

## Supporting Statement - Part B

Supporting Statement for External Quality Review (EQR) of Medicaid/CHIP Managed Care Organizations (MCOs) and Supporting Regulations in §438.352, §438.360, §438.362, and §438.364

- 1) **Collection of Information Employing Statistical Methods** - The eight enclosed Protocols were drafted in 2010 by Provider Resources, Inc. and the National Commission for Quality Assurance with the intention of providing updated guidance to States, their contractors that are not Managed Care Organizations (MCOs) and/or Prepaid Inpatient Health Plans (PIHPs), or External Quality Review Organizations (EQROs) hired by States on how to properly conduct three mandatory and five optional EQR activities listed in 42 CFR 438.358. The regulations required the initial drafting and promulgation of these Protocols in 2003; the 2012 revision incorporated changes in law and quality practices since the original version was published. No revisions to the Protocols are proposed at this time. States and/or their contractors are not required to follow these Protocols exactly, but are required to use “methods consistent with the Protocols.” Taken together, the Protocols could be considered to be a textbook on statistical methods in health care quality control. Often, several statistically valid methods are offered to States and/or their contractors conducting a specific EQR task. The Protocols offer general statistical guidelines for States and/or their contractors to apply and do not dictate specifics. Washington DC, Puerto Rico, and 41 states utilize MCOs or PIHPs are therefore required to submit the Medicaid EQR technical reports. Since the passage of CHIPRA in 2009, separate State CHIP managed care programs are also required to file EQR technical reports. We anticipate approximately 33 CHIP EQR reports in addition to the 43 Medicaid EQR reports that CMS normally reviews.
- 2) **Procedures for collection** - See answer to number one and the enclosed Protocols. Currently States submit final EQR technical reports to CMS via email.
- 3) **Methods to maximize response rates and address non-response** - The CMS proactively reaches out to states to solicit annual report submission. Following initial outreach, the CMS conducts state-specific follow-up to address non-response. We work with states and/or their contractors to improve compliance and address requests for technical assistance.
- 4) **Tests of procedures or methods undertaken** - See answer to number one and the enclosed Protocols.
- 5) **Individuals consulted** - As indicated, these Protocols were written by Provider Resources, Inc. and the National Commission for Quality Assurance, but are now the responsibility of the Division of Quality, Evaluation, and Health Outcomes (DQEHO) in CMS. The designated contact for DQEHO is Barbara Dailey located at S2-08-28, telephone number (410) 786-9012.