| EQRO Task | Accomplishments Since Last Update | Goals for Next Two Months | Discussion/Opportunities for Improvement |
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| Validation of Performance Improvement Projects (PIPs)  Protocol 1  HSAG Lead:  Kris Hartmann  HCPF Lead: Russell Kennedy  Each health plan conducts one or two PIPs to target a process for improvement and ultimately to improve care to members. HSAG reviews each PIP to ensure that it was designed, conducted, and reported in a methodologically sound manner and reports validation findings to the Department annually. | * HSAG facilitated the FY 2024-2025 PIP Kickoff call with the Department on 8/7/2024. * HSAG presented the annual PIP validation overview/refresher to the health plans and the Department during the August IQuIC meeting on 8/27/2024. | **September Goals:**   * HSAG will distribute the PIP submission reminder email to the health plans and the Department by 9/30/2024. * HSAG will share the nonclinical PIP topics with the Department for review.   **October Goals:**   * The health plans will submit their PIPs to HSAG for initial validation by 10/31/2024. |  |
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| Validation of Performance Measures (PMV)  Protocol 2  HSAG Lead: Emily Redman  HCPF Lead: Jerry Ware  HSAG annually validates the behavioral health performance measures selected by the Department to assess the accuracy of performance measures reported by the RAEs. The validation process determines the extent to which performance measures calculated by the RAEs follow the specifications and reporting requirements established by the Department. HSAG produces RAE-specific PMV reports that summarize the findings of the mandatory EQR activity. | * The Department provided approval of the work plan to HSAG on 8/12/2024. * HSAG scheduled the kickoff call for 1/6/2025, and the virtual review for the Department on 1/27/2025, to ensure that staff can ensure all can attend. | **September Goals:**   * None at this time.   **October Goals:**   * HSAG will submit draft the documentation request packet to the Department on 10/28/2024, for review and comment. |  |
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| Healthcare Effectiveness Data and Information Set (HEDIS) Reporting  Protocol 2  HSAG Lead: Emily Redman  HCPF Lead: Russell Kennedy  To assess the quality of, access to, and timeliness of care received by managed care enrollees, HSAG analyzes the audited HEDIS results submitted to the Department by managed care plans for Medicaid and CHP+. The HEDIS results are compared to national benchmarks and prior years’ results to assess performance strengths and opportunities for improvement. HSAG includes the performance measure rates in HEDIS aggregate reports and the annual technical report. | * HSAG received all rate reporting templates and Final Audit Reports from the Medicaid MCOs by 8/7/2024 and confirmed with the Department that all required files have been received. * The Department provided approval on the work plan to HSAG by 8/12/2024. * The Department confirmed that it wants to split Medicaid and CHP+ measure data on the QMR spreadsheets for both Adult and Child Core Set measures. | **September Goals:**   * HSAG will submit the draft HEDIS Compliance Audit Reports to the Department by 9/9/2024. * The Department will provide feedback on the draft HEDIS Compliance Audit Reports to HSAG by 9/23/2024. * HSAG will submit the draft Aggregate PMV Validation Report to the Department by 9/23/2024. * HSAG will submit the Weighted Average Spreadsheet to the Department by 9/29/2024. * HSAG will incorporate the Department’s feedback and submit final HEDIS Compliance Audit Reports to the Department by 9/30/2024.   **October Goals:**   * The Department will provide feedback on the draft Aggregate PMV Validation Report by 10/7/2024. * HSAG will submit the final Medicaid Managed Care PMV Aggregate Report to the Department by 10/15/2024. * The Department will provide feedback on the draft Medicaid Managed Care Weighted Average Rates Worksheet to HSAG by 10/15/2024. * HSAG will submit the draft Adult QMR Spreadsheet and draft Child QMR Spreadsheet to the Department for review by 10/15/2024. * HSAG will incorporate the Department’s feedback and submit the final Medicaid Managed Care Weighted Average Rates Worksheet to the Department by 10/22/2024. * The Department will provide feedback on draft Adult QMR Spreadsheet and draft Child QMR Spreadsheet to HSAG by 10/22/2024. * HSAG will incorporate the Department’s feedback and submit the final Adult QMR Spreadsheet and final Child QMR Spreadsheet to the Department by 10/28/2024. * HSAG will Submit draft IQuIC Meeting MS PowerPoint Slides to the Department for review by 10/7/2024. The Department will provide feedback by 10/14/2024 and HSAG will provide a copy of the final slides by 10/21/2024. HSAG will attend the October IQuIC meeting to present the MY 2023 results by 10/31/2024. |  |
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| Network Adequacy Validation (NAV)  Protocol 4  HSAG Lead:  Ashling Whelan  HCPF Lead: Jerry Ware, Sandra Wetenkamp, Amy Ryan, Yvonne Castillo & Jeff Helm  HSAG collaborates with the Department to identify annual network adequacy validation (NAV) tasks. HSAG analyzes the MCEs’ quarterly network data and updates Tableau dashboards to present validation results for the MCEs’ network adequacy time/distance results. | * HSAG and the Department participated in kick-off call for FY 2024–2025 NAV on 8/5/2024. * HSAG hosted the NADIV Dashboard Refresher call (Session Two) for the MCEs on 8/6/2024. * HSAG provided the Department with a D1 Workplan and Protocol for FY 2024–2025 for review and approval following the kick-off call (8/5/2024). * HSAG and the Department participated in call to review the updates to the FY 2024-2025 Provider Crosswalk on 8/13/2024. * HSAG conducted preliminary analysis to ensure data align with the MCE Data Requirements document; publish results in NADIV Dashboard on 8/14/2024. * The Department reviewed D1 Workplan and Protocol document; submit feedback to HSAG by 8/16/2024. * HSAG provided D1 quarterly reporting materials to the Department for review on 8/16/2024. The Department submitted initial feedback on 8/19/2024. * HSAG submitted D1 Crosswalk document to the Department for review 8/21/2024. * The Department submitted feedback on D1 Crosswalk document by 8/27/2024. * The MCEs resubmitted data and/or provide clarifications to HSAG, by 8/21/2024. * HSAG incorporated the Department’s feedback on D1 work plan; submit F1 Workplan and D2 Protocol to the Department by 8/23/2024. * HSAG submitted D2 quarterly reporting materials to the Department for review on 8/30/2024. | **September Goals:**   * HSAG and the Department will collaborate to finalize the Protocol document for FY 2024–2025 by 9/5/2024. * HSAG and the Department will finalize FY 2024–2025 quarterly reporting and reference materials in preparation for the October 2024 Submission between 9/5/2024 and 9/13/2024. * HSAG will distribute quarterly reporting materials to the MCEs for the October 2024 Submission by 9/13/2024. * HSAG will deploy FY 2023–2024 Q4 NAV dashboard containing July 2024 NAV results on 9/16/2024.   **October Goals:**   * IBM submits member and interChange network data to HSAG via HSAG SAFE Site. By 10/31/2024. * The MCEs will submit MCE member data, provider data, MS Excel geoaccess compliance results, and MS Word network adequacy report to HSAG via SAFE site by 10/31/2024. |  |
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| RAE 411 Overread—Encounter Data Validation (EDV)  Protocol 5  HSAG Lead:  Diana Valle and Nathan Chen  HCPF Lead:  Jerry Ware  An annual encounter data validation (EDV) activity in which each RAE and DHMP review a sample of behavioral health encounters to ensure that medical record documentation supports the MCEs’ encounter data submissions to the Department. HSAG samples the records reviewed by each MCE and conducts an over-read to validate the MCEs’ EDV results. | * HSAG developed the draft RAE 411 workplan and submitted it to the Department for review and feedback on 8/1/2024. * HSAG finalized the RAE 411 workplan based on the Department’s feedback on 8/27/2024. * The Department submitted the initial draft of the RAE 411 EDV guidelines to HSAG for review on 8/15/2024. * HSAG reviewed the initial draft guidelines and submitted feedback to the Department on 8/26/2024. | **September Goals:**   * None at this time.   **October Goals:**   * The Department to prepare draft guidelines for RAE feedback by 10/1/2024. * The Department to distribute the draft Guidelines to the RAEs by 10/2/2024. * The RAEs to review the draft Guidelines and submit feedback to the Department by 10/17/2024. HSAG will coordinate a meeting with the RAEs and the Department during this period to review the study purpose and draft Guidelines with the RAEs, if needed. * The Department to finalize the Guidelines, including input from HSAG and the RAEs by 10/30/2024. * The Department to submit the final guidelines to the RAEs and HSAG by 10/31/2024. |  |
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| MCO 412 Overread—Encounter Data Validation (EDV)  Protocol 5  HSAG Lead:  Diana Valle and Joe Mireles  HCPF Lead:  Jerry Ware and Angie Haverland  This is an encounter data validation (EDV) in which two Medicaid MCOs annually review a sample of physical health encounters to ensure that medical record documentation supports the MCO’s submission of the selected encounter data. HSAG samples the records reviewed by each MCO and conducts an overread to validate the MCOs’ EDV results. | * HSAG developed the draft MCO 412 workplan and submitted it to the Department for review and feedback on 8/1/2024. * HSAG finalized the MCO 412 workplan based on the Department’s feedback on 8/27/2024. * The Department submitted the initial draft of the MCO 412 EDV guidelines to HSAG for review on 8/15/2024. * HSAG reviewed the initial draft guidelines and submitted feedback to the Department on 8/26/2024. | **September Goals:**   * None at this time.   **October Goals:**   * The Department to prepare draft guidelines for MCO feedback by 10/1/2024. * The Department to distribute the draft Guidelines to the MCOs by 10/2/2024. * The MCOs to review the draft Guidelines and submit feedback to the Department by 10/17/2024. HSAG will coordinate a meeting with the MCOs and the Department during this period to review the study purpose and draft Guidelines with the MCOs, if needed. * The Department to finalize the Guidelines, including input from HSAG and the MCOs by 10/30/2024. * The Department to submit the final guidelines to the MCOs and HSAG by 10/31/2024. |  |
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| CHP+ Consumer Assessment of Healthcare Providers & Systems (CAHPS)  Protocol 6  HSAG Lead:  Destiny Meyer  HCPF Lead:  Russell Kennedy  HSAG annually administers the CAHPS 5.1 Child Medicaid Health Plan Survey to Colorado’s CHP+ population. RMHP is responsible to administer its own CAHPS survey. HSAG includes results of the CAHPS survey in the CHP+ annual technical report of EQR results. The purpose of CAHPS surveys is to receive feedback from parents/caretakers of CHP+ members regarding their perceptions about access, timeliness, and quality of care. | * The Department provided updates to the FY2023-24 IQuIC meeting presentation based on the FY2022-23 IQuIC meeting presentation to HSAG on 8/02/2024. * HSAG validated and peer reviewed the draft (D1) report on 8/15/2024. * HSAG submitted the draft (D1) report and final tab and banner books (i.e., crosstabulations) to the Department on 8/15/2024. * HSAG submitted the respondent-level data (comma separated values [csv] and Excel format) and data dictionary to the CHP+ plans and the Department on 8/15/2024. * HSAG submitted the draft (D1) FY2023-24 IQuIC meeting presentation for a final review to the Department on 8/22/2024. * The Department provided feedback on the FY2023-24 IQuIC meeting presentation on 8/28/2024. * The Department sent feedback on the draft (D1) report to HSAG on 8/28/2024. | **September Goals:**   * HSAG to incorporate the Department’s feedback into the draft (D2) report by 9/06/2024. * HSAG to perform the analysis and validation for the NCQA National Average Comparison Worksheet (i.e., Core Set Weighted Average Workbook) by 9/06/2024. * Incorporate the Department’s feedback into the final September IQuIC presentation by 9/12/2024. * The Department to provide feedback or approval on the draft (D2) report by 9/13/2024. * HSAG to submit the NCQA National Average Comparison Worksheet (i.e., Core Set Weighted Average Workbook) to the Department on 9/13/2024. * HSAG to present the CAHPS results at the September IQuIC on 9/24/2024. * HSAG to submit the final 508-compliant report electronically to the Department on 9/27/2024.   **October Goals:**   * HSAG to participate in the NCQA HEDIS/CAHPS Survey Vendor Training (TBD). * HSAG to submit the draft (D1) administrative forms, including supplemental questions, to the Department on 10/02/2024. * HSAG to submit the draft (D1) text for cover letters to the Department on 10/02/2024. * HSAG to send the sample frame data request instructions to the Department and CHP+ health plans on 10/02/2024. * HSAG to submit the draft (D1) sampling plan to the Department on 10/10/2024. * The Department to send feedback/approval on the (D1) sampling plan to HSAG on 10/17/2024. * HSAG to incorporate the Department’s feedback into the final draft (FD1) sampling plan by 10/24/2024. * HSAG to submit the final draft (FD1) sampling plan to the Department on 10/24/2024. * The Department to send feedback/approval on the D1 cover letters to HSAG by 10/30/2024. * The Department to send feedback/approval on the D1 administrative forms to HSAG and confirm supplemental questions, letterhead, logo, signature, and seal by 10/30/2024. |  |
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| Medicaid CAHPS  Protocol 6  HSAG Lead:  Destiny Meyer  HCPF Lead:  Russell Kennedy  HSAG annually administers the CAHPS 5.1 Adult and Child Medicaid Health Plan Survey to adult and child Medicaid members, respectively, who were enrolled in the seven RAES. Each Medicaid MCO is responsible to administer its own CAHPS survey. HSAG includes results of the CAHPS surveys in the Medicaid annual technical report of EQR results. The purpose of CAHPS surveys is to receive feedback from adult Medicaid members and parents/caretakers of child Medicaid members regarding their perceptions about access, timeliness, and quality of care. | * The Department provided updates to the FY2023-24 IQuIC meeting presentation based on the FY2022-23 IQuIC meeting presentation to HSAG on 8/02/2024. * HSAG validated and peer reviewed the draft (D1) Adult and Child reports on 8/15/2024. * HSAG submitted the draft (D1) Adult and Child reports and final tab and banner books (i.e., crosstabulations) to the Department on 8/15/2024. * HSAG submitted the adult and child respondent-level data (comma separated values [csv] and Excel format) and data dictionaries to the RAEs and the Department on 8/15/2024. * HSAG submitted the FY2023-24 IQuIC meeting presentation for a final review to the Department on 8/22/2024. * The Department provided feedback on the FY2023-24 IQuIC meeting presentation on 8/28/2024. * The Department sent feedback on the draft (D1) Adult and Child reports to HSAG on 8/28/2024. | **September Goals:**   * HSAG to incorporate the Department’s feedback into draft (D2) Adult and Child reports on 9/06/2024. * HSAG to perform the analysis and validation for the National Average Comparison Worksheet (i.e., Core Set Weighted Average Workbook) on 9/06/2024. * HSAG to submit the National Average Comparison Worksheet (i.e., Core Set Weighted Average Workbook) to the Department on 9/13/2024. * HSAG to present the CAHPS results at the September IQuIC on 9/24/2024. * HSAG to submit the final 508-compliant report electronically to the Department on 9/27/2024. * Incorporate the Department’s feedback into the final September IQuIC presentation by 9/12/2024. * The Department to provide feedback or approval on the draft (D2) report by 9/13/2024. * HSAG to submit the Final 508-Compliant Adult and Child Reports to the Department on 9/13/2024.   **October Goals:**   * HSAG to participate in the NCQA HEDIS/CAHPS Survey Vendor Training (TBD). * HSAG to submit the draft (D1) administrative forms, including supplemental questions, to the Department on 10/02/2024. * HSAG to submit the draft (D1) text for cover letters to the Department on 10/02/2024. * HSAG to send the sample frame data request instructions to the Department and the RAE health plans on 10/02/2024. * HSAG to submit the draft (D1) sampling plan to the Department on 10/10/2024. * The Department to send feedback/approval on the (D1) sampling plan to HSAG on 10/17/2024. * HSAG to incorporate the Department’s feedback into the final draft (FD1) sampling plan by 10/24/2024. * HSAG to submit the final draft (FD1) sampling plan to the Department on 10/24/2024. * The Department to send feedback/approval on the D1 cover letters to HSAG by 10/30/2024. * The Department to send feedback/approval on the D1 administrative forms to HSAG and confirm supplemental questions, letterhead, logo, signature, and seal by 10/30/2024. |  |
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| RAE 411 & MCO 412 Quality Improvement Projects (QUIPs)  Protocol 8  HSAG Lead:  Sarah Lambie and Crystal Brown  HCPF Lead:  Jerry Ware  Following the 411 & 412 audits, each health plan is required to design a Quality Improvement project to target non-compliant findings (under 90%) within their own service coding accuracy reports. HSAG tracks and monitors each project to ensure the projects are appropriately designed. The goal is for each health plan to test new processes with small samples to determine if implementation on a larger scale will ultimately improve the quality of its encounter data submissions to the Department. | * HSAG distributed the populated QUIP templates to the MCEs on 8/1/2024. * MCEs submitted QUIP Phase 1 to HSAG on 8/15/2024. * HSAG reviewed and provided feedback to the MCEs regarding Phase 1 submissions before 8/29/2024. | **September Goals:**   * MCEs will submit QUIP Phase 2 to HSAG on or before 9/12/2024. * HSAG will review and provide feedback by 9/27/2024.   **October Goals:**   * MCEs with requests to resubmit will do so on or before 10/11/2024. All other MCEs will move forward with implementation. |  |
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| Compliance Monitoring—Managed Care  Protocol 3  HSAG Lead:  Gina Stepuncik and Crystal Brown  HCPF Lead:  Russ Kennedy  HSAG conducts an annual review of documents and an on-site visit (for each health plan) that includes interviews of key health plan staff members and review of selected administrative records to ensure compliance with federal health care regulations at 42 CFR 438. | * HSAG met with the Department on 8/9/2024 to discuss the Special Focus Topic and the Department selected "Care Coordination" as an interview topic for the CHP+ plans. HSAG sent the draft Care Coordination Special Focus Topic Guide to the Department on 8/9/2024, with feedback due 9/4/2024. * HSAG delivered the draft CHP+ PAHP Compliance Tool to DentaQuest on 8/20/2024. * HSAG delivered the final document request templates to the Department on 8/20/2024. * HSAG delivered the draft RAE Compliance Tool to the Department for review and feedback on 8/21/2024. * HSAG delivered the draft CHP+ Compliance Tool to the MCEs on 8/26/2024. * HSAG conducted an overview presentation of strengths and opportunities from the FY 2023-2024 Compliance season and shared the draft review schedule and standards for FY 2024-2025 during the August IQuIC 8/27/2024. * HSAG delivered the draft audit dates to the MCEs on 8/27/2024. | **September Goals:**   * HSAG will deliver final workplans and timelines to the Department by 9/9/2024. * HSAG will deliver the final CHP+ PAHP Compliance Tool by 9/10/2024. * HSAG will deliver the final report template pieces to the Department by 9/11/2024. * HSAG will deliver the draft RAE Compliance Tool to the MCEs by 9/12/2024. * HSAG will deliver the CHP+ PAHP desk request to DentaQuest by 9/13/2024. * HSAG will deliver the final CHP+ Compliance Tool to the Department by 9/18/2024. * HSAG will deliver the draft MCO Compliance Tool to the Department for review by 9/19/2024. * HSAG will deliver the first CHP+ desk request to Kaiser by 9/20/2024.   **October Goals:**   * HSAG will deliver the final RAE Compliance Tool to the Department by 10/4/2024. * HSAG will deliver the draft MCO Compliance Tool to the MCEs by 10/10/2024. * HSAG will deliver the first RAE desk requests to COA RAE 3 and RAE 5 by 10/10/2024. * HSAG will continue to review CAPs. |  |
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| Mental Health Parity Reviews  Protocol 9  HSAG Lead: Lauren Gomez  HCPF Lead: Scott Bennett & Jerry Ware  HSAG will monitor the seven RAEs and two Medicaid MCOs, collectively known as managed care entities (MCEs), to ensure that the MCEs’ utilization management programs remain in compliance with their own policies and procedures and Colorado’s Behavioral Health Care Coverage Modernization Act (House Bill 19-1269). | * HSAG sent the final workplan to the Department on 08/14/2024. * HSAG began to prepare the draft report, monitoring tool, and desk request templates. | **September Goals:**   * HSAG will submit the draft templates to the Department for review on 9/16/2024. * The Department will provide feedback and/or approval on draft templates by 9/30/2024.   **October Goals:**   * HSAG will deliver the final templates to the Department on 10/15/2024. * HSAG will send the desk request letters to the MCEs (seven RAEs and two MCOs). |  |
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| Early and Periodic Screening, Diagnostic and Treatment (EPSDT) Services Review  Protocol 9  HSAG Lead:  Sarah Lambie  HCPF Lead:  Gina Robinson & Russ Kennedy  HSAG conducts a document review and record review to determine compliance with Federal and State-specific EPSDT regulations and contract requirements as well as best practices regarding authorization of services covered under EPSDT and outreach requirements. | * HSAG met with the Department for the FY 24-25 EPSDT Audit activity kick-off call on 8/13/2024. * HSAG delivered the final workplan to the Department on 8/20/2024. | **September Goals:**   * HSAG will begin preparing the draft report, desk request, record review tools, and data extract EPSDT templates for the Department. * HSAG will schedule touchpoint meetings with the Department throughout the EPSDT review period. * HSAG will distribute the EPSDT draft templates to the Department on 9/23/2024.   **October Goals:**   * The Department will provide feedback and/or approval on the draft templates by 10/8/2024. * HSAG will distribute the final templates to the Department on 10/18/2024. * HSAG will send a reminder email on 10/18/2024 for Department staff to submit the non-utilizer data request to the Department’s DAS team. * HSAG will send the Department a one-page handout with tentative health plan interview dates on 10/25/2024. |  |
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| Quality of Care Grievance (QOCG) Audit  Protocol 9  HSAG Lead:  Courtney Bishop  HCPF Lead:  Sheila Gamueda &  Helen Desta-Fraser  HSAG will conduct an audit of the seven Regional Accountable Entities (RAEs), two Medicaid managed care organizations (MCOs), four Child Health Plan Plus (CHP+) MCOs, and one Prepaid Ambulatory Health Plan (PAHP), collectively known as health plans, to evaluate each health plan’s processes for managing, investigating, and resolving Quality-of-Care Grievance/Concerns (QOCCGs). | * HSAG distributed the draft report templates, work plan, and desk request documents to the Department for review on 8/31/2024. * HSAG and the Department completed the kickoff call on 8/13/2024. * HSAG provided feedback to the Department related to the draft QOCG standard operating procedure. | **September Goals:**   * The Department will provide feedback on the draft report templates, work plan, and desk request document no later than 9/16/2024.   **October Goals:**   * None at this time. |  |
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| Substance Use Disorder UM Audit  Protocol 9  HSAG Lead:  Courtney Bishop  HCPF Lead: Jennifer Holcomb & Zoe Pincus  In accordance with Senate Bill 21-137 Section 11, HSAG will audit 33 percent of all denials of requests for authorization (per managed care entity [MCE]) for inpatient and residential substance use disorder (SUD) services for each of Colorado’s seven Regional Accountable Entities (RAEs) and one managed care organization (MCO) that provides behavioral health services. | * MCEs submitted their SUD Denial universe to HSAG by 8/2/2024. * HSAG distributed Denial Sample Lists to the MCEs on 8/16/2024. | **September Goals:**   * HSAG will receive sample case files by 9/13/2024. * HSAG will begin clinical reviews.   **October Goals:**   * HSAG will complete clinical reviews. * HSAG will begin data analysis and report writing. |  |
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| Technical Reports  HSAG Lead:  Sarah Lambie  HCPF Lead: Jerry Ware  This is the activity that CMS refers to as the External Quality Review. The EQRO must analyze and present information derived from conducting mandatory and optional EQR-related activities. The technical report must present strengths, opportunities for improvement, and recommendations related to the quality, timeliness, and access to care furnished by each health plan | * The Department provided feedback regarding the draft technical report templates, draft PowerPoint templates, and draft timeline by 8/7/2024. * HSAG began drafting the technical reports. | **September Goals:**   * HSAG will continue drafting the technical reports.   **October Goals:**   * HSAG will continue drafting the technical reports. * The Department will send HSAG updated Quality Strategy information. |  |
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| Miscellaneous  Contract Basics  HSAG Lead:  Sarah Lambie | * HSAG continued preparing handouts and presentation for the Annual September meeting. | **September Goals:**   * HSAG will host the Annual September meeting with the Department on 9/16/2024. * HSAG will present a summary of the final rule at IQuIC on 9/24/2024.   **October Goals:**   * None at this time. |  |

## From the Protocol:

## EQR-Related Activities:

Four Mandatory Activities that may be performed by the State, contractors, or the EQRO:

* Protocol 1—Validation of MCE Performance Improvement Projects (annual) (optional for PCCM entities)
* Protocol 2—Validation of MCE Performance Measures (annual)
* Protocol 3—A Review of MCE Compliance with Medicaid Managed Care Regulations (within 3-year period)
* Protocol 4— Validation of MCE Network Adequacy (annual)

## Optional EQR-Related Activities:

* Protocol 5—Validation of Encounter Data Reported by the Managed Care Entity (MCE)
* Protocol 6—Administration or Validation of Quality of Care Surveys
* Protocol 7—Calculation of Additional Performance Measures
* Protocol 8—Implementation of Additional Performance Improvement
* Protocol 9—Conducting Focus Studies of Health Care Quality
* Protocol 10—Assist with Quality Rating of Medicaid and CHIP Managed Care (protocol not yet final)