

## 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 nine 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 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 drafting and promulgation of these Protocols in 2003, but this 2012 revision is intended to incorporate changes in law and quality practices since the original version was published. States and EQROs 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 EQROs doing a specific EQR task. The Protocols offer general statistical guidelines for EQRs to apply and do not dictate specifics. Washington DC, Puerto Rico, and 38 states utilize Managed Care Organizations or Prepaid Inpatient Health Plans, and are therefore required to submit the Medicaid EQR reports. Since the passage of CHIPRA in 2009, separate State CHIP managed care programs will also be required to file EQR reports and we anticipate that there will be about 30 new CHIP EQR reports in addition to the 40 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 responds to each state EQR filing and lists any deficiencies. We work with states and EQRs to improve compliance.
- 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 Kristin Younger located at S2-03-16, telephone number (410) 786-3869.