–2005
Memorial Community Care	Aurora, NE
Director of Nurses	2001–2002
Internal Medical Associates	Grand Island, NE
Clinic Nurse and ICD–9/CPT Coder	1990–2001
Memorial Hospital	Aurora, NE
Staff nurse, Charge nurse, Head nurse of ICU	1986–1990

RELATED SKILLS

- ◆ Leads GPQIN's Quality Improvement Initiative task in the CMS 12th Statement of Work, which involves providing technical assistance with quality improvement plans for healthcare providers identified and referred by CMS.
- ◆ Technical assistance includes securing c-suite commitments, guiding teams in rapid cycle improvements with data collection, and creating an environment of shared learning and positive change.
- ◆ Conducted medical case review during CMS 10th Statement of Work, which also involved fielding beneficiary complaints, provider education, analyzing reports for trends, monitoring case review timeliness, presenting workshops, and policy & procedure development.
- ◆ Serves on GPQIN's 12th Statement of Work Data Team, which is responsible for creating a quality measure specifications guide, identifying data sources, and planning the measurement strategy.
- ◆ Served as lead trainer for Diabetes Empowerment Education Program (DEEP) and coordinated license partners across Nebraska.
- ◆ Conducted concurrent admission and continued stay reviews for appropriateness by reviewing medical record documentation, basing reviews on defined criteria from CMS guidelines, quality improvement organization (QIO) guidelines, and other third party payer guidelines.

Resume of Dee Kaser, RN, CDCES

EDUCATION**Diploma in Nursing**

Bryan School of Nursing

1986

Lincoln, NE

Certifications

Registered Nurse, Nebraska License Number 41909

1986 – present

Certified Diabetes Educator, Certificate Number 20120377

2010 – present

Certified Insulin Pump Trainer

2009 – present

REFERENCES**Tammy McNeil**

3510 Fisherman Lane

Hastings, NE 68901

402.440.1698 (personal cell)

Jane Stotts

12404 S 234th St.

Gretna, NE 68028

402.250.3858 (personal cell)

Tina Georgy

2902 Crossing Court, Suite C

Champaign, IL 61822

217.621.9898 (personal cell)

A.1.j. Subcontractor

Qsource intends for Great Plains Quality Innovation Network (QIN) to be its sole subcontractor. The total percentage of subcontractor performance hours will be 34 percent. Great Plains QIN's contact information is as follows:

Contact person: Ryan Sailor, Chief Executive Officer
 Mailing Address: Great Plains Quality Innovation Network
 1200 Libra Drive, Suite 102
 Lincoln, NE 68512
 Telephone Number: 402.476.1700, ext. 515
 Email Address: ryan.sailor@greatplainsqin.org

Great Plains QIN will perform the following activities as subcontractor to Qsource:

- ◆ EQRO Activities
- ◆ Technical Activities
- ◆ Reporting
- ◆ Meetings
- ◆ Quality Review



Qsource will bring expertise in the EQRO field and infrastructure, while Great Plains QIN will bring a local presence for face-to-face support to provide exceptional service to DHHS. Great Plains QIN has expressed commitment to serving as Qsource's subcontractor as demonstrated by its letter of commitment, included in the [Appendix](#).

A.2. Terms and Conditions (Section II)**A.2.a. General**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.b. Notification

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.c. Notice (POC)

The Qsource Team acknowledges DHHS's right to appoint a Buyer's Representative to manage—or assist the Buyer in managing—the contract on behalf of DHHS. If a Buyer's Representative is appointed, we understand we will be provided a copy of the appointment document, and agree to cooperate accordingly with the Buyer's Representative.

A.2.d. Governing Law (Statutory)

Qsource understands and agrees 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.

A.2.e. Beginning of Work

The Qsource Team agrees not to commence any billable work until a valid contract has been fully executed by DHHS and Qsource.

A.2.f. Amendment

Qsource acknowledges that this contract may be amended in writing, within scope, upon the agreement of both DHHS and Qsource.

A.2.g. Change Orders or Substitutions

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.h. Vendor Performance Reports

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.i. Notice of Potential Contractor Breach

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.j. Breach

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.k. Non-Waiver of Breach

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.l. Severability

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.2.m. Indemnification

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

General

Qsource agrees to defend, indemnify, and hold harmless DHHS and its employees, volunteers, agents, and 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 Qsource, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such contractor liability is attenuated by any action of DHHS that directly and proximately contributed to the claims.

Intellectual Property

Qsource 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 Qsource or its employees, subcontractors, consultants, representatives, and agents; provided, however, DHHS gives Qsource prompt notice in writing of the claim. Qsource understands that we may not settle any infringement claim that will affect DHHS's use of the licensed software without DHHS's prior written consent, which may be withheld for any reason. If a judgment or settlement is obtained or reasonably anticipated against DHHS's use of any intellectual property for which Qsource has indemnified the State, Qsource shall, at our sole cost and expense, promptly modify the item or items that were determined to be infringing, acquire a license or licenses on DHHS's behalf to provide the necessary rights to the State to eliminate the infringement, or provide DHHS with a non-infringing substitute that provides the State the same functionality. Qsource acknowledges that, at DHHS's election, the actual or anticipated judgment may be treated as a breach of warranty by Qsource, and the State may receive the remedies provided under this solicitation.

Personnel

Qsource 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 subcontractors and their employees, provided by Qsource.

Self-Insurance

Qsource recognizes that 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, Qsource understands it 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. Qsource recognizes 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.

All Remedies at Law

Qsource accepts that 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.

Qsource acknowledges that the 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.

A.2.n. Attorney's Fees

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.o. Assignment, Sale, or Merger

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.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:
df			

A.2.q. Force Majeure

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.r. Confidentiality

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.s. Office of Public Counsel (Statutory)

If Qsource 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, we shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. Qsource acknowledges that this section shall survive the termination of this contract.

A.2.t. Long-Term Care Ombudsman (Statutory)

Qsource acknowledges that it must comply with the Long-Term Care Ombudsman Act, per Neb. Rev. Stat. §§ 81-2237 et seq. and that this section shall survive the termination of this contract.

A.2.u. Early Termination

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.2.v. Contract Closeout

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.3. Contractor Duties (Section III)**A.3.a. Independent Contractor/Obligations**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.3.b. Independent Contractor/Obligations

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.3.c. Compliance with Civil Rights Laws and Equal Opportunity Employment / Nondiscrimination (Statutory)

The Qsource Team agrees that it shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. We recognize that 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). Qsource

guarantees compliance with the Nebraska Fair Employment Practice Act, and recognizes that breach of this provision shall be regarded as a material breach of contract. Qsource shall insert a similar provision in all subcontracts for goods and services to be covered by any contract resulting from this solicitation.

A.3.d. Cooperation with Other Contractors

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.e. Discounts

Qsource agrees that prices quoted shall be inclusive of ALL trade discounts and that cash discount terms of less than 30 days will not be considered as part of the proposal. Qsource recognizes that 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.

A.3.f. Prices

Qsource agrees that prices quoted shall be net, including transportation and delivery charges fully prepaid by the contractor, F.O.B. destination named in the solicitation. Qsource recognizes that no additional charges will be allowed for packing, packages, or partial delivery costs and that 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.

Qsource acknowledges that the State reserves the right to deny any requested price increase and 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.

A.3.g. Cost Clarification

Qsource acknowledges that 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.

A.3.h. Permits, Regulations, Laws

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.i. Ownership of Information and Data/Deliverables

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.j. Insurance Requirements

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.k. Antitrust

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.l. Conflict of Interest

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.m. State Property

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.n. Site Rules and Regulations

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.o. Advertising

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.p. Nebraska Technology Access Standards (Statutory)

Qsource 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 Qsource's performance, we recognize that DHHS may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

A.3.q. Disaster Recovery/Backup Plan

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.r. Drug Policy

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.3.s. Warranty

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.4. Payment (Section IV)**A.4.a. Prohibition against Advance Payment (Statutory)**

Qsource understands that 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."

A.4.b. Taxes (Statutory)

The Qsource Team acknowledges that DHHS is not required to pay taxes and assumes no such liability as a result of this solicitation. We understand we may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for our records. Any property tax payable on Qsource's equipment that may be installed in a State-owned facility is the responsibility of Qsource.

A.4.c. Invoices

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.4.d. Inspection and Approval

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.4.e. Payment (Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
DF			

A.4.f. Late Payment (Statutory)

Qsource understands it 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).

A.4.g. Subject to Funding / Funding Out Clause for Loss of Appropriations (Statutory)

The Qsource Team acknowledges that DHHS'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. Qsource understands that 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. Qsource recognizes that DHHS will give us written notice 30 calendar days prior to the effective date of termination and that all obligations of DHHS to make payments after the termination date will cease. Qsource acknowledges that we shall be entitled to receive just and equitable compensation for any

authorized work which has been satisfactorily completed as of the termination date and that in no event shall we be paid for a loss of anticipated profit.

A.4.h. Right to Audit (First Paragraph Is Statutory)

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
df			

A.5. Attachment 1: Technical Approach Narrative (Section V: Project Description and Scope of Work)

This section describes the Qsource Team's technical approach to the scope of work defined in RFP #6303 Z1, fulfilling the proposal submission requirement of Attachment 1: Technical Approach Narrative. We address project and business requirements as well as our approach to exceeding these requirements in the following tables. In addition, the Qsource Team's communication planning process and how that strategy will exceed project requirements are discussed. Included as required are a [draft work plan](#) that includes a submission timeline for deliverables and a [draft communications plan](#) to demonstrate how our EQR expertise will facilitate an efficient, competent contract implementation, something we have done in two states in the past 18 months.

A.5.a. Project Overview

The Qsource Team is well prepared to assist DHHS in meeting the requirements of 42 CFR 438 Subpart E, Quality Assessment and Performance Improvement (QAPI) Programs, following recently published CMS EQR protocols:

- ◆ **Protocol 1.** Validation of Performance Improvement Projects
- ◆ **Protocol 2.** Validation of Performance Measures
- ◆ **Protocol 3.** Review of Compliance with Medicaid and CHIP Managed Care Regulations
- ◆ **Protocol 4.** Validation of Network Adequacy

We will provide an independent review of access to and timeliness and quality of services provided to consumers enrolled via Heritage Health in one of the managed care organizations (MCOs) providing physical health, behavioral health, and pharmacy benefit services for Nebraska's Medicaid enrollees and to consumers enrolled in the state's Medicaid dental benefits manager (DBM). With extensive experience in the development, review, and validation of performance improvement projects (PIPs) and performance measures, Qsource will supervise and assist our staff in Nebraska to conduct these activities in compliance with federal regulations and the contracts the MCOs have with Heritage Health and the DBM's contract with the State of Nebraska.

In addition, the Qsource Team has the knowledge and experience to work with DHHS in ensuring other basic elements of the QAPI programs are implemented effectively, including mechanisms to detect over- and under-utilization of services and mechanisms to assess the quality and appropriateness of care furnished to enrollees with special healthcare needs. Applying DHHS-specific standards to experience gained from our 20 years of EQR involvement and conducting EQR activities in other states, the Qsource Team will collaborate with DHHS to annually review and evaluate the overall impact and effectiveness of the MCO and DBM QAPI programs that affect the diverse low-income families, seniors, and individuals with disabilities served by the Nebraska Medicaid program.

A.5.b. Project Environment

Qsource is accustomed to working with multiple MCEs in the states for which we conduct EQR activities. Our team notes that there are three MCOs currently providing physical, behavioral, and pharmacy services and one DBM currently providing dental services for Medicaid managed care programs in Nebraska. We also recognize that most Medicaid program services are delivered through the Heritage Health program and that current Medicaid initiatives in the state involve a substance use disorder demonstration, an electronic health record (EHR) incentive program, and electronic visit verification. The Qsource Team's experience performing substance abuse project analysis, working with providers toward EHR adoption, and conducting an electronic prescription project with Arkansas Medicaid and clinician offices will be of benefit in supporting QI associated with these initiatives.

A.5.c. Business Requirements

Qsource's Technical Approach Narrative	
5.c. Business Requirements	
Section	Description
A.5.c.1.	Describe how Bidder meets or exceeds the independence requirements of this section.
<p>Bidder Response: Qsource attests that it is independent from the State agency (DHHS) and the MCOs (United Healthcare Community Plan, Nebraska Total Care, and Anthem [WellCare]) and the DBM (Managed Care of North America [MCNA]) under review. Qsource is a private, nonprofit 501(c)(3) organization that is not affiliated with any State agency, department, university, or other State entity. Qsource does not have any control over nor is it controlled by any of the MCOs, DBM, or any competitor operating in the State. Qsource is not a service provider, and as such does not deliver healthcare services to any Medicaid beneficiaries. Qsource has no contracts with any of the MCOs or the DBM and will provide quality review for DHHS relative to EQR activities only. Qsource has not conducted an accreditation review for any of the MCOs or the DBM in the last three years, as our organization does not provide accreditation. Qsource has no direct or indirect financial relationship with any of the MCOs or the DBM under review. Last, Great Plains QIN qualifies as independent per the requirements in the RFP, page 27, section C.1.</p>	

Qsource's Technical Approach Narrative

5.c. Business Requirements

A.5.c.2.	Describe how Bidder meets or exceeds the non-duplication requirements of this section and ensures mandatory activities with Medicare or accreditation review are not duplicated.
----------	--

Bidder Response: In accordance with the requirements of 42 CFR § 438.360, Qsource will apply optional non-duplication provisions to PIP validation, performance measure validation (PMV), and review of compliance with standards, as directed by DHHS. Qsource will consider applicable accreditation review (NCQA) results as evidence of compliance as long as the Medicare or private accreditation standards are comparable—at least as stringent or more so—to the EQR protocol standards for the three activities involved; the MCO or DBM is in full compliance with the standard(s); and the MCO or DBM provides all applicable reports, findings, and results to demonstrate compliance with the standard(s). Qsource has extensive experience in developing non-duplication (deeming) crosswalks to assist DHHS and the MCOs and DBM in identifying standards that can be considered deemed compliant as a result of accreditation scores.

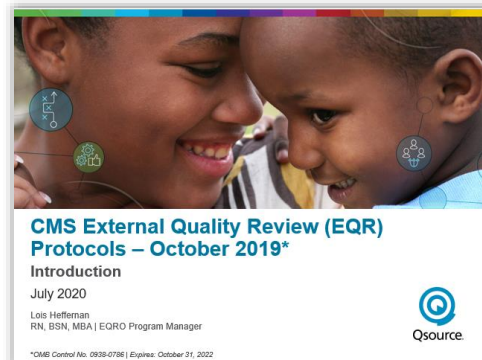
A.5.d. Project Requirements

Qsource's Technical Approach Narrative

5.d. Project Requirements

Section	Description
A.5.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: Qsource consistently follows EQR protocols published by CMS to conduct all mandatory and optional EQR activities, as defined by 42 CFR § 438 Subpart E. Qsource has completed a detailed review of the recently published, revised CMS EQR protocols (dated October 2019), revised processes and deliverables for EQR reviews to meet the 2019 protocol requirements, and conducted comprehensive staff training on the updated protocols with quality oversight of training to include testing and remediation. In addition, we redesigned state-specific templates for the *Annual EQRO Technical Report* required by CMS, incorporating guidance to present results graphically when possible to facilitate comparison of MCO/DBM performance on EQR activities; adhere to an approximate 50-page total count; and address all components of each activity in the technical report to include data and data



Qsource's Technical Approach Narrative

5.d. Project Requirements

sources, data collection processes, methodology and tools, activity-specific results, and recommendations for improvement.

Based on CMS's focus on aligning state quality strategies with Agency for Health Research and Quality's (AHRQ's) National Quality Strategy and CMS's Quality Strategy aims, Qsource will incorporate information from the soon-to-be-released Quality Strategy Toolkit for States from CMS into the *Annual EQRO Technical Report* templates. Qsource will direct our team members in Nebraska on fully implementing the most current protocol guidance in conducting all EQR activities for DHHS, including all protocol components as described in 42 CFR § 438.352 and guidance presented in the updated EQR Technical Report and State Quality Strategy toolkits. The team's protocol training will ensure their preparedness to mitigate any changes in EQR activities.

A.5.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: Qsource has successfully conducted all mandatory and many optional EQR activities as defined in 42 CFR § 438.358 in accordance with CMS EQR protocols, and we will direct these activities being conducted for DHHS's MCOs and DBM by our Qsource Team in the Lincoln, NE office. As part of the comprehensive annual external quality review, we will use standard processes, procedures, forms, training, and other documentation to validate DBM and MCO PIPs. Qsource has extensive experience in performance measure validation for both MCOs and DBMs, including validation of audited HEDIS measures and CMS-416 dental measures. Our team will conduct onsite or virtual visits as part of the PMV process. In addition, we will rely on our experience to review MCE compliance with regulatory standards, as specified in 42 CFR 438, Subpart D, and 42 CFR § 438.330. In addition to regulatory requirements, we will integrate contractual standards and state regulations (such as the *Nebraska Administrative Code* [NAC]) to ensure a comprehensive, complete compliance review. The Qsource Team will distribute standard documentation requests to the MCOs and DBM to support compliance review, including comprehensive tools that guide documentation submission, such as the sample Compliance Assessment tool in [Figure 4](#). This tool is developed for each of the required standard categories to be reviewed, as determined by CFR, state, and other federal provisions.

The collage features three documents:

- Top Document (Results):** A section from a 'Waiver Review Tool' titled 'Results'. It states: 'The Waiver Review Tool used state required elements to measure MCCS performance in providing MCCS waiver services. Table 1 provides the review results. [redacted] scored 100% compliance with every criterion (100%)'. Below this is a table titled 'Waiver Review Scores - Provision of MCCS Waiver Services':

	Number of Cases Met	Number of Cases Not Met	Percentage Met
Use prior absolutely not needed	33	0	100%
Compliance with the type, amount, or duration of the waiver	33	0	100%
Completed at least	34	0	100%
Not as needed	34	0	100%
Use of services	34	1	97%
Each of family	33	0	100%
Not provided	33	0	100%
Not provided	33	0	100%
Not provided	33	0	100%
- Bottom Left Document (Cover):** A report cover titled 'MyCare Ohio Care Management Targeted Review' for 'CY 2020 Review 1'. It features the Ohio Department of Medicaid logo and a 'Q' logo.
- Bottom Right Document (Logo):** The official logo of the Ohio Department of Medicaid, featuring a stylized 'Q' and the text 'Ohio Department of Medicaid'.

Description. With direction from DHHS, Qsource can also identify underutilization and overutilization from standard performance measures or from comprehensive claims' analysis, independent of the MCEs' QAPI documents. Specific service types can be identified and analyzed to assess relative utilization patterns across MCEs. Finally, our deliverables tracking processes enable production staff to comply with the timeliness requirements for the provision of draft reports (within

2021 Compliance Assessment: <MCO/DBM>					
Evaluation Elements	Criteria	Criteria Met	Criteria Value	Element Value	Element Score
Quality Assessment and Performance Improvement (QAPI)					
1. Basic Elements Required 42 Code of Federal Regulations (CFR) 438.330(b)(1-4)	The comprehensive QAPI program must include: a. performance improvement projects (PIPs); b. the collection and submission of performance measurement data; c. mechanisms to detect both underutilization and overutilization of services; and d. mechanisms to assess the quality and appropriateness of care furnished to enrollees with special healthcare needs.	<input type="checkbox"/> a. The program included PIPs <input type="checkbox"/> b. The program included the collection and submission of data <input type="checkbox"/> c. The program included ways to detect over and under utilization of services <input type="checkbox"/> d. The program included ways to assess care for enrollees with special needs <input type="checkbox"/> Not Applicable	0.250 0.250 0.250 0.250 0.000	1.000	X.XXX
Findings Strength AON Suggestion					

Nebraska Department of Health and Human Services page 62
RFP #6303 Z1

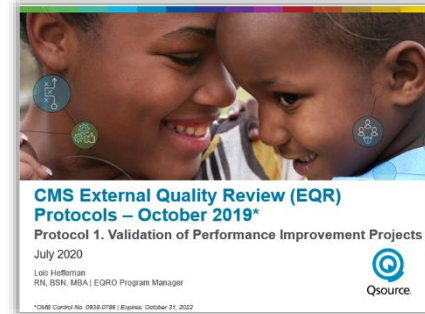
Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.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.

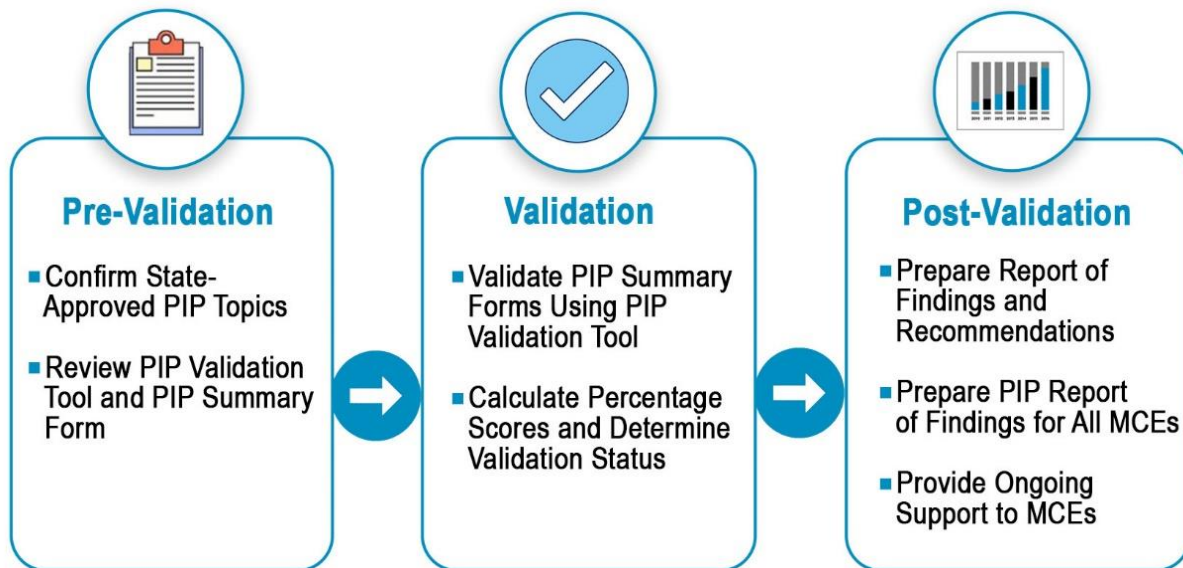
Bidder Response: Each year, the Qsource Team will work with DHHS, Heritage Health, the MCOs, and the DBM to validate PIPs. In accordance with 42 CFR § 438.330(b)(1) [previously 42 CFR § 438,240(b)(1)], the purpose of PIP validation is to verify that the MCO/DBM used sound methodology throughout its PIP to help ensure that the results are reliable. The EQRO Program Manager will direct the work with the QI specialists and oversee all aspects of validation and report production.



Methodology

Qsource's process for conducting PIP validation is illustrated in **Figure 5**.

Figure 5. Qsource's PIP Validation Process



Qsource will work closely with the MCOs and DBM to ensure that PIP topic requirements are met, including each MCO/DBM submitting the required number and types of PIPs (two clinical and one nonclinical for each MCO; one clinical and one nonclinical for the DBM) and topics reflecting Heritage Health statewide aims, such as the current Tdap (tetanus, diphtheria, and pertussis) vaccinations for pregnant mothers and the percentage of 15-month-olds with six or more well-child visits topics. The Qsource Team has developed a PIP Summary Form and PIP Validation Tool based on CMS *EQR Protocol 1. Validation of Performance Improvement Projects* to standardize the process. Qsource has extensive experience in the validation of PIPs across multiple

Qsource's Technical Approach Narrative

5.d. Project Requirements

topics—clinical and nonclinical—in all states in which we operate, exceeding the expectations for this activity. For example, for the TennCare program in Tennessee, Qsource gathered information from approximately 50 PIP submissions across all

MCOs/DBMs for a year and developed a *Tips for PIPs* document that would help the MCOs and DBMs enhance their PIP Summary Forms.

Our QI specialists will evaluate the PIPs using standardized tools so the MCEs

have detailed and specific information for required activities. The tools also serve as a guide for the MCOs and DBM to write successful PIPs. The Qsource Team's validation process will involve nine required steps as expressed in the CMS EQR protocol, and the elements within each step will be scored as Met, Not Met, or Not Assessed. The overall validation score and rating for the PIP will be validated by the EQRO Program Manager reviewing all scores and ratings. Validation score will be calculated by dividing the number of elements met by the number of elements assessed. Overall validation rating will be determined by the percentage score of elements met, based on CMS protocol for PIP validation rating.

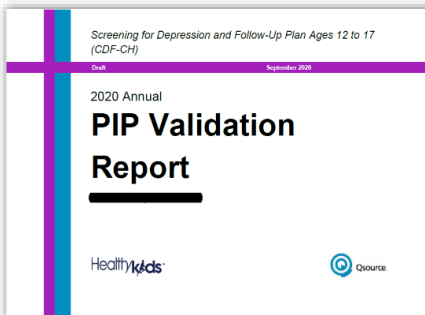
As part of the PIP validation process, the Qsource Team will note strengths, suggestions, and areas of noncompliance (AONs) for each MCO and the DBM. AONs are identified for areas where the MCO/DBM did not meet full compliance with requirements. When a PIP activity receives an AON, Qsource will provide technical assistance to help the MCO/DBM follow protocol and revise the PIP as needed to improve performance for the next year and, thereby, the efficacy of the PIP. During the following year's EQR activities, our team will assess whether the MCO/DBM has taken action to correct any AONs identified during the previous year's PIP validation. This information will be included in the *Annual EQRO Technical Report*. We will collaborate with DHHS to customize our PIP validation as needed.

Validation Results: <PIP Title>		
PIP Activity 1: Assess the PIP Methodology	Elements	
	Met	Applicable
1. State the Selected PIP Topic		
2. State the PIP Aim Statement		
3. Identify the PIP Population		
4. Describe the Sampling Method		
5. Describe Selected PIP Variables and Performance Measures		
6. Describe Data Collection Procedures		
7. Analyze Data and Interpret PIP Results		
8. Describe Improvement Strategies		
9. Assess for Significant and Sustained Improvement		
Total		
Validation Score		
PIP Activity 2: Overall Validation Rating		

PIP Validation Rating Criteria	
Status	Criteria
High Confidence	Of all elements assessed, 90–100% are met across all activities.
Moderate Confidence	Of all elements assessed, 80–89.99% are met across all activities.
Low Confidence	Of all elements assessed, 70–79.99% are met across all activities.
No Confidence	Less than 70% of all elements are met.

Qsource's Technical Approach Narrative

5.d. Project Requirements



Reporting

Qsource's *PIP Validation Report* includes an executive summary, validation methods, findings, and completed tools. The Qsource Team will tailor templates for Nebraska deliverables and submit PIP reports timely each year, following a detailed project plan in the detailed work plan to be submitted post contract award.

A.5.d.2.c.

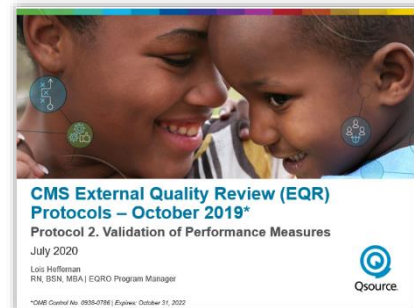
Describe the Bidder's approach to providing validation of MCO and PAHP performance measures, and how the approach meets or exceeds the requirements of this RFP.

Bidder Response: The Qsource Team has conducted the PMV activity using both methods acceptable for an EQRO to validate MCO and DBM performance measures:

1. The process outlined in *CMS EQR Protocol 2: Validation of Performance Measures* (October 2019)
2. For HEDIS measures, incorporation of results of an NCQA HEDIS Compliance Audit™ performed by a Certified HEDIS Compliance Auditor (CHCA)

The Qsource Team will assist DHHS in monitoring performance of the DBM serving Medicaid enrollees and help Heritage Health in tracking performance of the MCOs serving the Medicaid population on those measures identified by Heritage Health and DHHS as most impactful for these populations.

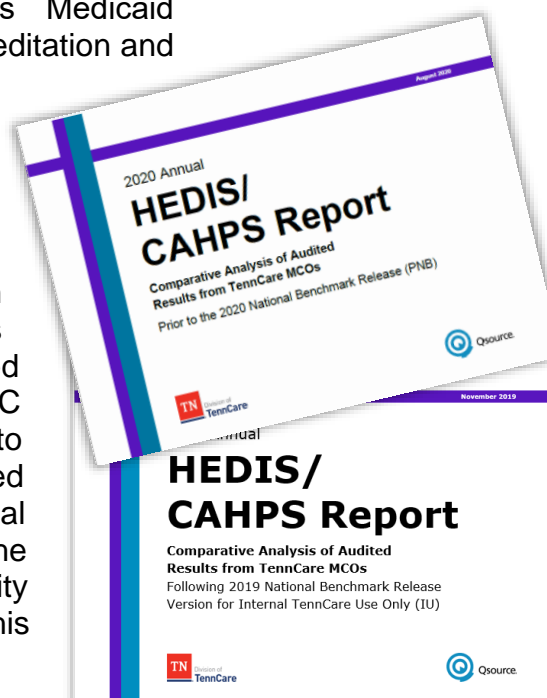
If audited HEDIS results are reported, Qsource will collect and analyze the HEDIS Record of Administrative Data Management and Processes (Roadmap), auditor-locked measure results, and Final Audit Report (FAR) for measure validation. This greatly reduces the burden on NCQA-accredited MCOs. For non-HEDIS measures, Qsource will follow the activities described in CMS EQR Protocol 2. Regardless of the type of measures being validated, our EQRO Program Manager will supervise progress of the PMV process.



Methodology for Validation of HEDIS Quality Performance Measures

Appropriate and valid data collection methodologies, identified through evaluation and validation, are important to accurately assess the reliability of quality measures. In Tennessee, Qsource assisted the state's Medicaid managed care plans in achieving NCQA accreditation and reported a full set of HEDIS measures beginning in 2006. Since 2005, Qsource has also produced a comparative HEDIS-CAHPS report.

Qsource has validated performance measures for Florida Healthy Kids' MCOs in Florida for 21 HEDIS performance measures and one non-HEDIS measure to be calculated and reported by the contracted MCOs. FHKC identified eight dental performance measures to be calculated and reported by the contracted DBMs, of which seven were CMS-416 dental measures and one was a HEDIS measure. The Methodology for Validation of Other Quality Performance Measures section following this one includes further information.



Per both the 2012 and the 2019 versions of CMS EQR Protocol 2, MCO completion of the HEDIS Roadmap is an acceptable substitute for the completion of the Information Systems Capability Assessment Tool (ISCAT). In addition, if the MCOs use NCQA HEDIS-certified software for measure calculation, no source code review is required, reducing duplication of effort for the MCOs. Given this, onsite reviews for PMV for HEDIS rates may not be necessary.

As part of our PMV activities, Qsource will annually review the data management processes of DBMs, evaluate their algorithmic compliance, and verify that contractor-specified performance measures are based on accurate data sources and data integration.

Methodology for Validation of Other Quality Performance Measures

The Qsource Team's approach to PMV for non-HEDIS measures using CMS EQR Protocol 2 divides the process into three main activities: pre-onsite, onsite, and post-onsite (or pre-virtual, virtual, and post-virtual if needed, as was the case for the 2020 PMV due to following NCQA guidance for the COVID-19 pandemic). For each of these activities, Qsource follows the methods outlined by CMS protocol and incorporates the recommended procedures and forms into our process. However, Qsource will collaborate with DHHS to customize the process to best meet needs as we have successfully done with other EQRO-related clients. Current Qsource procedure is for our team to review key data sources CMS identifies as part of the validation process:

- ◆ ISCATs – All ISCAT documentation from the MCOs and DBM, noting issues or items needing follow-up

Qsource's Technical Approach Narrative

5.d. Project Requirements

- ◆ Source Code for Performance Measures – Line-by-line code review and observation of program logic flow to ensure compliance with measure technical specifications, identifying areas of deviation to evaluate the impact of the deviation on the measure and assess the degree of bias (if any)
- ◆ Performance Measure Reports – Calculated rates for the current measurement period
- ◆ Supportive Documentation – Additional information to complete the validation process—policies and procedures (P&Ps), file layouts, system flow diagrams, system log files, and data collection process descriptions—flagging issues or areas needing further clarification for follow-up.

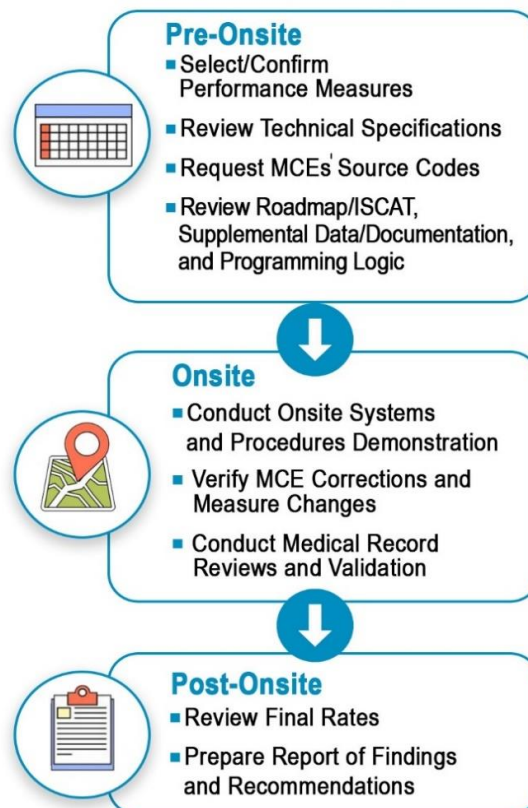
PMV Process Steps

Our staff will conduct onsite or virtual reviews as necessary, under the supervision of the EQRO Program Manager, as outlined in **Figure 6**. As a concurrent audit of the performance measure calculations, the audit team will work closely with the MCEs throughout each step of the processes to achieve an accurate and successful performance measure calculation.

Pre-Onsite/Pre-Virtual Review

1. Before the onsite visit (or virtual review), the Qsource Team will request a completed ISCAT or HEDIS Roadmap from each MCO/DBM (as applicable) with requests for necessary background information.
2. The validation team will provide a timetable for completion and instructions for submission.
3. The Qsource Team will assess the integrity of each MCO/DBM's information systems (IS), the completeness and accuracy of the data produced by all relevant systems contributing to each performance measure, and the readiness of the MCOs'/DBMs' data systems for calculating performance measures. Following CMS EQR Protocol 2, we will use CMS-provided

Figure 6. PMV Process for Onsite/Virtual Audit



Qsource's Technical Approach Narrative

5.d. Project Requirements

worksheets to guide development of PMV materials to review ISCATs and/or HEDIS Roadmaps to ensure a standardized assessment.

4. If any answer seems incomplete or indicates an inadequate process, our auditors will note the section for follow-up.
5. Our validation team will respond directly to questions from the MCOs/DBMs.
6. An onsite/virtual agenda will be shared with the MCO/DBM to indicate the validation team's onsite/virtual procedures and anticipated timeline, communicate our P&Ps for safeguarding protected and confidential information, and request key MCO/DBM personnel be available for applicable interview and system demonstration sessions.

Onsite/Virtual Review

1. The Qsource Team typically conducts a one-day review with each MCO/DBM, as needed as part of validation of performance measures other than HEDIS measures. Whether virtually or onsite, our validation team will collect information via staff interviews, system demonstrations, review of data output files, primary source verification, observation of data processing, and review of data reports.
2. During the opening session, the validation team and key MCO/DBM staff involved in performance measure activities will discuss the purpose of the review, required documentation, meeting logistics (space onsite or online meeting platforms), and queries to be performed.
3. To comply with the most recent requirements in CMS EQR Protocol 2, the validation team will review every data system and type of data the MCO/DBM processes, assessing changes in the data systems that might affect performance measure production. Elements included for assessment of each data system and type include membership/enrollment data; provider data; claims and encounter data; medical records data; and pharmacy, laboratory, and other ancillary data.
4. Claims and Encounter System Review – The validation team will review information systems focusing on the processing of claims and encounter data.
5. Enrollment Systems Review – The validation team will review information systems focusing on enrollment data and processing.
6. Provider Data System Review – The validation team will review provider data, including credentialing and recredentialing data.
7. Data Integration and Primary Source Review – The validation team will discuss source code logic and review the process for integrating all data sources to produce the analytic file for reporting of selected measures. The team also will perform primary source review to further validate the output files and reviewed backup documentation on data integration. Finally, the session will address data control and security procedures.
8. Closing Session – The validation team will present the MCO/DBM with preliminary findings, along with a summary of documentation requirements for post-onsite activities.

Qsource's Technical Approach Narrative

5.d. Project Requirements

Post-Onsite/Post-Virtual Review

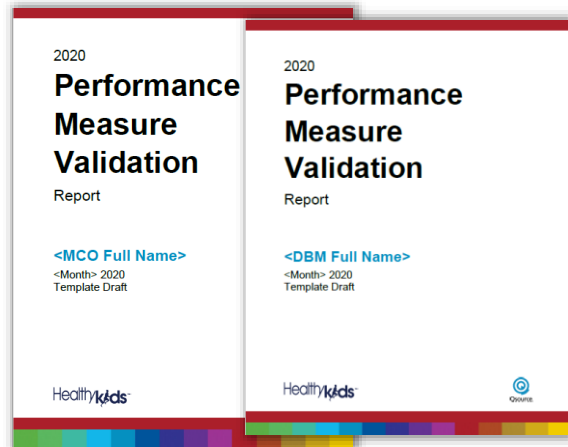
1. The Qsource Team will determine the validation results for each performance measure by aggregating the findings for each of the audit elements.
2. The validation team will analyze the results of the audit and quantify the extent to which the findings have impacted each performance measure's result.
3. Preliminary findings will identify any areas of concern for each measure as well as suggestions for improvement.
4. Our validation team will work with the State and Heritage Health to determine if the MCOs/DBMs will be permitted to submit additional documentation to support the correction of factual errors and omissions, or if they will be allowed to recalculate performance measures based on the Qsource Team's findings, in which case, we will revalidate the revised measures.
5. Based on review analyses, Qsource's statement of findings about an MCO/DBM's information system will include implications of the findings for the following, per CMS EQR Protocol 2:
 - Completeness and accuracy of claims and encounter data collected and submitted to DHHS
 - Validation and/or calculation of performance measures
 - Completeness and accuracy of tracking of grievances and appeals
 - Utility of the information system to conduct MCO/DBM quality assessment and improvement initiatives
 - Ability of the information system to conduct MCO/DBM quality assessment and improvement initiatives
 - Ability of the information system to oversee and manage the delivery of healthcare to the MCO/DBM enrollees
 - Ability of the information system to generate complete, accurate, and timely Transformed Medicaid Statistical Information System (T-MSIS) data
 - Utility of the information system for review of provider network adequacy
 - Utility of the information system for linking to other information sources for quality-related reporting (e.g., immunization registries, health information exchanges, state vital statistics, public health data)

Qsource's Technical Approach Narrative

5.d. Project Requirements

Reporting

Qsource's *Performance Measure Validation Report* includes findings specific for each MCE's validation activity as well as those discovered by the validation team, including areas of strength and weaknesses, corrective actions to eliminate errors found during the audit, recommendations for the future, and rates for each performance measure. The Qsource Team will collaborate with Heritage Health and the State to ensure all relevant and informative findings are included and submit PMV reports timely each year, following a detailed project plan in the detailed work plan to be submitted post contract award.



A.5.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: The Qsource Team will work with DHHS and the MCOs and DBM to determine their compliance with the CFR, the MCOs' contracts with Heritage Health and the DBM's contract with the State, and NCQA Health Plan and other accreditation standards, as guided by CMS's *EQR Protocol 3: Review of Compliance with Medicaid and CHIP Managed Care Regulations* (October 2019). The methodology described in our response is based on a review of compliance on all applicable standards every three years based on DHHS's current method, but we also conduct the Compliance Assessment based on alternate schedules for other EQRO clients and can easily adapt for DHHS if desired.



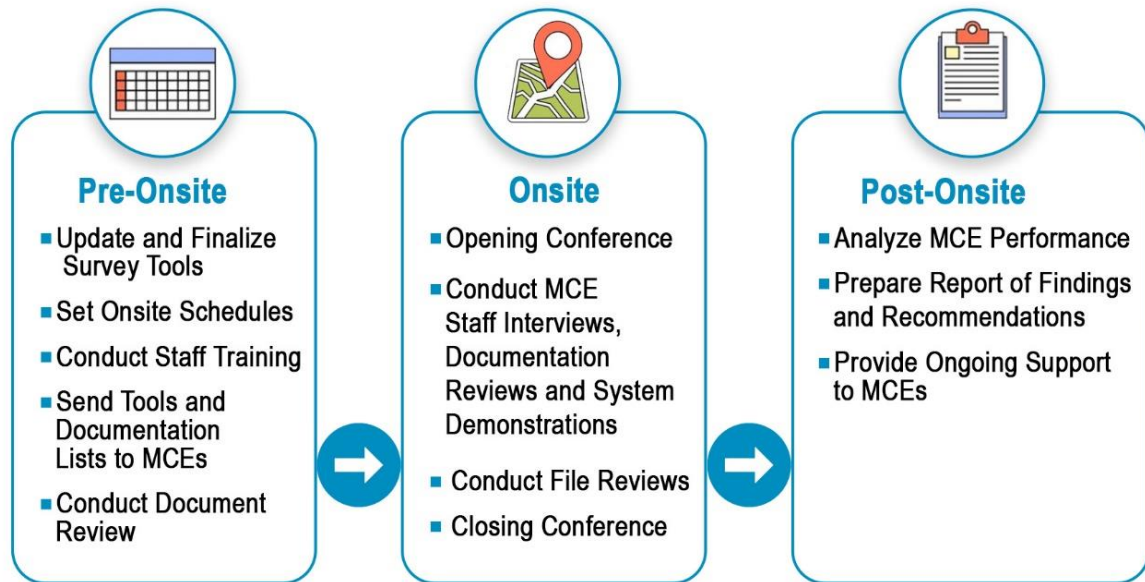
Methodology

Similar to the PMV process, as illustrated in [Figure 7](#), the Qsource Team will conduct the Compliance Assessment in three phases: Pre-Onsite, Onsite, and Post-Onsite. During the COVID-19 crisis, however, Qsource adapted the Compliance Assessment process to virtual reviews for 2020. Qsource communicated with the MCOs and DBMs to strategize the virtual reviews and provide additional assistance, which resulted in a comprehensive and successful compliance review in 2020.

Qsource's Technical Approach Narrative

5.d. Project Requirements

**Figure 7. Qsource's Usual Compliance Assessment Process
(Easily Adaptable for Virtual Instead of Onsite Review)**



Within the phases of Pre-Onsite, Onsite, and Post-Onsite (or Pre-Virtual Review, Virtual Review, and Post-Virtual Review as needed), the main components of the process—tool development, documentation review, the onsite/virtual survey, and analysis and reporting—will be conducted.

Training for our staff is one of the most important aspects of completing successful review activities, including Compliance Assessment. To ensure consistency and efficiency in our review process, our team will conduct surveyor education that includes a comprehensive review of Compliance Assessment materials and updated contracts. To facilitate training, the Qsource Team maintains an *EQRO Surveyor Handbook* for all members involved in the Compliance Assessment. In addition, all staff recently completed training on revised 2019 CMS EQR protocols.

Tool Development

Prior to each Compliance Assessment, the Qsource Team will collaborate with the State and Heritage Health to develop and update evidence-based oversight and monitoring tools to ensure that contract-specific criteria are met, related judicial and federal developments are incorporated, and all applicable data are collected during the Compliance Assessment. Because requirements differ for MCOs and DBMs, the Qsource Team will develop compliance standard review tools tailored to each. We will review federal, state, contractual, and other applicable standards to which the MCOs and DBMs are held accountable to create the tools based on categories of standards. Each standard will be composed of separate elements that are based on provisions from the CFR, MCO/DBM contracts, and the NAC, as applicable. Each element will

Qsource's Technical Approach Narrative

5.d. Project Requirements

have an assigned point value. The total number of points earned divided by the total number of points possible determines the percentage score for each standard.

Based on state and federal mandates and related criteria, these tools will guide the Qsource Team as we review documents, interview MCO/DBM staff, and evaluate information management systems to assess the MCEs' progress toward annual quality goals. The information gathered will serve as the basis for all MCO/DBM-specific strengths, AONs, and suggestions for performance improvement identified by surveyors during the Compliance Assessment.

Combining surveyor notations with evaluation criteria and contractual references, Qsource's Compliance Assessment tools will give the State, Heritage Health, and the MCOs and DBM a clear picture of areas in which the MCEs are excelling, areas that may require additional effort, and the specific changes necessary for compliance. These evaluations will be helpful for the State to modify its Quality Strategy and monitor required focus areas for the MCOs and DBM that help ensure the Medicaid enrollees served receive the right care at the right time.

Designed to assess MCO/DBM P&Ps and other documents for compliance, the compliance standard tool will be developed electronically in a SharePoint database and include automated scoring for accuracy. As shown in **Figure 8**, Qsource has cross walked required standards between 2012 and 2019 CMS EQR protocols (with changes noted in yellow).

Figure 8. Compliance Assessment Standards Crosswalk

Compliance Assessment Standards: Old Protocol versus Updated Protocol			
Prior Standard	CFR Citation	2021 Standard	CFR Citation
Availability of Services	42 CFR § 438.206	Availability of Services	42 CFR § 438.206
Assurance of Adequate Capacity and Services	42 CFR § 438.207	Assurances of Adequate Capacity and Services	42 CFR § 438.207
Coordination and Continuity of Care	42 CFR § 438.208	Coordination and Continuity of Care	42 CFR § 438.208
Coverage and Authorization of Services	42 CFR § 438.210	Coverage and Authorization of Services	42 CFR § 438.210
Provider Selection (Credentialing/ Recredentialing)	42 CFR § 438.214	Provider Selection (Credentialing/ Recredentialing)	42 CFR § 438.214
Confidentiality	42 CFR § 438.224	Confidentiality	42 CFR § 438.224
Grievance and Appeals System	42 CFR § 438.228	Grievance and Appeals System	42 CFR § 438.228
Subcontractual Relationships and Delegation	42 CFR § 438.230	Subcontractual Relationships and Delegation	42 CFR § 438.230
Practice Guidelines	42 CFR § 438.236	Practice Guidelines	42 CFR § 438.236
Health Information Systems	42 CFR § 438.242	Health Information Systems	42 CFR § 438.242
Quality Assessment and Performance Improvement	42 CFR § 438.330	Quality Assessment and Performance Improvement (QAPI)	42 CFR § 438.330
Enrollee Information	42 CFR 438.10	Not included	
Enrollee Rights and Protections	42 CFR 438.100	Not included	
Program Integrity	42 CFR 438.600 - 610	Not included	

These tools will be tailored specifically to Heritage Health and State requirements determined during contract implementation and prior to the Compliance Assessment activity. The standards tool includes MCO medical services contract and DBM dental services contract provisions, CFR citations, applicable NAC citations, detailed descriptions of criteria required to satisfy each element, and assigned values for each element. The Qsource Team will determine whether each standard element is Met or Not Met, with the total score for each MCO and the DBM derived by dividing the sum of all element scores by the sum of all element values to yield each MCE's

Qsource's Technical Approach Narrative

5.d. Project Requirements

compliance percentage for each standard and for overall compliance across all standards reviewed.

The Qsource Team's Compliance Assessment tools can be easily adapted as the landscape of healthcare evolves. For example, we are prepared to adapt to modifications to the contracts between Heritage Health and the MCOs between the State and the DBM that might arise due to situations like the COVID-19 pandemic. Part of our contract implementation will include discussion of tools and changes needed to make sure DHHS is satisfied with the end products. We will work closely with the State, Heritage Health, and the MCEs to ensure compliance and implementation of any changes.

Finally, to satisfy the non-duplication requirements of 42 CFR § 438.360, the Compliance Assessment team will conduct a detailed comparison of NCQA's *Standards and Guidelines for the Accreditation of Health Plans* with the MCEs' regulatory and contractual requirements in order to deem elements that align with equivalent criteria as Met. Qsource also incorporates other standards to consider, such as URAC® and Accreditation Association for Ambulatory Health Care (AAACH). The additional standards enhance the opportunity for non-duplication of activities and would exceed the standards benefiting the MCEs. The State of Nebraska and Heritage Health will benefit from the Qsource Team's myriad experiences developing deeming cross walks for the Compliance Assessment activity.

Documentation Review

The EQRO Program Manager will serve as the main point of contact for the MCEs, the State, and Heritage Health throughout the Compliance Assessment process, sending the tools to the MCEs, scheduling onsite/virtual visits, requesting documents, and distributing the onsite/virtual agenda. Prior to the onsite/virtual reviews, the Qsource Team will request that each MCO and the DBM submit specific documentation for desk review, such as enrollee handbooks, provider manuals, and P&Ps. To streamline the process, the EQRO Program Manager will include instructions on preparing documents for review and remain in contact with the MCOs, DBM, Heritage Health, and the State to provide technical assistance.

During this phase, the Qsource Team will examine materials and document preliminary findings in the survey tools for insight into MCO/DBM structure and operations. Reviewers will note areas or issues that may require additional clarification and follow-up during the onsite/virtual visit to maximize efficiency, minimize administrative burden on the MCOs and DBM, and ensure a comprehensive understanding of compliance with requirements.

Onsite/Virtual Review

On the first day of each review, the Qsource Team will meet with leadership and key MCO/DBM personnel (such as QI directors, care and case management managers, and utilization management [UM] directors) for introductions and to explain the Compliance Assessment process. At the end of each day, Qsource surveyors will update MCO/DBM staff regarding outstanding items. During the onsite/virtual review, our team will interview MCO/DBM staff to ensure all procedures are not only documented electronically (or in hardcopy), but also competently operationalized in accordance with written P&Ps. On the final day of the review, the surveyor team will hold a closing session with all key staff to clarify their understanding of the information collected throughout the Compliance Assessment; provide a summary of the findings, including any strengths, suggestions, and/or AONs; and offer the MCO/DBM an opportunity to respond to initial compliance issues. The review team will inform the MCO/DBM that AONs could require a corrective action plan (CAP). The closing also will include a reminder that the Qsource Team is available for technical support at any time, provide an opportunity for questions and answers, and notify MCO/DBM personnel when the draft report will be posted on Qsource's secure SharePoint site for review.



Qsource's Compliance Assessment Process

After the Compliance Assessment, MCEs must submit a CAP for any standard element or file review that earns less than 100% compliance, regardless of overall performance on the standard or activity.

Qsource provides technical assistance to the MCEs completing CAPs and earning 100% compliance in the future. We then submit comprehensive CAP evaluations, including specific recommendations to the State for follow-up.

Following the review, the Qsource Team will provide a compilation of AONs by MCO/DBM along with our comments so DHHS and Heritage Health can review to determine which deficiencies require a CAP from the MCO/DBM. We will evaluate the CAPs submitted by each MCO/DBM and provide feedback to DHHS and Heritage Health for each CAP. If any CAPs submitted need further action, the Qsource Team will communicate with the MCO/DBM until the process is complete, at DHHS's approval.

Analysis

Qsource will use tested protocols and scoring methods to calculate MCO/DBM compliance. The value of each standard will be the sum of the values assigned to each element in that standard. The compliance standard scores will be determined by dividing the total points earned (numerator) by the total possible points (denominator).

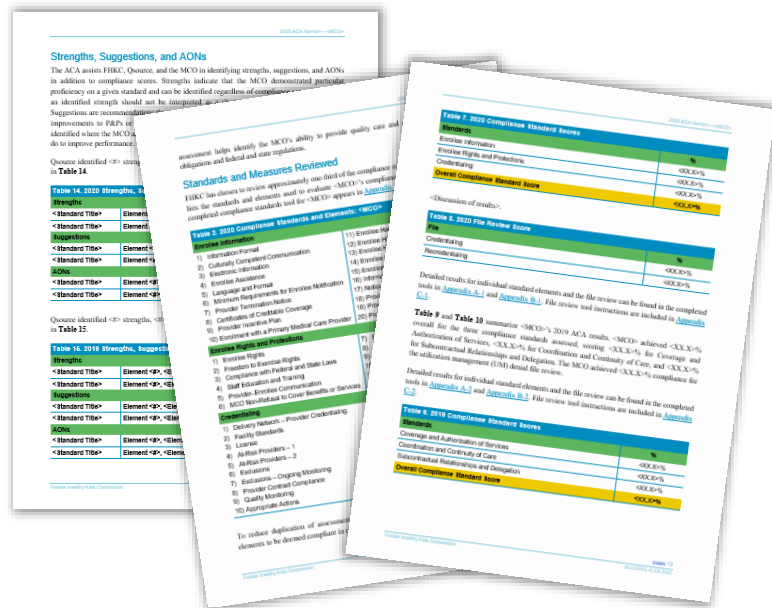
Reporting

After compiling and analyzing all data and calculating compliance, the Qsource Team will prepare reports of findings for each MCO/DBM, including the compliance score and rationale for each measure, as well as recommendations. Qsource's *Compliance Assessment Report* templates—one for MCOs and one for DBMs—include tables

Qsource's Technical Approach Narrative

5.d. Project Requirements

describing strengths, suggestions, and AONs; improvements since the previous review; and the completed review tools, including detailed reviewer comments for each element. Of course, we will coordinate with the State to ensure report content addresses all desired information to be included. We also will discuss State timeframe preferences for conducting the Compliance Assessment as well as procedures for CAP assessment.



The Qsource Team will ensure on-time deliverables for the Compliance Assessment using the timeline provided by DHHS:

- ◆ Onsite/virtual visits will be scheduled with each MCO/DBM at least 30 days in advance. DHHS will be notified immediately in writing of any changes to the approved schedule.
- ◆ A draft report, specific to the MCO/DBM, including review findings and recommendations for improvement, will be provided to DHHS no later than 90 days after each onsite/virtual review. Qsource has successfully produced draft reports after onsite/virtual reviews within 30 days after the audit is complete and can provide drafts to DHHS earlier if that is the preference.
- ◆ The final report will be submitted to DHHS no later than 30 days following the draft report and DHHS approval.

Qsource's Technical Approach Narrative

5.d. Project Requirements

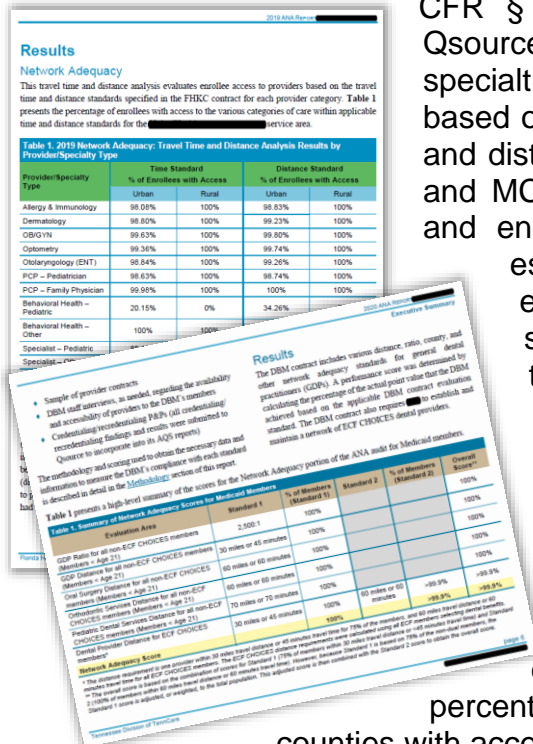
A.5.d.2.e.

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: While CMS has not yet released *EQR Protocol 4: Validation of Network Adequacy* for this activity, Qsource routinely conducts annual network adequacy (ANA) analyses for both MCOs and DBMs according to requirements in 42 CFR § 438.68. For the FHKC program in Florida, Qsource evaluates enrollee access to over 30 medical specialties/provider types and seven dental specialties based on FHKC-defined minimum urban and rural time and distance standards. Qsource uses enrollment data and MCE-provided provider data to geocode provider and enrollee addresses, allowing for calculations to

establish the travel time and distance from each enrollee residence to each of the provider specialties/types. Qsource calculates the time/distance analyses on the stricter method using actual road types to calculate travel time, exceeding the requirements of this RFP. In addition to geographic access analysis, Qsource also assesses MCE compliance with provider appointment availability standards through a review of MCE provider manuals, enrollee handbooks, and P&Ps. A report for each MCE is produced, demonstrating the percentage of enrollees residing in urban and rural

counties with access to each specialty/provider type both for travel time and distance requirements, along with the MCE's level of documented compliance with appointment availability standards. The Qsource Team will meet with the State and Heritage Health initially during contract implementation to determine if they are satisfied with Qsource's proven methodology or has other preferences as we await the official CMS protocol release.



Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.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: The Qsource Team will take a proactive approach to providing technical assistance to DHHS's MCOs and DBM. Experienced in methodologies such as rapid-cycle performance improvement, root-cause analysis, LEAN and Six Sigma strategies, and Institute for Healthcare Improvement (IHI) improvement science, we are adept at spotting opportunities for improvement in processes and giving clear, straightforward suggestions for change. Of benefit to DHHS is the collaborative culture within Qsource. Our staff are frequently cross trained across contracts and are encouraged to share best practices for providing additional support to our clients. We will continuously assess the need for technical assistance for this contract in a variety of ways:

- ◆ Before, during, and after each EQR activity, where gaps in MCO/DBM knowledge and the need for support regarding specific assessment requirements may be readily apparent
- ◆ When orientation or further training is beneficial or necessary for new or updated contractual, legal, or accreditation requirements
- ◆ Through our assessments of previous MCO/DBM performance on specific activities, such as PIPs, where we can identify trends in AONs and help the MCEs pinpoint weaknesses and suggest solutions for success.
- ◆ Qsource's educational content and delivery methods have consistently resulted in smooth communication with the MCOs, DBMs, and State entities across our other EQRO contracts. We look forward to this positive and collaborative approach to technical assistance upon successful contract award.

“ We continue to be appreciative of the positive and collaborative relationship that we have with Qsource.
-Jay Taylor, Compliance Officer
UnitedHealthcare ”

Compliance Assessment Assistance

As part of the required EQR Compliance Assessment activity, the Qsource Team will review MCO activities for compliance with Heritage Health contracts and review DBM activities for compliance with its State contract during the Compliance Assessment. Our staff also will provide technical assistance before, during, and after each review. Prior to the onsite/virtual visit, the EQRO Program Manager and QI specialists will stay in contact via online meeting software, email, and telephone to respond to questions and provide additional information as needed to State, Heritage Health, and MCO/DBM personnel, particularly concerning clarification of the Pre-Onsite/Virtual Review

Adaptability

During the COVID-19 pandemic, Qsource quickly adapted and communicated with the MCEs to strategize virtual Compliance Assessment visits and provide additional assistance

Qsource's Technical Approach Narrative

5.d. Project Requirements

Documentation List and the onsite/virtual review assessment process. Each review will culminate with our team of reviewers holding a closing interview with key MCO/DBM staff to provide review findings and offer technical assistance. The Qsource Team will use this opportunity to identify both areas of noncompliance (AONs) and areas where a suggested change—such as adding clear and explicit information in policies and processes—could improve performance as well as where the MCO/DBM demonstrated strengths by exceeding contractual, state, and/or federal requirements. We believe in delivering to our clients the best we have to offer, positioning our team members to help the MCOs and DBM implement changes that foster program and organizational improvement.

Qsource has developed a systematic CAP process for areas identified as noncompliant (AONs) during the Compliance Assessment and has successfully provided technical assistance to MCEs for our other EQRO contracts to ensure sustainable improvement following reviews. With the State's and Heritage Health's approval, the Qsource Team will follow the same CAP process with any desired modifications. When AONs are noted in the review, the MCO or DBM will be required to provide a CAP that addresses how it will improve performance. Our QI specialists and EQRO Program Manager will provide input to MCO/DBM staff about actions the MCO/DBM needs to take to achieve 100-percent compliance for the respective element(s), and emphasize that our technical assistance will be available any time until the CAP is formally submitted. Finally, we will thoroughly evaluate submitted CAPs with specific recommendations and submit this evaluation to the State and Heritage Health; a sample CAP evaluation form is shown in **Figure 9**.

Figure 9. CAP Evaluation Form

PIP Assistance

The Qsource Team will lead annual PIP training as well as ad-hoc training when requested for the MCEs, especially when new MCO/DBM staff have been added. We are accustomed to tailoring our processes to meet State needs across EQRO contracts, and we will easily be able to customize our training to meet State and Heritage Health approval. For example, our team can train and assist MCE personnel individually by MCO/DBM via online meeting software, or conduct a more formal training for all MCE personnel at once. Along with this PIP training, which includes information on CMS requirements and how to complete the PIP Summary Form, we will provide staff responsible for PIPs at the MCOs and DBM technical assistance documents on the following topics:

- ◆ Base guidance on sustained improvement
- ◆ Algorithm examples

<MCO/DBM>: <MCO/DBM name>		Name of Contact:		Date: X/X/20
CA Standard: <Standard Name>		Element #<: <Element Name>		
CAP 1. <AON>				
Evaluation Measure	Result (Indicate one per measure)		Qsource Response/Comments/Explanation	
Addresses the AON	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Meets the Intent of the AON	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Shows Progress to Meeting CAP	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Gives Intended Completion Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Assigns Responsible Party	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Qsource Comments: text comments here				
FHKC Comments: text comments here				

Qsource's Technical Approach Narrative

5.d. Project Requirements

- ◆ Description of *p*-values, which determine the statistical significance of conclusions that are made about the hypothesis or belief about the effectiveness or impact of the improvement strategy
- ◆ Tailored document for MCO/DBM-specific questions
- ◆ Estimated degree of data completeness

The Qsource Team can identify MCEs' technical assistance needs based on the previous year's PIP reporting, such as the *Tips for PIPs* document we developed. Providing the MCOs and DBMs with such tangible resources for help with PIPs will be an integral part of Qsource's technical assistance.

The Qsource Team is experienced with both traditional PIP and rapid-cycle PIP methodology. Given our experience with the Florida Healthy Kids program, we are poised to provide the MCEs technical assistance on improvement science

Performance Improvement Project (PIP)
Plan Do Study Act (PDSA) Submission Form

Qsource

Demographic Information	
MCO/DBM Name: <MCO/DBM Full Name>	
Study Leader Name:	Title:
Telephone Number:	Email Address:
Name of Project/Study: <PIP Topic>	
Type of Study:	<input type="checkbox"/> Clinical <input type="checkbox"/> Nonclinical
Type of Delivery System: MCO	
Date PDSA Model Initiated:	Quarter, Year: Submission Date:
Number of Healthy Kids Eligible Enrollees in Study (as of latest measurement date):	

through the IHI, with specific emphasis on rapid-cycle change and PDSA principles. If requested, Qsource can submit PIP interval reports by MCO/DBM (quarterly, biannually) to facilitate assessing technical assistance needs and to allow for evaluation of progress on QI initiatives toward the following year.

With the newly released CMS EQR Protocol 1, MCEs serving Medicaid populations will be expected to implement new interventions using a rapid-cycle model to incorporate PDSA principles. Our team will develop a PDSA Summary Form and PDSA Sustainability Plan Instructions to guide the MCOs and DBM through the PDSA cycle based on the IHI Model for Improvement, if this approach is found to be beneficial.

PMV Assistance

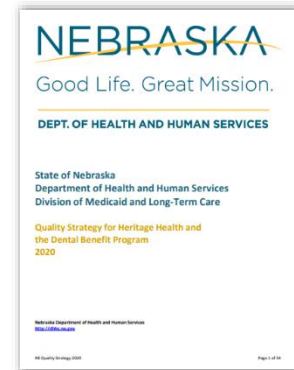
The Qsource Team has developed a successful, interactive, collaborative approach to technical assistance to best support accurate reporting of required performance measures. This approach ensures that our audit team is able to identify issues, suggest corrective actions, and evaluate the success of the corrective actions early in the PMV process. We will work with MCO/DBM staff members to help clearly explain how to produce reportable data and ensure a successful audit process, and provide guidance concerning the implications of each measure and how various data elements can impact rates.

Qsource's Technical Approach Narrative

5.d. Project Requirements

Technical Assistance Through Reporting

For every EQR activity/ project, the Qsource Team offers recommendations and provides detailed information in each report. This information will also be presented in the *Annual EQRO Technical Report*. Qsource understands the importance of these recommendations, especially since CMS encourages State entities to use the EQRO's feedback from EQR activities to examine and update their Quality Strategies. Qsource staff experienced in all aspects of EQR, including quality assessment and performance improvement (QAPI), will help the MCOs and DBM implement the State Quality Strategy through comprehensive QAPI programs, which include the PIPs and performance measures that are, in turn, evaluated through EQR quality assessments and PIP validation. The Qsource Team is eager to begin working to improve the quality and effectiveness of care received by Medicaid enrollees in Nebraska by identifying and sharing best practices and opportunities for improvement.



Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.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: The Qsource Team will prepare and submit the *Annual EQRO Technical Report* to DHHS annually, as noted in the scope of work requirements. This report will be the culmination of all EQR activities conducted throughout the year. As guided by CMS, the annual report will describe the manner in which the data from the oversight activities conducted within a given calendar year (in accordance with 42 CFR § 438.364) were aggregated and analyzed, and how conclusions were drawn as to the quality, timeliness, and access to care furnished by the MCOs and DBM. Specifically, the report will include all required components in a streamlined format that Qsource technical writers developed based on the 2019 CMS EQR Protocols' inclusion of "Tips for Drafting EQR Technical Reports," requirements of 42 CFR § 438.364, CMS's supplemental guidance for technical reports, and Qsource's procedures for technical report development. We also welcome the opportunity to receive the State's and Heritage Health's input on report content and organization. [Figure 10](#) demonstrates the Table of Contents from the most recent draft template of the *Annual EQRO Technical Report* for the Florida Healthy Kids program. An advantage to DHHS will be the planning and design of the improved technical report structure and format, which will enable DHHS to fulfill CMS reporting requirements in addition to presenting a public-facing annual report that is easily comprehensible for multiple audiences.



Description of Recommendations for Comparative Analyses

Our expert team will identify areas across EQR and other contractual activities in need of improvements in order to suggest actions toward achieving overall enhancement of MCO/DBM performance in meeting requirements of EQR activity-specific standards. This identification will be facilitated by Qsource's approach of comparing MCEs' compliance scores/ratings at the higher echelon of category reporting in tabular format and providing a narrative analysis comparing findings that group MCEs and activities/steps/categories according to performance. For example, if multiple MCEs

Qsource's Technical Approach Narrative

5.d. Project Requirements

Figure 10. Sample *Annual EQRO Technical Report* Table of Contents

2020 Annual EQRO Technical Report		2020 Annual EQRO Technical Report	
Table of Contents			
List of Tables and Chartsiv	Performance Measure Validation (PMV).....	Improvements Since the 2019 ANA.....30	MCO Credentialing File Review Tool.....B-93
Acknowledgements, Acronyms, and Initialismsvii	Assessment Background.....	Validation of Encounter Data (EDV).....31	MCO Recredentialing File Review Tool.....B-95
Overview.....1	Technical Methods for Data Assessment for.....	Assessment Background.....31	DBM Credentialing File Review Tool.....B-98
Background.....1	Technical Methods of Data Assessment for.....	Technical Methods for Data Collection and.....	DBM Recredentialing File Review Tool.....B-100
FHCC Quality Strategy Goals.....2	Description of Data Obtained.....	Analysis.....32	ANA.....B-103
EQR Activities.....2	Comparative Findings.....	Description of Data Obtained.....33	EDV.....B-108
EQR Mandatory Activities.....2	Strengths and Weaknesses.....	Comparative Findings.....34	
Technical Report Guidelines.....4	Improvements Since the 2019 PMV.....	Volume and Consistency.....34	
FHCC Utilization of the EQRO Technical Report.....4	Annual Compliance Assessment (ACA).....	Completeness and Validity.....36	
Performance Improvement Project (PIP) Validation.....5	Assessment Background.....	Medical Record Review.....38	
Assessment Background.....5	Technical Methods for Data Collection and.....	Conclusions and Recommendations.....39	
Technical Methods for Data Collection and Analysis.....5	Analysis.....	APPENDIX A EQR Activity Findings.....A-1	
Description of Data Obtained.....6	Description of Data Obtained.....	PIP Validation.....A-1	
Comparative Findings.....7	Comparative Findings.....	PMV.....A-9	
Strengths and Weaknesses.....8	Strengths and Weaknesses.....	ACA.....A-44	
Improvements Since the 2019 PIP.....9	Improvements Since the 2019 ACA.....	ANA.....A-46	
Plan-Do-Study-Act (PDSA).....11	Annual Network Adequacy (ANA).....	EDV.....A-49	
Assessment Background.....11	Assessment Background.....	APPENDIX B 2020 Sample Assessment Tools.....B-1	
Technical Methods for Data Collection and.....	Technical Methods for Data Collection and.....	PIP Validation.....B-1	
Analysis.....11	Analysis.....	PDSA.....B-13	
Description of Data Obtained.....11	Description of Data Obtained.....	Plan-Do.....B-13	
Strengths and Weaknesses.....12	Comparative Findings.....	Study-Act.....B-14	
Improvements Since the 2019 PDSA.....13	Strengths and Weaknesses.....	ACA.....B-17	
		MCO CA Standards Tool.....B-18	
		DBM CA Standards Tool.....B-59	

score equally on one of the activity's measures, they will become a group for discussion since they share a similar score. The *Annual EQRO Technical Report* will include analysis of each MCE's performance for an activity measure being evaluated across a three-year period to establish trending data. As information dissemination methods evolve, the Qsource Team stays current with best practices in reporting data analysis, especially for multiple MCEs. Our team has developed a technical report template that incorporates more infographics, charts, and tables to provide information as suggested by the 2019 CMS EQR Protocols and facilitate performance comparison.

In addition, wherever methodologically appropriate, Qsource will compare MCO/DBM performance for each quality measure to industry benchmarks and statewide MCO/DBM performance averages. For example, for PMV, MCEs can be evaluated based on their performance compared to their own previous performance, other MCEs' performance, and statewide averages across all MCEs. We also recommend including such comparisons as statewide weighted rates using HEDIS state and national benchmarks.

Methods for Identifying Best Practices and Quality Improvement Strategies

In conducting EQR activities for the MCOs and DBM, Qsource will have had the opportunity to identify activity- and MCO/DBM-specific strengths and weaknesses. Qsource will summarize strengths and identify best and emerging practices of MCEs that have proven to be effective in demonstrating improvements in care or service or that have positively impacted outcomes specific to each EQR activity. We also will provide recommendations on how to effectively incorporate findings into performance and/or QI projects specific to the Nebraska Medicaid delivery system and the State's Quality Strategy.

Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.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: The information gathered during the EQR reviews will serve as the basis for all MCO/DBM-specific strengths, AONs, and suggestions for performance improvement identified by the Qsource Team's review staff. Our QI specialists will identify areas for improvement where the MCO/DBM receives a score of less than 100 percent during the Compliance Assessment and Annual Network Adequacy (ANA) reviews. Our team also will identify areas where a suggested change, such as adding clear and explicit information in policies and processes, could improve performance, as well as where the MCO/DBM demonstrated strengths by exceeding requirements.

Similar to Compliance Assessment and ANA, for PIPs, strengths will be noted when the MCO/DBM demonstrates particular proficiency in a given PIP step and AONs will be

identified for those evaluation elements assessed as Not Met and, therefore, not in full compliance with CMS protocols. MCO and DBM strengths and weaknesses for PMV will be based on both our team's review of measure rates and the auditor findings reported in the FAR, and individual performance on the measures selected by Heritage Health for the MCOs and by the State for the DBM.

All EQR activity strengths and weaknesses will be identified in the yearly individual MCO/DBM activity-specific reports (e.g., Compliance Assessment Report). They also will be included in the *Annual EQRO Technical Report*. In our experience as an EQRO, this information will be critical for DHHS to assess the effectiveness of the MCOs and DBMs in supporting the Quality Strategy in relation to the overall landscape of the healthcare provided for Nebraska's Medicaid enrollees.

2020 ANNUAL EQRO TECHNICAL REPORT

MCO/DBM	C/ NC*	Strength
Simply Healthcare	<C/NC>	<Strength>
	<C/NC>	<Strength>

* C=clinical; NC=nonclinical

MCO/DBM	C/ NC*	AON
Aetna	<C/NC>	<AON>
	<C/NC>	<AON>
Argus	<C/NC>	<AON>
	<C/NC>	<AON>

Improvements Since the 2019 PIP

Table 5 includes the MCOs' and DBMs' improvements made based on last year's PIP.

MCO/DBM	Clinical/ Nonclinical	2019 AON	MCO/DBM's Action
Aetna	<Clinical/Nonclinical>	<AON>	<Action>
	<Clinical/Nonclinical>	<AON>	<Action>
Argus	<Clinical/Nonclinical>	<AON>	<Action>
	<Clinical/Nonclinical>	<AON>	<Action>

page 9
20.EQROPL-C-XX.XXX

Florida Healthy Kids Corporation

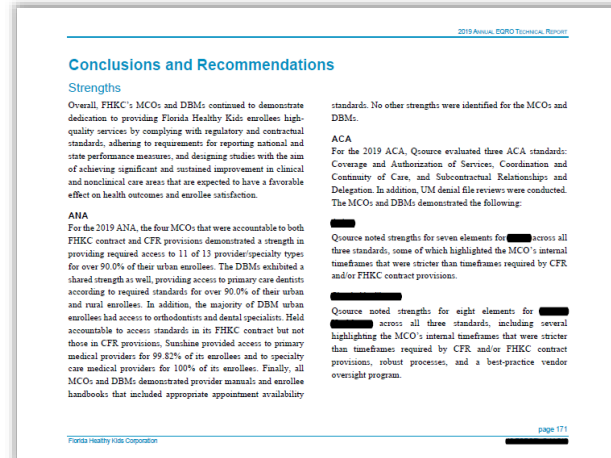
Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.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: The EQRO Team contributes to the sound conclusions and recommendations included in the annual individual MCE reports for each activity and the *Annual EQRO Technical Report*. This is done for all EQR activities in all our EQRO states. The Qsource Team will bring to DHHS the advantage of years of consultations across EQR contracts among our EQRO program managers, QI specialists, EQR activity reviewers, data analysts, technical writers, and database programmers. We are familiar with myriad aspects of healthcare in different regions of the country based on our non-EQRO contracts and share our knowledge organizationally as well. For example, we currently work with populations receiving behavioral health and disability services (including fragile, disadvantaged, and rural populations) in our Arkansas Medicaid work.



For every EQR activity, the Qsource Team will offer recommendations and provide detailed information in each MCE's activity-specific report (e.g., PIP Validation Report). This information also will be presented in the *Annual EQRO Technical Report*. Our team will review all EQR data collected in the year and synthesize conclusions and recommendations from a broader perspective across all MCEs. Additionally, we will include conclusions and recommendations based on trending over a recommended minimum three-year comparison period, where possible.

Qsource's Technical Approach Narrative

5.d. Project Requirements

Qsource understands the importance of these recommendations, especially since CMS encourages use of EQRO feedback from EQR activities to examine and update the State Quality Strategy, as illustrated in CMS's graphic in **Figure 11**. Qsource is eager to help the State achieve the goals outlined in its own Quality Strategy through the identification and sharing of common best practices and opportunities for improvement across the MCOs and DBM.

In addition to providing this information on a routine basis via EQR reports for each MCO/DBM per mandatory activity, and as a summary in the *Annual EQRO Technical Report*, Qsource can provide needed information quarterly or more frequently as needed by DHHS.

Figure 11. EQR, Quality Strategy, and QAPI Program Relationship



Source: CMS. *External Quality Review (EQR) Protocols* (October 2019).

A.5.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.

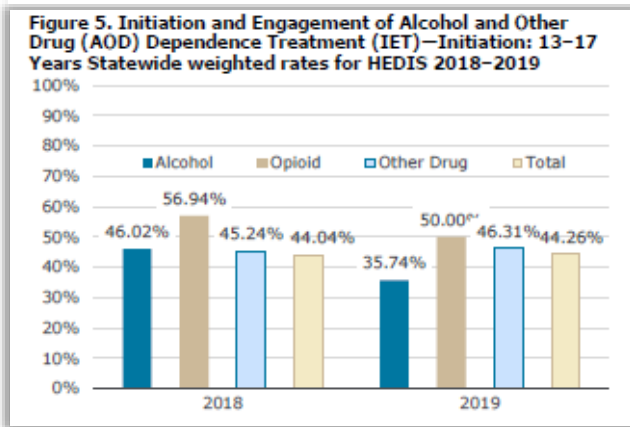
Bidder Response: The *Annual EQRO Technical Report* the Qsource Team produces for DHHS will include the following:

- ◆ A description of methodologies—i.e., how the data from all activities conducted in accordance with 42 CFR § 438.358 (validation of PIPs and performance measures and compliance with standards audit) were aggregated and analyzed and conclusions were drawn regarding the quality, timeliness, and access to care furnished by the MCOs and DBM:
- ◆ Objectives
- ◆ Technical methods of data collection and analysis
- ◆ Description of the data obtained
- ◆ Conclusions drawn from the data
- ◆ An assessment of each MCO's and the DBM's strengths and weaknesses
- ◆ Recommendations for improving the quality of healthcare services
- ◆ Comparative information, as DHHS deems methodologically appropriate, as approved in writing by DHHS
- ◆ An assessment of the degree to which each MCO and the DBM have effectively addressed the recommendations for quality improvement made by Qsource activity reviewers during the previous year

Qsource's Technical Approach Narrative

5.d. Project Requirements

Figure 12. Sample Bar Chart Figure from an Annual EQRO Technical Report



In addition to the annual technical report, Qsource can provide DHHS with methodologically appropriate, comparative information about all MCOs and the DBM, upon request. Based on the EQRO activity, Qsource will provide comparative data in text, table, or graph format. For example, for PMV, Initiation and Engagement of Alcohol and Other Drug Dependence (AOD) Treatment (IET) was one of the measures validated for one of Qsource's reports. We chose to report comparative data via a bar chart, as shown in **Figure 12**.

A.5.d.4.e.

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

Bidder Response: The Qsource Team will provide DHHS with an annual assessment of the degree to which each MCO and the DBM have effectively addressed the recommendations for quality improvement made by Qsource review team members during the previous year's EQR activities via individual MCO/DBM reports and via the *Annual EQRO Technical Report*. Our QI specialists will re-evaluate any deficiencies identified during the previous year's EQR reviews when conducting the current year's review, noting if any suggestions were not implemented and discussing those with the MCO/DBM.

Qsource's Technical Approach Narrative

5.d. Project Requirements

Under the direction of the EQRO Program Manager, our QI specialists will thoroughly evaluate MCO/DBM progress on addressing recommendations and making improvements from the previous year. These details will be noted specifically in the individual activity reports for each MCO and the DBM. As shown in the sample PIP improvements table in

Figure 13, this information also will be included for each activity in the *Annual EQRO Technical Report*. Qsource can provide additional reporting at the request of DHHS.

Figure 13. Sample Improvements Table from Annual EQRO Technical Report

Improvements Since the 2019 PIP
Table 5 includes the MCOs' and DBMs' improvements made based on last year's PIP.

MCO/DBM	Clinical/Nonclinical	2019 AON	MCO/DBM's Action
Aetna	<Clinical/Nonclinical>	<AON>	<Action>
	<Clinical/Nonclinical>	<AON>	<Action>
Argus	<Clinical/Nonclinical>	<AON>	<Action>
	<Clinical/Nonclinical>	<AON>	<Action>

A.5.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: The Qsource Team will be prepared at any time to provide ad-hoc studies and reports per DHHS's requirement within a reasonable timeframe and at a mutually agreed-upon hourly rate, commiserate with competitive hourly rates in our other EQR business lines in various states. We have conducted EQRO ad-hoc studies and provided reports for projects ranging from a short one-month project to a longer three-month, detailed project, focusing on research to benefit Medicaid enrollees.

For example, our EQRO QI specialists have performed several Early Periodic Screening and Diagnostic Testing (EPSDT) medical record reviews (MRRs) to confirm medical providers' compliance with the seven federally mandated components of EPSDT programs for the State of Tennessee. In 2016 we worked on the data sample from EPSDT medical records from TennCare, which were coded using the most current HEDIS Technical Specifications for Health Plans and the most current Encoder Pro.Com professional online subscription (Current Procedural Terminology [CPT], Healthcare Common Procedure Coding System [HCPCS], and the International Classification of Diseases [ICD]). The MRRs were conducted onsite at providers' facilities and/or at Qsource offices via securely faxed medical records. Data were validated by faxing results to the providers and conducting inter-rater reliability (IRR) testing, and were then prepared for analysis.

The resulting ad-hoc report, *2016 EPSDT MRR Report*, included map distribution of EPSDT-eligible TennCare enrollees and provider sites sampled; a listing of the medical record distribution by provider location (one of three Tennessee Grand Regions and county of the provider's office); and comparative analysis of compliance by Tennessee Grand Region, MCE, individual EPSDT component, and enrollee age group. Noted

Qsource's Technical Approach Narrative

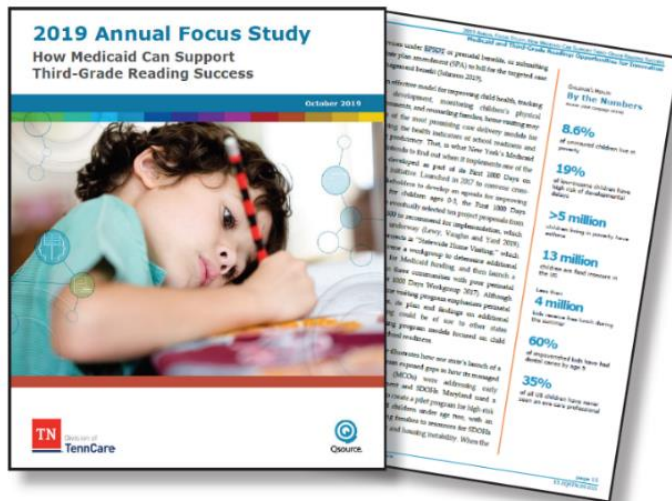
5.d. Project Requirements

deficiencies were identified for quality improvement through our CAP process to ensure EPSDT regulatory and contractual compliance.

In addition, the Qsource EQRO Team has produced several topic-focused EPSDT evaluations in order to target population health opportunities for improvement on State-specified quality measures. These evaluations have included studies on children's body mass index (BMI) and childhood immunization rates, for which Qsource prepared tools—electronic and printed—to facilitate capturing our QI specialists' assessments of compliance documentation related to specified measures in enrollee medical records.

One of Qsource's more recent reports is *2019 Annual Focus Study: How Medicaid Can Support Third-Grade Reading Success* report, which summarized research on how State Medicaid agencies can help ensure third-grade reading success for underprivileged children. The report detailed how and why third-grade reading

proficiency is considered a crucial determinant of children's future socioeconomic success and health, as well as an ability that is itself heavily influenced by a child's current health and socioeconomic conditions.



The Qsource Team looks forward to discussing ad-hoc reporting that could be beneficial for specific populations, such as Medicaid enrollees with a qualifying health condition or life circumstance to be determined medically frail. Our technical

writers are also skilled researchers adept at working individually and collaboratively to produce reports like these, our data analysts are well versed in EQR topics of importance and in collecting and/or analyzing data related to those topics, and clinical QI specialists and the Program Manager provide input. Subject-matter experts and clinical consultants will also be available as a valuable resource for the Qsource Team staff producing ad-hoc reports.

A.5.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: Qsource's robust reporting process is governed by workflows developed according to our quality management system and standards for our ISO 9001:2015 certification, a value add for DHHS. It begins with development of an annual

Qsource's Technical Approach Narrative

5.d. Project Requirements

reporting timeline and work plan steps in collaboration with the State. All EQR-related reports (including any and all assessments and recommendations from Qsource) will be provided to the State and Heritage Health in an iterative process, giving both regulatory agencies (and the MCOs and DBM, where appropriate) an opportunity to review drafts and provide feedback before final reports are created. The draft reports will be delivered according to report-specific automated work plans. The Qsource Team will provide draft reports within 90 days of each onsite review, in electronic format, and provide final reports within 30 days of the draft report posting in folders organized by EQR activity on our secure SharePoint site (or another secure method for file posting at DHHS's preference).

Having the resources of our experienced EQRO staff coupled with our established, yet easily adaptable reporting process will provide DHHS with 100-percent on-time deliverables. Qsource's expertise and years of reporting for EQR activities for multiple State agencies in addition to our understanding of and adherence to revised 2019 CMS EQR Protocols make for a smooth reporting process that exceeds minimum requirements. The Qsource Team will post all draft and final reports in portable data file (PDF) format, if agreeable to DHHS, on our secure, password-protected Xchange site, which will be available to those staff members identified by the State and Heritage Health and included in the routinely updated report distribution list. Reviewed reports may be posted to the same site for Qsource Team staff. When reports are posted for the State's and Heritage Health's review, our EQRO Program Manager or technical writer will send an email notification alerting appropriate staff to report availability via Xchange according to the report distribution list. Similarly, when draft and/or final reports are to be shared with the MCOs and DBM, the EQRO Program Manager or technical writer will post the reports and notify MCO and DBM staff listed in the report distribution list. Our EQRO staff are well accustomed to developing and maintaining a detailed report distribution list.

Qsource currently disseminates electronic, hard-copy, or both types of deliverables. All reports for DHHS will be readily available in print and other alternative formats as needed and requested for those groups of stakeholders and Medicaid program enrollees approved by DHHS. No reports or data will be shared with any other individual or entity without DHHS's written consent. In addition, as always, the Qsource Team will abide by all privacy regulations related to personal health information (PHI) and personally identifiable information (PII) to protect the identity of Nebraska's Medicaid beneficiaries.

Qsource's Technical Approach Narrative

5.d. Project Requirements

A.5.d.6.	Describe the Bidder's approach to meetings, and how the approach meets or exceeds the requirements of this section.
----------	---

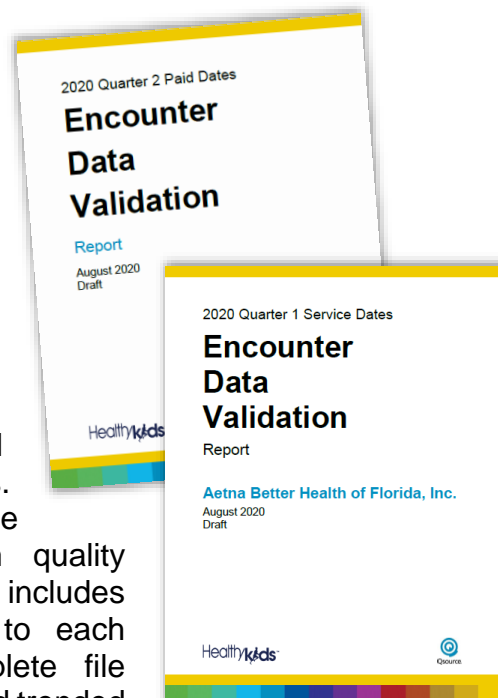
Bidder Response: The Qsource Team is adept at scheduling and facilitating monthly meetings with State staff. Our process will include establishing a recurring monthly technical assistance conference calls or meetings with DHHS staff, to include a review of all EQR activity actions since the previous month. The Qsource Team will prepare an agenda for DHHS's review prior to the meeting, take detailed notes during the meeting, and distribute meeting minutes with action items within five business days following the meeting. In addition, we are poised to conduct technical assistance meetings with DHHS, Heritage Health, and/or the Medicaid MCEs at any time via any method deemed most effective by DHHS (e.g., individual MCE calls, onsite visits). Per the RFP requirements, the Qsource Team is also ready for active participation in DHHS's quarterly operational meetings with the MCOs and DBM. We will provide input for these meetings to facilitate productive sessions that result in clear expectations and directions for the MCOs and DBM and provide an opportunity for DHHS to involve the EQRO in detailed discussions around topics determined most useful for the MCEs by DHHS.

“ Thank you for these excellent learning opportunities. The information was outstanding and very relevant to optimally serving our members. ”

A.5.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: The Qsource Team can perform optional quality review activities with guidelines set forth in Title 42 of the *Code of Federal Regulations* (CFR), Part 42 CFR § 438.358(c), at DHHS's discretion, as noted in the following descriptions:

- ◆ In compliance with CMS *EQR Protocol 5. Validation of Encounter Data Reported by the Medicaid and CHIP Managed Care Plan*, the Qsource Team will collect encounter data from the MCOs and DBM. Review of each MCO/DBM's capacity to produce accurate and complete encounter data is part of our process. Upon receipt of the encounter data from the MCOs and DBM, our staff will perform quality assessments of each file to ensure validity. This includes file receipts with record counts provided to each MCO/DBM to ensure accurate and complete file transmission. Encounter files will be tracked and trended



Qsource's Technical Approach Narrative

5.d. Project Requirements

over time to ensure data completeness. Our data analyst will work with the QI specialists and EQRO Program Manager, and consult with our EQRO Director, to identify certain data fields to assess reasonableness of data and generate data quality reports to provide to each MCO/DBM. When necessary, encounter files will be reconciled prior to submission. Our EQR contract in Florida currently includes this protocol, producing a quarterly aggregated paid dates report as well as MCO/DBM-specific quarterly service dates reports.

- ◆ In compliance with CMS *EQR Protocol 6. Administration or Validation of Quality of Care Surveys*, the Qsource Team proposes the use of online service SurveyMonkey® to develop a tool and test it internally with DHHS to improve its usability and further diminish the burden on respondents. Qsource Team staff would email respondents a survey link and maintain a record of the emails sent and bounced, and completed responses. The MCEs would be requested to provide our staff with up-to-date contact information for providers/consumers. In the event there were no email contact for a provider/consumer, the survey would be mailed and results would be manually entered into the survey system by the Qsource Team. The email or mailing would include data and findings from the prior year's survey, any QI initiatives that are occurring or had already been completed to demonstrate how the MCE used the feedback provided, and information on how the providers/consumers could access the current survey's results once data collection has ended. Our team would make three attempts to encourage response from non-responders.
- ◆ In compliance with CMS *EQR Protocol 7. Calculation of Additional Performance Measures*, the Qsource Team would work with DHHS to identify the most suitable and complete data sources. The numerator and denominator would be defined along with the measure specifications. Our team would perform data cleaning and maintain a log of data file statistics for reference. We would seek clarification when necessary. The denominator and numerator would be calculated for administrative measures using the data files. The preliminary rate would be calculated, and trend analysis would be conducted for any significant variations in the rate overtime. The Qsource Team uses SAS® software to perform data cleaning, analysis, and rate calculations.
- ◆ In compliance with CMS *EQR Protocol 8. Implementation of Additional Performance Improvement Projects*, the Qsource Team would perform additional improvement projects, which are a key element for improving MCO/DBM processes in delivering healthcare to enrollees. The study topic would be selected based on the areas where opportunities for improvement are identified as necessary. Following the study topic, the aim statement would be defined along with performance measures and variables. The eligible population would be identified, and a decision would be made if the entire population or a sample will be used along with the data collection method. Once the data are collected, the Qsource Team would conduct statistical data analysis and provide strategies for improvements based on the results. The

Qsource's Technical Approach Narrative

5.d. Project Requirements

- PIPs would be conducted in an agreed-upon timeframe, and the success of each project would be tracked until the objective is achieved and the process is stabilized.
- ◆ In compliance with CMS *EQR Protocol 9. Conducting Focus Studies of Health Care Quality*, the Qsource Team would conduct and has conducted studies that focus on clinical and nonclinical services. One of the studies our EQRO staff conducted in Tennessee involved medical record review (MRR) for children enrolled in Medicaid, described in more detail in the [ad-hoc reporting section](#) of this technical proposal. In 2018, Qsource conducted a nonclinical project surveying participating Patient-Centered Medical Homes (PCMHs) to help the State of Tennessee determine the role of transportation in members' access to care and barriers to transportation services. This project also is described in greater detail in the ad-hoc reporting section.
 - ◆ In compliance with CMS *EQR Protocol 10. Assist with Quality Rating of Medicaid and CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, and Prepaid Ambulatory Health Plans*, the Qsource Team would work with DHHS to create a quality rating for the MCOs/DBM. The quality rating would be derived from the MCO/DBM's performance in areas that are most relevant to DHHS. A five-star quality rating system, with strong performers (i.e., five stars) would determine that the MCE has a good overall rating for broad-based quality of care and would support consumer choice. Qsource would develop the ratings system that would correspond to meaningful differences in performance of an MCO/DBM. A quality rating would be assigned to each MCE based on its overall compliance score.
 - ◆ The Qsource Team proposes to provide training and technical assistance to MCO and DBM staff to assist in understanding CMS EQR Protocols via webinars, conference calls, one-on-one calls, and onsite meetings (if warranted). Providing an introductory training webinar, or presentation at a meeting for all MCO/DBM personnel, will familiarize MCO/DBM personnel with specific actions required of them during the review activities. It will also offer an opportunity to ask questions and schedule further individualized technical assistance sessions as needed to complete activity requirements. We will continue to be available for technical assistance throughout the review process and be open to suggestions from DHHS and its MCOs and DBM to design customized training and technical assistance materials.

A.5.e. Scope of Work

The Qsource Team acknowledges that we will be responsible for mandatory EQR-related activities—including compliance review, validation of performance measures, and validation of PIPs—as well as up to two optional activities at the request of DHHS (as noted in RFP Addendum 2), including validation of encounter data, administration or validation of consumer or provider surveys, calculation of performance measures, conducting additional PIPs, and conducting focused quality studies. The Qsource Team will follow the most recent federally published EQR protocols for conducting all EQR activities, mandatory and optional. Our staff have been trained on CMS's revised EQR

Protocols. We have created a protocol crosswalk, presented in brief in **Figure 14**, which will be used as the basis for EQR activities conducted in the next contract year. We are well-prepared to incorporate the new requirements into our EQR processes and tools, and to help the State, Heritage Health, and the MCOs and DBM adapt to changes quickly and efficiently.

Figure 14. CMS EQR Protocol Crosswalk

Crosswalk: CMS's EQR Protocols	
October 2019	September 2012
*Protocol 1. Validation of Performance Improvement Projects	*Protocol 3 – Validation of Performance Improvement Projects (PIPs)
*Protocol 2. Validation of Performance Measures	*Protocol 2 – Validation of Measures Reported by the MCO
*Protocol 3. Review of Compliance with Medicaid and CHIP Managed Care Regulations	*Protocol 1 – Assessment of Compliance with Medicaid Managed Care Regulations
*Protocol 4. Validation of Network Adequacy (Forthcoming)	
Protocol 5. Validation of Encounter Data Reported By the Medicaid And CHIP Managed Care Plan	Protocol 4 – Validation of Encounter Data Reported by the MCO
Protocol 6. Administration or Validation Of Quality Of Care Surveys	Protocol 5 – Validation and Implementation of Surveys
Protocol 7. Calculation of Additional Performance Measures	Protocol 6 – Calculation of Measures
Protocol 8. Implementation of Additional Performance Improvement Projects	Protocol 7 – Implementation of Performance Improvement Projects (PIPs)
Protocol 9. Conducting Focus Studies Of Health Care Quality	Protocol 8--Focused Studies
Protocol 10. Assist with Quality Rating of Medicaid And CHIP Managed Care Organizations, Prepaid Inpatient Health Plans, And Prepaid Ambulatory Health Plans	
	<i>*Mandatory protocol</i>

A.5.f. Deliverables

Our established deliverables procedures include a seasoned technical writing and marketing and communications staff. They also are readily adaptable as our work plans are created for individual activity deliverables that can be modified to fit alternate scheduling or other needs from DHHS as well as incorporate additional necessary process steps or report content DHHS feels is important for its consumers enrolled in the Medicaid managed care program and receiving integrated healthcare services from the MCOs and/or dental services from the DBM.

The Qsource Team will provide all EQR-related services necessary to analyze and evaluate aggregated information on quality, timeliness, and access to the healthcare services the managed care entities in Nebraska furnish to Medicaid beneficiaries, as outlined in [Table 11](#). Deliverable due dates will be finalized in the DHHS-approved Detailed Work Plan at contract start.

Table 11. Deliverables and Deadlines

Deliverable	Submission Deadline		Cost Method*
	Draft	Final	
Required Deliverables (5.F.1.a.-5.F.1.f)			
Annual EQR Report – United Healthcare Community Plan	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by October 15	Fixed
Annual EQR Report – Nebraska Total Care	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by October 15	Fixed
Annual EQR Report – Anthem (WellCare)	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by October 15	Fixed
Annual EQR Report – Managed Care of North America, Inc. (MCNA)	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by October 15	Fixed
Annual EQR Report – Aggregated Statewide Report (Addendum Two Q&A item 2)	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by October 15	Fixed
Annual Validation of PIP Report – United Healthcare Community Plan	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of PIP Report – Nebraska Total Care	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of PIP Report – WellCare	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of PIP Report – MCNA	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed

Table 11. Deliverables and Deadlines

Deliverable	Submission Deadline		Cost Method*
	Draft	Final	
Annual Validation of Performance Measures Report – United Healthcare Community Plan	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Performance Measures Report – Nebraska Total Care	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Performance Measures Report – WellCare	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Performance Measures Report – MCNA	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Ad-Hoc Deliverables (5.F.1.g.-5.F.1.j), at DHHS Request			
Annual Validation of Network Adequacy Report – United Healthcare Community Plan	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Network Adequacy Report – Nebraska Total Care	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Network Adequacy Report – WellCare	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Annual Validation of Network Adequacy Report – MCNA	Within 90 days of EQR review, at least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed
Ad-Hoc Technical Assistance and Consultation	Not Applicable	Not Applicable	Fixed Hourly Rate (rounded to nearest 15-minute increment for

Table 11. Deliverables and Deadlines

Deliverable	Submission Deadline		Cost Method*
	Draft	Final	
			each hour worked)
Ad-Hoc Reports	At least 2 months in advance of final report	Within 30 days of draft report submission, at least by December 31	Fixed per Project Based on Hourly Rate

* All invoices will be submitted within 30 calendar days following the deliverable completion date and no later than 30 calendar days following the end of each contract term.

A.5.g. Work Plan

Qsource's Technical Approach Narrative	
A.5.g. Work Plan	
Section	Description
A.5.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.
<p>Bidder Response: The Qsource Team will perform EQR activities as outlined in 42 CFR 438.358 for DHHS. We have developed an initial work plan informed by the contract scope, schedule, cost, quality, resources, communications, risk, procurement, and stakeholder engagement. The full plan will be submitted no later than two weeks after the contract start date. The work plan includes a schedule for all deliverable tasks, subtasks, and activities, and deliverable milestones and submission timelines. It will serve as a blueprint for successfully managing each activity in the EQRO contract Qsource will conduct for DHHS, and currently conducts in other states:</p> <ul style="list-style-type: none"> ◆ Validation of Performance Improvement Projects (PIP) ◆ Performance Measure Validation (PMV) ◆ Compliance Assessment (CA) ◆ Validation of Network Adequacy (ANA) ◆ <i>Annual EQRO Technical Report</i> ◆ Technical Assistance <p>Our work plan details the tasks that our EQRO Program Manager, Stacy Spreainde, will follow to achieve contract requirements. Contract management activities articulate more specific requirements of each task and break down the work into levels where scheduling and staffing are managed according to the contract provisions. The work plan will maintain date-sensitive tracking including originally scheduled start and end dates for all activities, anticipated start and end dates for all activities, if schedule fluctuation has occurred; and actual start and end dates for all activities, in addition to detailed descriptions of all activities.</p>	

Qsource's Technical Approach Narrative**A.5.g. Work Plan**

Contract milestones will be populated with current information shared via information-technology-enabled systems (Smartsheet and SharePoint), and formatted in a contract dashboard on Qsource's SharePoint site using a stoplight method to facilitate transparency. Every Qsource Team member will have access to the contract dashboard, which also will be made available to DHHS in writing for regular status reports, at least monthly. This dashboard will demonstrate the real-time status of the timeline as well as milestone achievements and will code each measure with red (not met), yellow (needs attention), or green (met) according to status against the established goal. The Qsource Team's overall understanding of the steps necessary to successfully address the program elements is demonstrated by the detailed project tasks and associated milestones depicted in the following Qsource Team [Draft Work Plan](#).

Draft Work Plan

Task Name	Duration	Start	Finish	Assigned To	% Complete	Status
Contract Start Date	783d	04/01/21	04/01/24			
1st 45 Days	44d	04/01/21	06/01/21			
Staffing - Positions posted, staff interviewed and hired for full capacity	23d	04/01/21	05/03/21	John Couzins		
Identification of risks and barriers that may be encountered during the implementation phase and the Qsource's mitigation plan	16d	04/01/21	04/22/21	John Couzins		
Equipment Procurement and Connectivity Set Up	14d	04/01/21	04/20/21	John Couzins		
Convene kick-off meeting with DHHS	4d	04/01/21	04/06/21	John Couzins		
Schedule regular meetings with DHHS to monitor and discuss the progress of the contract and contractor's performance	5d	04/09/21	04/15/21	John Couzins		
Identify and discuss with DHHS any changes to specifications and terms and conditions within the general scope of the original contract	4d	04/09/21	04/14/21	John Couzins		
Collect information and data from DHHS regarding contract expectations, customer needs for contracts; and key DHHS team members	4d	04/01/21	04/06/21	John Couzins		
Develop and Submit detailed communications plan with DHHS (within 2 weeks of start date)	11d	04/01/21	04/15/21	John Couzins		
Facilitate orientation with DHHS to review current EQR activities, existing procedures, policies, preferred processes, tools and finalize timelines	6d	04/01/21	04/08/21	John Couzins		
Develop and Submit detailed work plan to DHHS (within 2 weeks of start date)	11d	04/01/21	04/15/21	John Couzins		
Establish policies, procedures, ISO processes, reporting tools and get processes in place for DHHS/Plans to report needs &/or deficiencies for the NE EQR program	27d	04/01/21	05/07/21	Denise Satterfield		
Identify current and customize any new activity report templates	37d	04/12/21	06/01/21	Jackie Sourek		
Identify current & customize any new tools for EQR activities	37d	04/12/21	06/01/21	John Couzins		
Establish electronic portal and file sharing channels/protocols	8d	04/02/21	04/13/21	Joseph Greer		
Develop Internal Quality Control (IQC) metrics/Establish performance metrics	30d	04/12/21	05/21/21	Denise Satterfield		
Collect meaningful data from DHHS to establish status of previous EQR activities	6d	04/12/21	04/19/21	Fujin Lu		
Train Qsource staff to DHHS specifications and EQR policies, procedures, and processes	30d	04/12/21	05/21/21	Lois Heffernan		
Convene kick-off meeting with Plans	6d	04/15/21	04/22/21	John Couzins		
Establish contract dashboard	11d	05/03/21	05/17/21	Denise Satterfield		
Establish tracking tools to monitor contract spending patterns and whether a contract is working as intended	10d	04/30/21	05/13/21	Denise Satterfield		
General Contract Activities	783d	04/01/21	04/01/24			
Conduct contract financial management	783d	04/01/21	04/01/24	Qsource		
Submit monthly activity reports to DHHS	781d	04/05/21	04/01/24	Qsource		
Contract Financial Management	783d	04/01/21	04/01/24	Qsource		
Maintain staffing at full capacity	782d	04/02/21	04/01/24	Qsource		
Monitor IQC metrics	761d	05/03/21	04/01/24	Qsource		
Protocol 1 –Validation of Performance Improvement Projects (PIPs) – 42 C.F.R. § 438.330(d), 42 C.F.R. § 438.358(b)(1)(i)	88d	04/19/21	08/18/21			
Annual Activity						
Submit PIP validation report template to DHHS	1d	04/19/21	04/19/21	Qsource		
Submit PIP refresher training materials for MCEs to DHHS	1d	04/19/21	04/19/21	Qsource		
DHHS feedback on PIP validation report template	5d	04/19/21	04/23/21	DHHS		

DHHS feedback on PIP MCE training materials	5d	04/19/21	04/23/21	DHHS
Update PIP validation report template to include DHHS feedback	3d	04/26/21	04/28/21	Qsource
Update PIP training materials to include DHHS feedback	3d	04/26/21	04/28/21	Qsource
Conduct PIP refresher training for MCEs	5d	05/03/21	05/07/21	Qsource
Submit PIP validation documentation	30d	05/07/21	06/17/21	MCEs
Validate MCEs' PIP submissions	30d	06/18/21	07/29/21	Qsource
Submit draft PIP validation reports to DHHS	1d	07/30/21	07/30/21	Qsource
DHHS feedback on draft PIP validation reports	10d	08/02/21	08/13/21	DHHS
Update draft PIP validation reports to include DHHS feedback	3d	08/13/21	08/17/21	Qsource
DELIVERABLE: Submit final PIP reports to DHHS and Plans and send email notification	1d	08/18/21	08/18/21	Qsource

Protocol 2 – Performance Measure Validation (PMV) –42 C.F.R. § 438.330(c), 42 C.F.R. § 438.358(b)(1)(ii)

Annual Activity

Confirm required measures for validation	6d	04/05/21	04/12/21	Qsource
Obtain technical specifications	15d	04/12/21	04/30/21	Qsource
Request HEDIS Roadmaps, auditor-locked IDSS, and Final Audit Reports from MCEs	1d	05/03/21	05/03/21	Qsource
Submit HEDIS Roadmaps, auditor-locked IDSS, and Final Audit Reports to Qsource	30d	05/03/21	06/11/21	MCEs
Submit PMV report templates to DHHS	1d	05/03/21	05/03/21	Qsource
DHHS feedback on PMV report templates	5d	05/03/21	05/07/21	DHHS
Update PMV report templates to include DHHS feedback	3d	05/10/21	05/12/21	Qsource
Schedule site/virtual visits for MCEs as needed	6d	05/13/21	05/20/21	Qsource
Conduct onsite/virtual reviews for MCEs as needed	23d	05/21/21	06/22/21	Qsource
Conduct offsite validation activities	30d	06/23/21	08/03/21	Qsource
Submit draft PMV reports to DHHS	1d	08/04/21	08/04/21	Qsource
DHHS feedback on draft PMV reports	10d	08/05/21	08/18/21	DHHS
Update draft PMV reports to include DHHS feedback	3d	08/19/21	08/23/21	Qsource
DELIVERABLE: Submit final PMV reports to DHHS and MCEs and send email notification	1d	08/24/21	08/24/21	Qsource

Protocol 3 – Assessment of Compliance (CA) –42 C.F.R. § 438.358(b)(1)(iii)

Submit draft CA tools to DHHS	1d	04/12/21	04/12/21	Qsource
Submit feedback on draft CA tools	5d	04/13/21	04/19/21	DHHS
Update draft CA tools to include DHHS feedback	3d	04/20/21	04/22/21	Qsource
Distribute compliance tools to MCEs and request pre-onsite/virtual documentation	1d	04/23/21	04/23/21	Qsource
Conduct preparatory calls for CA with MCEs	3d	04/26/21	04/28/21	Qsource
Submit required CA documentation	30d	04/23/21	06/03/21	MCEs
Schedule compliance site/virtual visits for each MCE	3d	04/29/21	05/03/21	Qsource
Submit CA report templates to DHHS	1d	04/30/21	04/30/21	Qsource
Receive DHHS feedback on CA report templates	5d	05/03/21	05/07/21	DHHS
Update and finalize CA report templates	3d	05/10/21	05/12/21	Qsource
Conduct pre-onsite CA documentation review	20d	06/04/21	07/01/21	Qsource
Conduct onsite CA reviews for MCEs	20d	07/06/21	08/02/21	Qsource

Submit draft CA reports to MCEs and DHHS (3 days post review per plan)	19d	07/12/21	08/05/21	Qsource
Submit MCE and DHHS feedback on draft CA reports (10 days post review per plan)	20d	07/23/21	08/19/21	DHHS/MCEs
Update draft CA reports to include MCE and DHHS feedback	20d	07/28/21	08/24/21	Qsource
DELIVERABLE: Submit final CA reports to DHHS and MCE	1d	08/25/21	08/25/21	Qsource
Submit MCE areas of deficiency to DHHS	1d	09/03/21	09/03/21	Qsource
Identify corrective action plans (CAPs) needed by MCEs	11d	09/06/21	09/20/21	DHHS
Submit required CAPs and CAP templates to MCEs	5d	09/21/21	09/27/21	Qsource
Complete and submit CAPs	11d	09/28/21	10/12/21	MCEs
Submit results of CAP reviews to DHHS	6d	10/13/21	10/20/21	Qsource
DHHS feedback/approval of CAPs	11d	10/21/21	11/04/21	DHHS
Update CAP approval status and communicate to MCEs	6d	11/05/21	11/12/21	Qsource
Protocol 4 – Annual Network Adequacy (ANA) Analysis - 42 C.F.R. § 438.68, 42 C.F.R. § 438.358(c)(iv)	64d	06/01/21	08/27/21	
Provide data templates and request first provider data submission from MCEs	1d	06/01/21	06/01/21	Qsource
First Plan-level enrollment data from DHHS	20d	06/02/21	06/29/21	DHHS
First provider data submission from MCEs	20d	06/02/21	06/29/21	MCEs
Conduct ANA and follow up as needed	20d	06/30/21	07/27/21	Qsource
Submit ANA report templates to DHHS	1d	07/28/21	07/28/21	Qsource
DHHS feedback on ANA report templates	5d	07/29/21	08/04/21	DHHS
Update ANA report templates to include DHHS feedback	2d	08/05/21	08/06/21	Qsource
Submit draft ANA reports to DHHS and MCEs	1d	08/09/21	08/09/21	Qsource
Receive Plan and DHHS feedback on draft ANA reports	10d	08/10/21	08/23/21	DHHS/MCEs
Update draft ANA reports to include MCE and DHHS feedback	3d	08/24/21	08/26/21	Qsource
DELIVERABLE: Submit final ANA reports to DHHS and MCEs	1d	08/27/21	08/27/21	Qsource
Annual EQRO Technical Report (42 Code of Federal Regulations Section 438.364) Annual Activity	53d	07/15/21	09/27/21	
Submit Annual EQRO Technical Report template to DHHS	1d	07/15/21	07/15/21	Qsource
DHHS feedback on Annual EQRO Technical Report template	5d	07/16/21	07/22/21	DHHS
Make approved changes	3d	07/23/21	07/27/21	Qsource
Create and finalize narrative text	12d	07/28/21	08/12/21	Qsource
Aggregate annual activity results (as activities are completed)	12d	07/28/21	08/12/21	Qsource
Submit draft Annual EQRO Technical Report to DHHS (upon final submission of activity reports)	1d	08/27/21	08/27/21	Qsource
DHHS feedback on draft Annual EQRO Technical Report	10d	08/30/21	09/10/21	DHHS
Update draft Annual EQRO Technical Report to include DHHS feedback	10d	09/13/21	09/24/21	Qsource
DELIVERABLE: Submit final Annual EQRO Technical Report to DHHS (due by 10/15)	1d	09/27/21	09/27/21	Qsource
Technical Assistance	783d	04/01/21	04/01/24	
Ongoing, at the discretion of DHHS				
Optional Activities, at the discretion of DHHS	783d	04/01/21	04/01/24	
Protocol 5 – Validation of Encounter Data - 42 C.F.R. § 438.358(c)(1)	783d	04/01/21	04/01/24	

Protocol 6- Administration or Validation of Quality of Care Surveys 42 C.F.R. § 438.358(c)(2)	783d	04/01/21	04/01/24	
Protocol 7 – Calculation of Additional Performance Measures 42 C.F.R. § 438.358(c)(3)	783d	04/01/21	04/01/24	
Protocol 8 – Implementation of Additional Performance Improvement Projects (PIPs) 42 C.F.R. § 438.358(c)(4)	783d	04/01/21	04/01/24	
Protocol 9 – Conducting Focus Studies of Health Care Quality 42 C.F.R. § 438.358(c)(5)	783d	04/01/21	04/01/24	
Protocol 10 – Assist with Quality Rating 42 C.F.R. § 438.358(c)(6)	783d	04/01/21	04/01/24	
Other Required Deliverables	761d	05/03/21	04/01/24	
Monthly Reports	761d	05/03/21	04/01/24	Qsource
Contract End Date	1d	04/01/24	04/01/24	

A.5.h. Project Planning and Management

Qsource's Technical Approach Narrative	
A.5.h. Project Planning and Management	
Section	Description
A.5.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.
<p>Bidder Response: Aligning action with vision is critical to the Qsource Team's success. We employ purpose-driven communication practices throughout both our organization and every contract's lifespan. Within each contract, we establish ambitious aims and customize communication methods toward achieving outcomes.</p> <p>Management and contractor communication is another foundational component of Qsource operations. The Qsource Team has taken the necessary steps to address an appropriate framework for management oversight, contractor monitoring, and the means to redirect or modify our approach when necessary to achieve goals set by DHHS to benefit the Nebraska Medicaid population. As staff are integral for any contract's success, our communications plan includes notification to DHHS in writing of any key staff hiring, resignations, and dismissals within one (1) business day after initial knowledge of the change. Our proposed lines of communication and authority are clear and direct, and they focus on stakeholders and their contributions to this contract.</p> <p>The EQRO Program Manager and EQRO Director will effectively communicate updates on a formal and informal basis to Qsource senior leadership and activity teams within Qsource and Great Plains QIN. The leadership support of these two roles will continue throughout the contract with more intensive involvement during kickoff, development, design, implementation, and monitoring phases. Each activity team's lead, in concert with the EQRO Program Manager, will be responsible for predicting potential impediments, assisting in navigating those obstacles, measuring progress, adjusting timelines, planning tasks as necessary, and managing the process to collect the information critical to making decisions.</p> <p>As outlined in RFP sections V.D.4 and V.D.5, the Qsource Team will provide accurate, complete written reports and recommendations to DHHS. The following reports, assessments, and recommendations will be provided as specified in 42 CFR § 438.364:</p> <ul style="list-style-type: none"> ◆ For each MCO and DBM, we will provide annually by October 15 a detailed technical report that summarizes findings on access and quality of care, including a description of the manner in which the data from all activities conducted in accordance with 42 CFR § 438.358 were aggregated and analyzed, and conclusions were drawn as to the quality, timeliness, and access to the care furnished by the MCO and DBM entity. The report will include objectives, technical methods of data collection and analysis, description of data obtained including validated performance measurement data for each activity conducted in accordance with 42 CFR § 438.358(b)(1)(i) and (ii), and the conclusions drawn from the data. 	

Qsource's Technical Approach Narrative

A.5.h. Project Planning and Management

- ◆ The Qsource Team will also provide DHHS with an annual assessment of each MCO's or DBM's strengths and weaknesses for the quality, timeliness, and access to health care services furnished to Medicaid beneficiaries.
- ◆ We will provide DHHS with recommendations for improving the quality of healthcare services furnished by each MCO or DBM including how the State can target goals and objectives in the State Quality Strategy, under 42 CFR § 438.340, to better support improvement in the quality, timeliness, and access to healthcare services furnished to Medicaid beneficiaries at least quarterly, or with more frequency, as necessary.
- ◆ The Qsource Team will provide DHHS with methodologically appropriate, comparative information about all MCOs and DBMs, upon request by the State.
- ◆ Our team will provide DHHS with an annual assessment of the degree to which each MCO or DBM has effectively addressed the recommendations for quality improvement made by the EQRO during the previous year's EQR.
- ◆ We will provide ad-hoc studies and reports as required by DHHS. The billable hours for each ad-hoc study and report will be mutually agreed upon between DHHS and the Qsource Team and billed at the hourly contracted consultant rate.

All copies of the information listed above will be provided upon request, through print or electronic media, to interested parties such as participating healthcare providers, enrollees, and potential enrollees of the MCO or DBM, beneficiary advocacy groups, and members of the general public. The Qsource Team will make this information available in alternative formats for persons with disabilities, when requested. No information released will disclose the identity of any patient or any other information protected by law. We will not share or deliver to any other individual or entity, without prior written approval of DHHS, reports and any data utilized for reporting purposes. We will adhere to the schedule, number of copies, and media for reports specified by DHHS. The Qsource Team will develop, update, and maintain a report distribution list during the contract period to incorporate changes required by DHHS.

The Qsource Team has the capacity to receive communications via multiple channels. Vendor information can be received by secure file transfer using several processes. Qsource will customize a unique process for State and Heritage Health personnel, which will be developed on our secure SharePoint platform (Xchange) and will require two-factor authentication for all users. Upon access, users may use the communication tools therein to securely transfer files, send secure messages, request specific reviews, and check on the status of requests.

As part of our communications strategy and to align with RFP section V.D.6, monthly meetings will be established with DHHS staff. Agendas will be submitted no later than five (5) days prior to each meeting as well as minutes distributed no later than five (5) business days following the call. The work plan will be reviewed during the monthly DHHS calls or as directed by DHHS to assess progress on project goals and contract

Qsource's Technical Approach Narrative

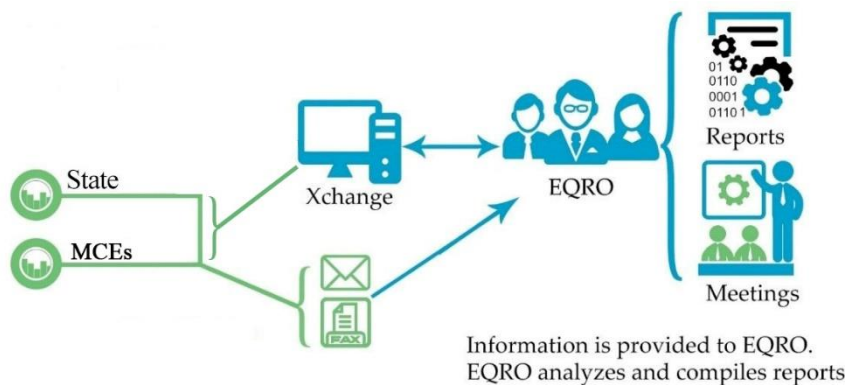
A.5.h. Project Planning and Management

deliverables. In addition, the Qsource Team will participate with DHHS in the quarterly operational meetings with the MCOs and DBM.

One important aspect of the Qsource Team's communications plan, technical assistance to both DHHS and the MCOs and DBM, will benefit from Qsource's 20-year experience in PIP development. To help guide the MCEs transparently and efficiently during contract kickoff, the Qsource Team will conduct introductory meetings with each MCO and the DBM reviewing all EQR activities, timelines, communications protocols, and procedures. We will provide technical guidance to groups of MCOs or the DBM to assist them in conducting activities related to the mandatory and additional activities that provide information for the EQR. For those more comprehensive activities, like compliance assessment, we will host activity-specific process overviews presenting background, requirements, agendas, tools, information collection methods, and expectations. The Qsource Team will also provide technical guidance in the development of PIPs. During business hours, our team will be available via telephone, email, or Microsoft Teams to provide technical assistance and answer questions. Any problems with the administration of the MCO or the DBM contracts will be reported in writing and any recommendations for corrective actions will be communicated with

DHHS for approval, prior to sharing with the MCOs and DBM for action.

Figure 15. Qsource EQRO Communications



In concurrence with the Qsource Team's EQRO protocols, we will submit draft reports according to our ISO deliverable process to DHHS with a minimum of two (2) months' lead time for review and correct and of

the noted deficiencies identified by DHHS within two (2) weeks. Additionally, ad-hoc deliverables for any protocols will be responded to within one (1) business day, or as agreed upon with DHHS, throughout the term of the contract.

In addition to this communications workflow, the Qsource Team will maintain substitute communication resources as part of the Business Continuity and Disaster Recovery Plan. Alternatives will include clear points of contact listing with telephone, mobile, email, and fax access. Simple communication flow is depicted in **Figure 15**.

A.5.i. DHHS Responsibilities

Qsource acknowledges that DHHS will maintain primary and overall responsibility for the administration of EQR for the Medicaid Managed Care contract and will provide Qsource with sufficient and accurate information to report on annual EQR activities; designate a DHHS Contract Manager to answer questions; attend scheduled meetings (and chair if so desired); share information relative to changes in law, rules, or regulations that may have an impact on performance of the contract; and review and approve all reports and publications. We are well versed in this structure and will be ready to make needed adaptations for DHHS's convenience at contract start.

A.5.j. Addenda

Qsource recognizes that the DHHS HIPAA Business Associate Agreement Provisions and DHHS Data Use Agreement are addenda applicable to this RFP and are incorporated as additional terms and conditions of EQR services to be provided. As described in more detail in other technical proposal areas, our IS staff already demonstrate dedication to ensuring provisions as those set forth in these two addenda are met and are regarded with the seriousness due for the potential damage of a data breach. Qsource staff are and will continue to be trained annually in the provisions set forth in both addenda.

APPENDIX | Required Documents

Separate documents in response to proposal submission requirements follow this page:

1. **Form A: Qsource Proposal Point of Contact**
2. **Request for Proposal for Contractual Services Signed Form**
3. **Qsource Banking Reference**
4. **Qsource Audited Financial Statements**
5. **Great Plains QIN Commitment Letter**

Form A: Contractor Proposal Point of Contact

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:	Qsource
Contractor Address:	8245 Tournament Drive, Suite 201 Memphis, TN 38125
Contact Person & Title:	John Couzins, EQRO Director
E-mail Address:	jcouzins@qsource.org
Telephone Number (Office):	615.574.7217
Telephone Number (Cellular):	615.491.7673
Fax Number:	615.244.2018

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:	Qsource
Contractor Address:	8245 Tournament Drive, Suite 201 Memphis, TN 38125
Contact Person & Title:	Nancy Archer, Chief Operating Officer
E-mail Address:	narcher@qsource.org
Telephone Number (Office):	901.682.0381
Telephone Number (Cellular):	501.206.4131
Fax Number:	901-273-2695

Request for Proposal for Contractual Services Signed Form

REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

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

CONTRACTOR MUST COMPLETE THE FOLLOWING

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

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

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

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

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

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

FIRM:	Qsource
COMPLETE ADDRESS:	8245 Tournament Drive, Suite 201 Memphis, TN 38125
TELEPHONE NUMBER:	901.682.0381
FAX NUMBER:	901-273-2695
DATE:	October 26, 2020
SIGNATURE:	<i>Dawn M. FitzGerald</i>
TYPED NAME & TITLE OF SIGNER:	Dawn M. FitzGerald, Chief Executive Officer

Contractor Banking Reference



October 7, 2020.

QSource

3340 Players Club Pkwy Ste 300
Memphis, TN 38125

To Whom It May Concern:

The following account is open and in good standing:

Client Name: QSource

Account No: 444007490282

If you have additional questions, please do not hesitate to contact me.

Thanks,

Don Terrell

Don Terrell
Senior Vice President
Sr. Relationship Manager - Commercial Banking
Bank of America
6060 Poplar Ave, Suite 101
Memphis, TN 38119
T 901.922.6154 M 901.496.5967
don.terrell@bofa.com

Qsource Audited Financial Statement

Qsource and Affiliate

Consolidated Financial Statements and Supplementary Information

Years Ended July 31, 2019 and 2018



Qsource and Affiliate

Table of Contents

Board of Directors and Management Officials

Independent Auditors' Report	1
---	---

Financial Statements:

Consolidated Statements of Financial Position.....	3
Consolidated Statements of Activities.....	4
Consolidated Statement of Functional Expenses for the Year Ended July 31, 2019	5
Consolidated Statement of Functional Expenses for the Year Ended July 31, 2018	6
Consolidated Statements of Cash Flows	7
Notes to Consolidated Financial Statements	8

Supplementary Information:

Consolidating Statement of Financial Position as of July 31, 2019	15
Consolidating Statement of Activities for the Year Ended July 31, 2019	16

Compliance Information:

Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with <i>Government Auditing Standards</i>	17
Independent Auditors' Report on Compliance for the Major Program and on Internal Control Over Compliance Required by Uniform Guidance	19
Consolidated Schedule of Expenditures of Federal Awards	21
Notes to Consolidated Schedule of Expenditures of Federal Awards	22
Schedule of Findings and Questioned Costs	23
Summary Schedule of Prior Audit Findings.....	24

Qsource and Affiliate

**Qsource Board of Directors and
Management Officials*****Officers***

Dawn FitzGerald, CEO
Craig Hofer, CFO

Thomas T. Fisher, Chair
Scott Solcher, Chair-elect
Bill Kail, Immediate Past Chair
Mark E. Frisse, Treasurer
Calvin E. Roberson Jr., Secretary

Directors

George Aronoff
Susan R. Cooper
Teresa L. Coutts
John (Chuck) Czarnik
Wanda G. McKnight
Susan Swinford
Brian C. Tabor
Burton W. Waller, Jr.



Independent Auditors' Report

Board of Directors
Qsource and Affiliate
Memphis, Tennessee

Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Qsource and Affiliate (the "Organization"), which comprise the consolidated statements of financial position as of July 31, 2019 and 2018, and the related consolidated statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated 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 consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated 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 consolidated 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 consolidated 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of Qsource and Affiliate as of July 31, 2019 and 2018, and their changes in net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

***Change in Accounting Principle***

As discussed in Note 2 to the consolidated financial statements, the Organization adopted FASB ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities* in fiscal 2019. Our opinion is not modified with respect to that matter.

Other Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards is presented for purposes of additional analysis as required by Title 2 U.S. Code of Federal Regulations (CFR) Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, and is not a required part of the consolidated financial statements. The consolidating statements of financial position and activities on pages 15 and 16 are also presented for additional analysis rather than to present the financial position and changes in net assets of the individual organizations, and are not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements taken as a whole.

Other Reporting Required by Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated October 31, 2019, on our consideration of the Organization's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control over financial reporting and compliance.

Dixon Hughes Goodman LLP

Memphis, Tennessee
October 31, 2019

Qsource and Affiliate
Consolidated Statements of Financial Position
July 31, 2019 and 2018

	2019	2018 (As Adjusted)
ASSETS		
Cash and cash equivalents	\$ 6,492,781	\$ 7,510,130
Receivables from grants and contracts	2,978,978	1,879,279
Prepaid expenses	298,924	322,741
Deposits	14,208	26,250
Investments	19,263,807	16,619,664
Property and equipment - at cost, less accumulated depreciation of \$1,042,461 and \$937,565, respectively	345,159	364,499
Total assets	<u>\$ 29,393,857</u>	<u>\$ 26,722,563</u>
LIABILITIES AND NET ASSETS		
Liabilities:		
Accounts payable	\$ 635,906	\$ 477,830
Accrued salaries and expenses	1,165,893	1,004,909
Other liabilities	107,985	105,017
Total liabilities	1,909,784	1,587,756
Net assets without donor restrictions	27,484,073	25,134,807
Total liabilities and net assets	<u>\$ 29,393,857</u>	<u>\$ 26,722,563</u>

See accompanying notes.

3

Qsource and Affiliate
Consolidated Statements of Activities
Years Ended July 31, 2019 and 2018

	2019	2018 (As Adjusted)
Revenue:		
U.S. Department of Health and Human Services-Medicare CMS:		
11th Scope Grant Revenue	\$ 14,594,962	\$ 15,024,021
State of Tennessee contracts and grants	3,522,375	2,832,462
State of Arkansas contracts and grants	741,668	742,813
Other contracts	4,188,851	4,275,605
Investment income	1,451,949	1,283,549
Total revenue	24,499,805	24,158,450
Expenses:		
Wages	9,631,490	9,370,626
Fringe benefits	4,057,918	4,031,195
Consultants	135,717	120,589
Travel	358,176	383,758
Subcontractors	5,746,128	5,596,015
Facilities	686,595	793,234
Support	1,534,515	914,952
Total expenses	22,150,539	21,210,369
Change in net assets	2,349,266	2,948,081
Net assets, beginning of year	25,134,807	22,186,726
Net assets, end of year	\$ 27,484,073	\$ 25,134,807

See accompanying notes.

4

Qsource and Affiliate
Consolidated Statement of Functional Expenses
Year Ended July 31, 2019

	Program Services	Management and General	Total
Wages	\$ 7,526,541	\$ 2,104,949	\$ 9,631,490
Fringe benefits	3,170,542	887,376	4,057,918
Consultants	41,678	94,039	135,717
Travel	288,469	69,707	358,176
Subcontractors	5,677,734	68,394	5,746,128
Facilities	-	686,595	686,595
Support	414,104	1,120,411	1,534,515
Total	<u>\$ 17,119,068</u>	<u>\$ 5,031,471</u>	<u>\$ 22,150,539</u>

See accompanying notes.

5

Qsource and Affiliate
Consolidated Statement of Functional Expenses
Year Ended July 31, 2018

	Program Services	Management and General	Total
Wages	\$ 7,412,936	\$ 1,957,690	\$ 9,370,626
Fringe benefits	3,189,007	842,188	4,031,195
Consultants	32,983	87,606	120,589
Travel	294,973	88,785	383,758
Subcontractors	5,553,502	42,513	5,596,015
Facilities	-	793,234	793,234
Support	175,721	739,231	914,952
Total	<u>\$ 16,659,122</u>	<u>\$ 4,551,247</u>	<u>\$ 21,210,369</u>

See accompanying notes.

6

Qsource and Affiliate
Consolidated Statements of Cash Flows
Years Ended July 31, 2019 and 2018

	<u>2019</u>	<u>2018</u>
Cash flows from operating activities:		
Change in net assets	\$ 2,349,266	\$ 2,948,081
Adjustments to reconcile change in net assets to net cash provided by operating activities:		
Depreciation	133,288	190,798
Investment realized gain	(332,767)	(316,515)
Investment unrealized gain	(611,504)	(550,203)
Changes in assets and liabilities:		
Receivables from grants and contracts	(1,099,699)	1,014,611
Prepaid expenses	23,817	(233,823)
Deposits	12,042	(14,458)
Accounts payable	158,076	(166,116)
Accrued salaries and expenses	160,984	68,689
Deferred revenue	-	(17,559)
Other liabilities	2,968	(274,825)
Net cash provided by operating activities	<u>796,471</u>	<u>2,648,680</u>
Cash flows from investing activities:		
Investment securities purchases	(7,934,412)	(6,536,413)
Investment securities sales	6,234,540	4,897,233
Purchase of property and equipment	(113,948)	(66,412)
Net cash used in investing activities	<u>(1,813,820)</u>	<u>(1,705,592)</u>
Net increase (decrease) in cash and cash equivalents	(1,017,349)	943,088
Cash and cash equivalents, beginning of year	<u>7,510,130</u>	<u>6,567,042</u>
Cash and cash equivalents, end of year	<u>\$ 6,492,781</u>	<u>\$ 7,510,130</u>

See accompanying notes.

7

Qsource and Affiliate Notes to Consolidated Financial Statements

1. Organization

Qsource (the "Organization"), a healthcare consulting organization, is a not-for-profit corporation and derives the majority of its revenue from contracts to provide services to improve health care in a thirteen-state region.

2. Summary of Significant Accounting Policies

Basis of presentation

The accompanying consolidated financial statements reflect the results of all programs operated and controlled by the Organization. The consolidated financial statements are prepared in accordance with the American Institute of Certified Public Accountants *Audit and Accounting Guide, Not-for-Profit Entities*. The guide is in accordance with accounting principles generally accepted in the United States of America ("GAAP") which require the Organization to report information regarding its financial position and activities according to the following net asset classifications:

Net assets without donor restrictions: Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Organization. These net assets may be used at the discretion of the Organization's management and the board of directors.

Net assets with donor restrictions: Net assets subject to stipulations imposed by donor and grantors. Some donor restrictions are temporary in nature; those restrictions will be met by actions of the Organization or by the passage of time. Other donor restrictions are perpetual in nature, where by the donor has stipulated the funds be maintained in perpetuity.

Donor restricted contributions are reported as increases in net assets with donor restrictions. When a restriction expires, net assets are reclassified from net assets with donor restrictions to net assets without donor restrictions in the statements of activities. There are no donor restricted funds at July 31, 2019 or 2018.

Basis of consolidation

The consolidated financial statements include the accounts of Qsource and its affiliate, Qsource of Arkansas. Qsource is the sole corporate member of Qsource of Arkansas. Inter-organization accounts and transactions have been eliminated in consolidation.

New accounting standards

On June 21, 2018, the FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, which applies to all entities that receive or make contributions, including business entities. The criteria for evaluating whether contributions are unconditional (and thus recognized immediately in income) or conditional (for which income recognition is deferred) have been clarified. The focus is whether a gift or grant agreement both (1) specifies a "barrier or hurdle" that the recipient must overcome to be entitled to the resources, and (2) releases the donor from its obligation to transfer resources (or if assets are advanced, a right to demand their return) if the barrier or hurdle is not achieved. An agreement that contains both is a conditional contribution. An agreement that omits one or both is unconditional. No new disclosures are required.

For grants/contributions made, donors will use the same criteria as recipients (i.e., a barrier or hurdle coupled with a right of return/right of release) to determine whether gifts or grants are conditional or unconditional. Expense recognition is deferred for conditional arrangements and is immediate for unconditional arrangements.

Qsource and Affiliate Notes to Consolidated Financial Statements

For federal and other government grants, the ASU clarifies the definition of an exchange transaction. As a result, not-for-profit entities will account for most federal grants as donor-restricted conditional contributions, rather than as exchange transactions (the prevalent practice today). An accommodation ("simultaneous release" option) is provided which, if elected, would allow grants received and used within the same period to be reported in net assets without donor restrictions, consistent with where the grant revenue is reported today.

The Organization is required to apply the amendments of the ASU on contributions and grants received during the fiscal year ending July 31, 2020.

The FASB issued ASU 2016-02- *Leases (Topic 842)*, which requires lessees to recognize assets and liabilities on the balance sheet for almost every lease and to disclose qualitative and quantitative information about lease transactions, such as information about variable lease payments and options to renew and terminate leases. The effective date of the amendment for the Organization is for annual reporting periods beginning after December 15, 2019.

During fiscal year 2019, the Organization adopted ASU No. 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. The Update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity of available resources, and the lack of consistency in the type of information provided about expenses and investment return. The fiscal year 2018 financial statements have been adjusted to reflect retrospective application of the new accounting guidance. The retrospective application resulted in unrestricted net assets – board designated of \$332,000 and unrestricted net assets of \$24,802,807 being reported as net assets without donor restrictions as of July 31, 2018.

Estimates

The process of preparing consolidated financial statements in conformity with GAAP requires the use of estimates and assumptions regarding certain types of assets, liabilities, revenues, and expenses. Such estimates primarily relate to unsettled transactions and events as of the date of the consolidated financial statements. Accordingly, upon settlement, actual results may differ from estimated amounts.

Contract revenue

Qsource's most significant contract is with the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services ("CMS"). The contract requires the Organization to promote and improve quality health care services for Medicare beneficiaries within the states of Alabama, Indiana, Kentucky, Mississippi, Florida, and Tennessee.

Qsource also receives funding from CMS to improve the quality of health care services and the quality of life for ESRD patients.

Qsource of Arkansas derives its revenue from contracting to provide services to improve health care in the state of Arkansas.

Additionally, the Organization conducts External Quality Review of TennCare and CoverKids Managed Care Contractors for the State of Tennessee, Division of Health Care Finance & Administration.

Cash and cash equivalents

Cash equivalents consist of highly liquid investments, with original maturity dates less than three months. Investments represent financial instruments with longer maturity dates and instruments that the Organization intends to hold in excess of three months.

Qsource and Affiliate Notes to Consolidated Financial Statements

Accounts receivable

Accounts receivable consist primarily of amounts due on federal and state contracts and grants. The Organization uses the direct write off method for bad debts which approximates generally accepted accounting principles. No receivables were deemed uncollectible as of July 31, 2019 and 2018.

Investments

Investments consist of marketable debt and equity securities, all of which are stated at fair value. Accordingly, net realized and unrealized gains and losses are included in change in net assets.

Property and equipment

Property and equipment are stated at cost less accumulated depreciation. The cost of property and equipment in excess of \$5,000 is capitalized. The Organization capitalizes certain information technology assets with a cost less than \$5,000, but with a minimum of 3 service life years including laptop computers, tablets, and printers. Depreciation of property and equipment is provided over the estimated useful life of the respective asset on a straight line basis. The range of useful lives is as follows: furniture and fixtures – 3 to 7 years; equipment – 3 to 5 years; leasehold improvements – 5 to 7 years; and software – 3 years. Certain equipment was acquired with government funds received under contracts. This equipment is not reflected in the statement of financial position. The government has a reversionary interest in this equipment. The Organization is required to maintain and care for the equipment. The equipment is subject to the terms and conditions of the contracts which includes obtaining approval for disposition of equipment or returning equipment to the government once the contract has been terminated. All Arkansas equipment is being used by Qsource of Arkansas. Federal equipment is used by Qsource. The amount of equipment purchased with cost-reimbursement contract funds used in operations at July 31, 2019 and 2018, were as follows:

	<u>2019</u>	<u>2018</u>
Arkansas	\$ 5,314	\$ 5,314
Federal	<u>796,015</u>	<u>786,967</u>
	<u>\$ 801,329</u>	<u>\$ 792,281</u>

Income taxes

The Organization is exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code ("IRC") and is also exempt from state income taxes. Qsource of Arkansas is exempt from federal taxes under Section 501(c)(6) of the IRC and is also exempt from state income taxes. Accordingly, no provision for income taxes is included in the accompanying consolidated financial statements. The Organization has determined that it does not have any uncertain tax positions as of July 31, 2019 and 2018, and there are no interest and penalties related to income tax assessments.

Functional expense allocation

The costs of various programs and supporting services have been reported on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among program services and supporting services based on time and expenses charged to programs.

Subsequent events

Subsequent events have been evaluated through October 31, 2019 which is the date the consolidated financial statements were available to be issued.

Qsource and Affiliate Notes to Consolidated Financial Statements

3. Availability and Liquidity

The following represents the Organization's financial assets available within one year of the statement of financial position dates for general expenditure:

	<u>2019</u>	<u>2018</u>
Cash and cash equivalents	\$ 6,492,781	\$ 7,510,130
Trade accounts receivable	2,978,978	1,879,279
Investments	<u>19,263,807</u>	<u>16,619,664</u>
Total financial assets	<u>28,735,566</u>	<u>26,009,073</u>
Less board designated net assets	<u>363,000</u>	<u>332,000</u>
Financial assets available to meet general expenditures over the next twelve months	<u>\$ 28,372,566</u>	<u>\$ 25,677,073</u>

4. Property and Equipment

Property and equipment consisted of the following as of July 31, 2019 and 2018:

	<u>2019</u>	<u>2018</u>
Furniture and fixtures	\$ 295,371	\$ 267,459
Equipment	664,880	633,121
Leasehold improvements	218,390	204,905
Software	<u>208,979</u>	<u>196,579</u>
	1,387,620	1,302,064
Less accumulated depreciation	<u>1,042,461</u>	<u>937,565</u>
	<u>\$ 345,159</u>	<u>\$ 364,499</u>

Depreciation expense was \$133,288 and \$190,798 (included in facilities) for the years ended July 31, 2019 and 2018, respectively.

5. Fair Value Measurements

Fair value as defined under GAAP is an exit price, representing 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. GAAP establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1:** Observable inputs such as quoted prices in active markets.
- Level 2:** Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3:** Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

**Qsource and Affiliate
Notes to Consolidated Financial Statements**

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Organization's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

Prices for U.S. Government and agency bonds and equity securities are readily available in the active markets in which those securities are traded, and the resulting fair values are categorized as Level 1. Prices for corporate bonds are determined based on a recurring basis based on inputs that are readily available in publicly quoted markets and are categorized as Level 2.

There were no changes during the year ended July 31, 2019, to the Organization's valuation techniques used to measure asset fair values on a recurring basis.

The following tables set forth by level within the fair value hierarchy the Organization's assets accounted for at fair value on a recurring basis as of July 31, 2019 and 2018:

Assets at Fair Value as of July 31, 2019				
	Level 1	Level 2	Level 3	Total
Bonds	\$ 4,743,984	\$ 3,432,541	\$ -	\$ 8,176,525
Equities	8,216,292	-	-	8,216,292
Mutual funds:				
Equity	1,982,356	-	-	1,982,356
Fixed income	888,634	-	-	888,634
Total	<u>\$ 15,831,266</u>	<u>\$ 3,432,541</u>	<u>\$ -</u>	<u>\$ 19,263,807</u>

Assets at Fair Value as of July 31, 2018				
	Level 1	Level 2	Level 3	Total
Bonds	\$ 3,676,432	\$ 2,898,669	\$ -	\$ 6,575,101
Equities	7,546,879	-	-	7,546,879
Mutual funds:				
Equity	1,763,244	-	-	1,763,244
Fixed income	734,440	-	-	734,440
Total	<u>\$ 13,720,995</u>	<u>\$ 2,898,669</u>	<u>\$ -</u>	<u>\$ 16,619,664</u>

The Organization had interest and dividends of \$507,678 and \$416,831, realized gains of \$332,767 and \$316,515, and unrealized gains (losses) of \$611,504 and \$550,203, during the years ended July 31, 2019 and 2018, respectively.

Investment expense was \$91,129 and \$79,657 for the years ended July 31, 2019 and 2018, respectively.

Qsource and Affiliate Notes to Consolidated Financial Statements

6. Retirement Plan

The Organization sponsors a tax deferred annuity plan for all eligible employees. Contributions are determined as a percent of each covered employee's salary. Additionally, participants may also contribute a percentage of their compensation. A percentage of the employee's contribution is matched by the Organization. Retirement plan expenses of \$584,518 and \$536,747 were included in fringe benefits for the years ended July 31, 2019 and 2018, respectively.

7. Significant Estimates

The Organization estimates indirect and fringe rates used for cost allocations based on calculations approved by the oversight agency and in accordance with the U.S. Office of Management and Budget Circular A-122. Rates used in accruing receivables for Quality Improvement Organization ("QIO") contract at year end are subject to final acceptance of completion of the QIO contract by the applicable governmental organization and are subject to an audit of the Organization's performance and cost.

The following amounts included in accounts receivable summarizes the status of open receivables on QIO contracts subject to final approval:

<u>Contracts</u>	<u>Unbilled Costs</u>	<u>Retainage</u>	<u>Outstanding Billed Amounts</u>	<u>Total</u>
9th Scope	\$ (93,925)	\$ 66,166	\$ -	\$ (27,759)
10th Scope	162,234	86,870	-	249,104
11th Scope	(963,159)	271,997	2,347,319	1,656,157
	<u>\$ (894,850)</u>	<u>\$ 425,033</u>	<u>\$ 2,347,319</u>	<u>\$ 1,877,502</u>

8. Concentrations, Commitments and Contingencies

Leases

The Organization leases certain property and equipment under noncancelable operating lease arrangements. Lease expense for the rental of office space and equipment approximated \$510,000 and \$555,000, respectively, for the years ended July 31, 2019 and 2018. Future minimum lease payments as of July 31, 2019 are as follows:

<u>Year Ending July 31,</u>	<u>Facility</u>	<u>Equipment</u>
2020	\$ 251,884	\$ 15,484
2021	168,650	9,899
2022	81,250	900
2023	83,281	900
2024	7,099	675
	<u>\$ 592,164</u>	<u>\$ 27,859</u>

In accordance with GAAP, leases with escalating rent payments are expensed on the straight-line basis.

**Qsource and Affiliate
Notes to Consolidated Financial Statements**

Other

Substantially all accounts receivable at July 31, 2019 and 2018, are from a Department of the United States government, the State of Tennessee and the State of Arkansas. The Organization does not anticipate nonperformance by the governments.

The Organization subcontracts with outside vendors for the performance of certain services pursuant to its contracts. Payments to subcontractors totaled \$5,667,734 and \$5,553,502 for the years ended July 31, 2019 and 2018, respectively. The Organization's remaining commitments under the subcontracts are \$2,876,151.

9. Board Designated Fund

In March, 2018, the Board approved the establishment of Qsource Community Partnership ("QCP") to provide funds directly to charitable organizations for non-contract projects. A review committee comprised of board members and staff review grant applications annually or semi-annually, and may approve funding up to \$20,000 per awardee. The Board has elected to fund the QCP based on a minimum of 2% of the Organization's investment account. Funding as of July 31, 2019 and 2018 was \$363,000 and \$332,000, respectively. The Board expended \$246,000 of these funds during the year ended July 31, 2019, while there were no releases from Board designations during the year ended July 31, 2018.

Qsource and Affiliate
Consolidating Statement of Financial Position
July 31, 2019

	Qsource	Qsource of Arkansas	Eliminations	Consolidated Balance
ASSETS				
Cash and cash equivalents	6,223,271	\$ 269,510	\$ -	\$ 6,492,781
Receivables from grants and contracts	2,934,076	44,902	-	2,978,978
Related party receivables	-	8,829	(8,829)	-
Prepaid expenses	294,712	4,212	-	298,924
Deposits	13,241	967	-	14,208
Investments	17,999,856	1,263,951	-	19,263,807
Property and equipment at cost, less accumulated depreciation of \$1,042,461	338,196	6,963	-	345,159
Total assets	<u>\$ 27,803,352</u>	<u>\$ 1,599,334</u>	<u>\$ (8,829)</u>	<u>\$ 29,393,857</u>
LIABILITIES AND NET ASSETS				
Liabilities:				
Accounts payable	\$ 635,906	-	\$ -	\$ 635,906
Related party payables	8,829	-	(8,829)	-
Accrued salaries and expenses	1,088,320	77,573	-	1,165,893
Other liabilities	106,295	1,690	-	107,985
Total liabilities	1,839,350	79,263	(8,829)	1,909,784
Net assets without donor restrictions	<u>25,964,002</u>	<u>1,520,071</u>	<u>-</u>	<u>27,484,073</u>
Total liabilities and net assets	<u>\$ 27,803,352</u>	<u>\$ 1,599,334</u>	<u>\$ (8,829)</u>	<u>\$ 29,393,857</u>

Qsource and Affiliate
Consolidating Statement of Activities
Year Ended July 31, 2019

	<u>Qsource</u>	<u>Qsource of Arkansas</u>	<u>Eliminations</u>	<u>Consolidated Balance</u>
Revenue:				
U.S. Dept. of Health and Human Services -				
Medicare - CMS:				
11th Scope Grant Revenue	\$ 14,594,962	\$ -	\$ -	\$ 14,594,962
State of Tennessee	3,522,375	-	-	3,522,375
State of Arkansas	-	741,668	-	741,668
Other contracts	4,188,851	-	-	4,188,851
Investment income	1,359,635	92,314	-	1,451,949
Total revenue	23,665,823	833,982	-	24,499,805
Expenses:				
Wages	9,219,623	411,867	-	9,631,490
Fringe benefits	3,883,749	174,169	-	4,057,918
Consultants	135,717	-	-	135,717
Travel	344,709	13,467	-	358,176
Subcontractors	5,653,628	92,500	-	5,746,128
Facilities	663,952	22,643	-	686,595
Support	1,462,570	71,945	-	1,534,515
Total expenses	21,363,948	786,591	-	22,150,539
Change in net assets	2,301,875	47,391	-	2,349,266
Net assets, beginning of year	23,662,127	1,472,680	-	25,134,807
Net assets, end of year	\$ 25,964,002	\$ 1,520,071	\$ -	\$ 27,484,073



**Independent Auditors' Report on Internal Control
Over Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in
Accordance with *Government Auditing Standards***

Board of Directors
Qsource and Affiliate
Memphis, Tennessee

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Qsource and Affiliate (the "Organization") (a non-profit organization), which comprise the consolidated statements of financial position as of July 31, 2019, and the related consolidated statements of activities and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated October 31, 2019.

Internal Control over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered the Organization's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over financial reporting was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

***Compliance and Other Matters***

As part of obtaining reasonable assurance about whether the Organization's consolidated financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Dixon Hughes Goodman LLP

**Memphis, Tennessee
October 31, 2019**



Independent Auditors' Report on Compliance for the Major Program and on Internal Control Over Compliance Required by Uniform Guidance

Board of Directors
Qsource and Affiliate
Memphis, Tennessee

Report on Compliance for Each Major Federal Program

We have audited Qsource and Affiliate's (the "Organization") compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on the Organization's major federal program for the year ended July 31, 2019. The Organization's major federal program is identified in the summary of auditors' results section of the accompanying schedule of findings and questioned costs.

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for the Organization's major federal program based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for the major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

Opinion on the Major Federal Program

In our opinion, the Organization complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on the major federal program for the year ended July 31, 2019.



Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on the major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for a major federal program and to test and report on internal control over compliance in accordance with Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be significant deficiencies or material weaknesses. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Dixon Hughes Goodman LLP

**Memphis, Tennessee
October 31, 2019**

Qsource and Affiliate
Consolidated Schedule of Expenditures of Federal Awards
Year Ended July 31, 2019

<u>Grantor/Pass-Through</u>	<u>CFDA Number</u>	<u>Contract Number</u>	<u>Total Expenditures</u>	<u>Total Provided to Subrecipients</u>
Federal Awards				
U.S. Department of Health and Human Services				
<u>Direct Funding:</u>				
Centers for Medicare & Medicaid Services Quality Innovation Network - Quality Improvement Organization 11th Scope of Work Contract	93.773	500-2014-TN11THC	\$ 14,594,962	\$ 3,871,582
Centers for Medicare & Medicaid Services Quality Payment Program Small Underserved and Rural Support	93.986	HHSM-500-2017-00010C	828,081	270,126
<u>Pass-through Funding:</u>				
Centers for Medicare & Medicaid Services Passed Through Health Research & Educational Trust Hospital Improvement Innovation Network	93.xxx	CCSQ-393-2016-0559	90,419	-
Centers for Medicare & Medicaid Services Passed Through Telligen, Inc. - Quality Improvement Network (QIN) National Coordinating Center (NCC)	93.xxx	14-001-QSOURCE	335,987	-
Centers for Medicare & Medicaid Services Passed Through The Lewin Group, Inc. CPC+ Regional Learning System	93.xxx	TLG17003-5645.08	278,016	-
Total Federal Awards			<u>\$ 16,127,465</u>	<u>\$ 4,141,708</u>

Qsource and Affiliate
Notes to Consolidated Schedule of Expenditures of Federal Awards

1. Basis of Presentation

The accompanying Consolidated Schedule of Expenditures of Federal Awards includes all federal contract activity of the Organization during the fiscal year ended July 31, 2019. This schedule is presented on the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of Title 2 U.S. Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the consolidated financial statements. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or are limited as to reimbursement. The Organization has not elected to use the 10% de minimis indirect cost rate as allowed under Uniform Guidance.

2. Awards Provided to Subrecipients

The Organization provided federal awards to subrecipients as follows:

<u>Program Title/Subrecipient</u>	<u>CFDA Number</u>	<u>Amount Provided</u>
Quality Innovation Network - Quality Improvement Organization 11th Scope of Work Contract Alabama Quality Assurance Foundation	93.773	\$ 2,123,762
Mississippi Foundation for Medical Care, Inc., dba Information & Quality Healthcare (IQH)	93.773	<u>1,747,820</u>
		<u>\$ 3,871,582</u>
Quality Payment Program Small Underserved and Rural Support Alabama Quality Assurance Foundation	93.986	<u>\$ 270,126</u>

**Qsource and Affiliate
Schedule of Findings and Questioned Costs
Year Ended July 31, 2019**

Part I - Summary of Audit Results

1. The independent auditors' report on the consolidated financial statements of Qsource and Affiliate (the "Organization") expressed an unmodified opinion on whether the schedule of expenditures of federal awards audited were prepared in accordance with accounting principles generally accepted in the United States of America.
2. No material weaknesses or significant deficiencies relating to the audit of the consolidated financial statements are reported in the Independent Auditors' Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*.
3. No instances of noncompliance considered material to the consolidated financial statements were disclosed by the audit.
4. No material weaknesses or significant deficiencies relating to the audit of major federal award programs is reported in the Independent Auditors' Report on Compliance for the Major Program and on Internal Control Over Compliance Required by Uniform Guidance.
5. The Independent Auditors' Report on Compliance for the Major Program and on Internal Control Over Compliance Required by Uniform Guidance expressed an unmodified opinion.
6. The audit disclosed no findings required to be reported by Uniform Guidance.
7. The Organization's major program was Medicare Hospital Insurance (CFDA 93.773).
8. A threshold of \$750,000 was used to distinguish between Type A and Type B programs as those terms are defined in Uniform Guidance.
9. The Organization qualified as a low-risk auditee as that term is defined in Uniform Guidance.

Part II – Findings – Consolidated Financial Statement Audit

Current Year Findings

None

Part III – Findings and Questioned Costs – Major Federal Award

Current Year Findings

None

**Qsource and Affiliate
Summary Schedule of Prior Audit Findings
Year Ended July 31, 2019**

Consolidated Financial Statement Audit

Prior Year Findings
None

Findings and Questioned Costs – Major Federal Award

Prior Year Findings
None

Great Plains QIN Commitment Letter

Great Plains



Quality Innovation Network

October 14, 2020

Nancy Archer
Chief Operating Officer
Qsource
124 West Capitol Ave, Suite 900
Little Rock, AR 72201
Mobile: 501-206-4131
narcher@qsource.org

Subject: Letter of Commitment

Dear Ms. Archer:

Great Plains Quality Innovation Network is pleased to support Qsource as a subcontractor in its response to Request for Proposal (RFP) Number 6303 Z1 for the purpose of selecting a qualified Contractor to provide External Quality Reviews (EQR) of contracted managed care organizations (MCOs) and a Dental Benefits Manager (DBM). We are confident that our experience and organizational capabilities will add value to our team. Great Plains QIN complies with all subcontractor requirements in the RFP, and has adequate insurance coverage as described in Section III.J of the RFP.

Our information is as follows:

Subcontractor	Great Plains Quality Innovation Network
DUNS# & TIN#	07-924-8286 / 46-4471239
Business Size	Large Business
Validity	150 days from submission date
Statements	Great Plains Quality Innovation Network certifies that we are not on the List of Parties Excluded from Federal Procurement and Non-Procurement Program.
	Great Plains Quality Innovation Network certifies that we are registered in SAM with the applicable NAICS code 541618 and our record is accurate and valid as of the date of this submission.

If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, Great Plains QIN will describe the circumstances of such change and indicate when the change will likely occur.

We look forward to supporting Qsource on this solicitation.

Sincerely,

Ryan Sailor
Chief Executive Officer
Great Plains Quality Innovation Network
1200 Libra Drive, Suite 102 | Lincoln, NE 68512 | 402/476-1700 | 402/476-1335
Serving Kansas, Nebraska, North Dakota & South Dakota