

## Updated Protocols for the External Quality Review (EQR) of Medicaid and CHIP Managed Care, Including Validation of Network Adequacy

### Britta Seifert:

Hello, and good afternoon, everyone, or good morning, if you are joining us from another time zone. My name is Britta Seifert, and I am a health researcher at Mathematica. On behalf of my colleagues at the Center for Medicaid and CHIP Services and Mathematica, it is my pleasure to welcome you to this webinar on the updated protocols for the external quality review of Medicaid and CHIP managed care, including the new validation of network adequacy protocol. Whether you are listening to the meeting live or listening to a recording after the meeting, thank you for joining us. Next slide.

To start, we'll review some housekeeping items. If you experience technical issues, please send a message to all panelists using the Q&A function. You can use the Q&A by clicking on the Q&A icon, which is the little question mark shown on this slide. You can also use the Q&A function to submit questions to the panelists throughout the presentation. We will do our best to get to as many questions as we can during the Q&A session and at the end of the webinar. Please note that the chat function has been disabled for this webinar. Closed captioning is available for the webinar. You can enable closed captioning by clicking on the CC icon in the lower left corner of your screen or clicking Control-Shift-A on your keyboard.

At this point, I will turn things over to Natasha Reese-McLaughlin, who will lead us off into today's session. Natasha, the floor is yours. Next slide.

### Natasha Reese-McLaughlin:

Thanks so much, Britta. Hello, everyone. My name is Natasha Reese-McLaughlin, and I'm a senior health researcher at Mathematica.

Here's our agenda for today. After opening remarks from CMCS, I will start off by sharing an overview of External Quality Review, or EQR, the updates to the 2023 EQR protocols, and tips and reminders for using the protocols to develop compliant EQR technical reports. Next, Britta will describe the new EQR protocol for validating network adequacy, as well as some of the technical assistance resources available to states and their managed care quality partners. We'll conclude the presentation with a Q&A period led by Margo Rosenbach.

As Britta mentioned, you can submit your questions to the Q&A function in the webinar platform. We encourage you to submit questions during the presentation, as that will help us be ready to address them when the time comes. Next slide.

Now, I'd like to ask Carlye Burd, the Technical Director of Managed Care within the Division of Quality and Health Outcomes, to provide a welcome on behalf of CMS.

**Carlye Burd:**

Hi, everyone. Thanks so much, Natasha and Britta and Margo. We really appreciate all the work that you have put in with us together to produce this EQR protocol update.

I wanted to just make a few remarks and let everyone know, as a reminder, that our EQR protocols are updated every three years under the Paperwork Reduction Act. And though the Network Adequacy Validation Activity has long been a mandatory EQR activity, under our regulations, that activity doesn't become effective until the protocol is released. So now with the release of our updated protocol and the addition of the Network Adequacy Validation Protocol as Protocol 4, this means that states will have one year from the issuance of the protocol, which was in February, to take a look at the protocol, and then one year following 2024 to implement the new activity using the new protocol. So what that means is that not next year, but the year after, April 2025, is when we would expect states to start incorporating that Network Adequacy Validation into their EQR reports.

And then a couple other clarifications, for next year, states will begin using the new protocol that we released in their April 2024 reports, but that Network Adequacy Validation Protocol Number 4 will not be required until the following year. We really do encourage you all to let us know if there are other aspects of the updated protocol that might be difficult for states to implement by next April, and we will work with you to figure out a way forward to become compliant with the new protocols.

But just to reiterate again, that new protocol, Network Adequacy Validation, is not going to be required until April 2025.

Finally, for this reporting year, we have left the 2019 EQR protocols on our webpage, and those are available for use for states in this reporting year, 2023. So states can continue to use those since we know we just released these new protocols in February. We wanted to make sure there was flexibility to continue to use those for this reporting year.

And with that, I will hand it over to Natasha, I believe, to continue the presentation. And just want to also emphasize, you know, we are hoping to work with several of you through this process over the next year to implement the new protocol through a lot of different TA efforts, both one-on-one, and we're kind of coming up with ideas of different ways to continue to engage. So we are open to your ideas, if you have them, on ways to make this easier for you all to implement. Thank you so much.

**Natasha Reese-McLaughlin:**

Great. Thank you so much, Carlye. Next slide, please.

So I'll start us off today by describing the updates made in the 2023 EQR protocols. Next slide.

But first, I'll step back and give us some context for EQR. This slide shows how EQR is one part of an interrelated set of compliance and quality requirements that apply to Medicaid and CHIP managed care. Starting at the top of the image, you can see how the state's quality strategy feeds into the state's Quality Assessment and Performance Improvement Program, known as QAPI, and then to the annual EQR, and finally back to the quality strategy. Specifically, the quality strategy articulates a state's vision and priorities for Medicaid and CHIP-managed care. States incorporate the priorities from their quality strategy in QAPI programs by identifying specific measures and targets for quality improvement in their managed care plan contracts. The External Quality Review Organization, or EQRO, then validates the performance improvement projects, or PIPs, performance measures, and other performance data that

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plans are required to report as part of the QAPI program and prepares the EQR technical report. And finally, the feedback from the EQRO is then used by states when they examine and update their quality strategy.

Before we move on, I want to take a moment to acknowledge that there are a lot of acronyms and technical terms in this webinar. We'll do our best to define them, but I wanted to mention that the updated protocols contain a glossary and list of acronyms. Next slide.

As you can see in this slide, EQR includes a set of four mandatory and six optional EQR-related activities. As a reminder, all EQR-related activities apply to both Medicaid and CHIP-managed care. As shown in the top row of this graphic, EQR includes three areas of review, performance improvement, performance management, and managed care plan compliance. Across the three areas, there are ten protocols, one for each EQR-related activity. Later in this webinar, we will focus on the fourth mandatory activity, validation of network adequacy. Next slide.

Turning to the 2023 EQR protocols, the updated protocols look similar to the 2019 protocols, but with some key updates. On the screen are four of the general updates to the protocols, including revising the text to reflect the managed care final rules, updating the format to improve the user experience, adding tips for developing EQR technical reports, and, of course, adding the network adequacy validation protocol. In addition to these updates, there were protocol-specific updates, which I'll review on the next few slides. Next slide.

This slide shares updates to the four mandatory EQR protocols. I'll highlight just a few, starting with Protocol 1. One update to Protocol 1 was clarifying the approach to validating PIPs. Specifically, Protocol 1 clarified that the EQRO should create two validation ratings, one reflecting confidence in the PIP methodology and the other reflecting the EQRO's confidence that the PIP led to improvement. Next, Protocols 2 and 3 now accommodate on-site or virtual visits. This update reflects changing practices following the COVID-19 public health emergency. Finally, other updates to Protocol 3 include clarifying the required frequency of the compliance review activity and the federal standards required under the compliance review activity. Next slide.

There were also updates to Optional Protocols 6 and 8. Protocol 6 now includes new examples of existing validated survey instruments and updates to the recommended initial sample sizes and completed survey targets for CAHPS Medicaid Child and Adult surveys. And finally, Protocol 8 now clarifies that PIPs can be conducted in conjunction with CMS and state quality improvement priorities or to align with national quality improvement initiatives. It also clarifies that these activities are eligible for enhanced federal match under certain circumstances. Next slide.

Before we turn to discuss the new Network Adequacy Validation Protocol, I wanted to share a few tips for using the protocols and for developing compliant EQR technical reports. Next slide.

The protocols now include Go Now buttons and hyperlinks throughout the document to allow users to easily navigate to the different protocols, their associated worksheets, and appendices. Additionally, we recommend that users pay close attention to the boxes included throughout the protocols, which include helpful information and reminders. Next slide.

One of the ultimate goals of the EQR protocols is to support EQROs in producing compliant technical reports. The introduction section of the protocols now includes two tables with tips for how EQROs can address EQR requirements in technical reports. You can see examples of these tables here. Table 2

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focuses on general required elements that must be in EQR technical reports, while Table 3 focuses on required elements specific to PIP and performance measure validation and the compliance review activities. Next slide.

Finally, the protocols include tips for drafting EQR technical reports that support a user's ability to understand and locate findings and topics of interest. For example, when drafting EQR technical reports, aim for clarity and concise presentation. Because not all readers have deep experience in the areas covered by EQR, avoid technical language and jargon when possible. To maximize interpretability of results, provide context for all findings included in the report. And to support the user's understanding of the findings, include the names of the managed care plans. You can also help users navigate the reports by adding hyperlinked table of contents and producing a searchable PDF.

Finally, consider using tables and charts to share information. For example, tables can be used to share summaries of plan-level recommendations and comparative information on performance measure findings. Charts can also be used to share whether each plan was compliant with the federal and state standards. Next slide.

The state is ultimately responsible for the submission of a complete and compliant EQR technical report. Upon receipt of the EQR technical report from the EQRO, the state should review the report for completeness and adherence to these protocols. For example, the state should confirm that the report includes all of the required elements as set forth in 42 CFR 438 and 457 subpart L. The state must post its finalized EQR technical report on its website by April 30th of each year. CMS additionally requests that states submit their reports to [managedcarequalityTA@cms.hhs.gov](mailto:managedcarequalityTA@cms.hhs.gov) by April 30th as well. Next slide.

This slide shows the timeline that Carlye discussed during her opening remarks. As she noted, the updated protocols were published in February 2023, and the most significant change, the network adequacy validation, goes into effect one year from the issuance of the protocol, or February 2024. Therefore, states will begin to use the protocols in 2024 with the option to complete the network adequacy validation protocol and report findings in the April 2024 EQR technical report. However, as Carlye mentioned, states may need time to update their EQRO contracts. For that reason, the results of the network adequacy validation are not required to be reported until April 2025. For this reporting year, reports due April 2023, the 2019 protocols can still be used.

Finally, as Carlye mentioned, CMS encourages states to contact the mailbox, which was provided at the end of the presentation, if there are any other updates to the protocols other than the network adequacy validation activity that will be difficult to implement by the 2024 reporting year.

I'll now pass it over to my colleague, Britta, who will walk us through the protocol for the validation of network adequacy.

### Britta Seifert:

Next slide. Thanks, Natasha. So in this section, I will provide more detail on the new EQR protocol, validation of network adequacy in Medicaid and CHIP managed care. I'll start by providing some background for this protocol. Next slide.

The 2020 Medicaid and CHIP managed care final rule outlines network adequacy requirements for states that contract with MCPs, or managed care plans, to provide Medicaid or CHIP services. To ensure

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provider networks are sufficient to provide timely and accessible care to Medicaid and CHIP beneficiaries across the continuum of services, states must develop and enforce network adequacy standards. At a minimum, states must set quantitative network adequacy standards for the provider types listed on this slide, if covered under their managed care contracts. States must set network adequacy standards for all geographic areas covered by their MCP contracts, and these standards may vary by geographic area for the same provider type. So for example, the state could set different network adequacy standards for urban, rural, and frontier regions of the state. These network adequacy provisions apply to CHIP as well as Medicaid. Next slide.

States have flexibility to set network adequacy standards that meet the needs of their Medicaid and CHIP programs. At a minimum, states must set quantitative network adequacy standards, which, as a reminder, would apply to the provider types on the previous slide. Some examples of these quantitative network adequacy standards may include, but are not limited to, minimum provider-to-enrollee ratios, maximum travel time or distance to providers, a minimum percentage of contracted providers that are accepting new patients, maximum wait times for an appointment, hours of operation, for example, requiring providers to have extended evening or weekend hours, or combinations of these quantitative measures.

When developing their network adequacy standards, states must consider the diverse needs of their Medicaid and CHIP populations and should also consider the use of telemedicine, if needed, to ensure sufficient network adequacy. States must require MCPs that enroll American Indian and Alaska Native beneficiaries to demonstrate that their networks include sufficient Indian healthcare providers so as to ensure timely access to services for these populations. Additionally, we note that state-defined network adequacy standards must be included in the state's quality strategy and published on the state's website. Next slide.

Medicaid and CHIP MCPs must conduct various activities to assess the adequacy of their networks and must maintain provider and beneficiary data sets that allow monitoring of network adequacy. States can determine the strategies used to assess network adequacy. These strategies will vary based on the quantitative standards set by the state. Some examples include geomapping to determine if provider networks meet time and distance standards, calculating provider-to-enrollee ratios, analyzing in-network and out-of-network utilization data to identify gaps in access, and conducting telephone surveys or site visits to validate provider directory information, such as hours of operation. Next slide.

To support states in complying with network adequacy validation requirements and to guide the validation of network adequacy as part of the annual EQR process, CMS developed Protocol 4, Validation of Network Adequacy. In this next portion of the presentation, I will provide an overview of Protocol 4 and then walk through the specific activities, steps, and worksheets within the protocol. Next slide.

As a reminder, the validation of network adequacy is a mandatory EQR-related activity. The protocol is designed to be flexible, recognizing that network adequacy standards vary across states and may also vary within a state, and recognizing that MCPs may use a range of approaches to monitor network adequacy, as we discussed on previous slides. As practices have changed in relation to the COVID-19 public health emergency, the protocol is designed to support activities that may be conducted on-site or remotely. And while the protocol is written as if the EQRO is validating network adequacy analyses conducted by MCPs, this protocol also applies when states opt to conduct the network adequacy analysis

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using data submitted by the MCPs or other data sources. In such cases, the EQRO will validate the indicators produced by the state as if they were calculated by the MCP. Next slide.

In completing Protocol 4, the EQRO will first validate the data and methods that MCPs use to assess the adequacy of their networks. Then, the EQRO will validate the results submitted by the MCPs and generate a validation rating for each network adequacy indicator. Finally, the EQRO will report the validation findings in the annual EQR technical report. Next slide.

The six activities within Protocol 4 are organized into three phases, planning, analysis, and reporting. We will discuss each activity in greater detail in the coming slides. Next slide.

Additionally, Protocol 4 includes eight worksheets. The worksheets are intended to help structure the way information is collected and reported by EQROs and promote compliance with the network adequacy validation protocol. States and EQROs are encouraged but not required to use the worksheets. Next slide.

This slide shows the worksheets organized by phase of the protocol. We'll discuss the individual worksheets in greater detail in the coming slides. Next slide.

We'll now walk through each activity in Protocol 4. In Activity 1, the EQRO will work with the state to obtain all of the information needed for the validation. This includes identifying the state's quantitative network adequacy standards and gathering a complete picture of the network adequacy data and documentation that MCPs submit to the state. Based on the network adequacy standards identified, the EQRO will work with the state to identify and define the network adequacy indicators and the provider types that will be included in the validation. The EQRO and the state will establish an approach for the network adequacy validation, including the activities and timeline. There are two worksheets for Activity 1. Next slide.

Throughout Protocol 4, we use the terms network adequacy standards and network adequacy indicators. The state establishes network adequacy standards to set expectations for contracted MCPs' provider networks. So for example, a network adequacy standard may be that all enrollees have access to a primary care provider within 30 miles or 30 minutes of their home. For each standard, the state and the EQRO will define the network adequacy indicator, a metric to measure adherence to network adequacy standards and determine plan compliance with the network adequacy standards. For the network adequacy standard example provided, the network adequacy indicator could be the proportion of enrollees who have access to a PCP within 30 miles or 30 minutes of their home. Next slide.

Worksheet 4.1 guides the state and the EQRO to identify all state network adequacy standards that should be addressed in the validation. In the table, the EQRO should list the quantitative network adequacy standards to be validated. For each standard, the EQRO should note the provider and plan types to which the standard applies, the applicable regions, and the data and documentation submitted by MCPs, including the frequency with which data are submitted. When standards differ by region, they should be listed in separate rows in the table. Next slide.

Worksheet 4.2 provides a template to identify and define the network adequacy indicators that the EQRO will need to validate. To start, the EQRO will fill in the first column of the table with the network adequacy standards from Worksheet 4.1. The state and the EQRO will then identify and define the indicators that will be validated, listing each indicator in its own row. Next slide.

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This slide provides some examples of questions the EQRO and state may discuss as part of defining network adequacy indicators and provider types. Before the EQRO begins the validation, it is important that the state and the EQRO address methodological issues that could impact indicator calculations. For example, for time and distance network adequacy standards, the state and EQRO should clarify how time and distance are measured. For provider types, the state and the EQRO should clarify which provider types are considered primary care providers, and whether providers who primarily serve adults might count towards network adequacy standards for the pediatric population under certain circumstances. Next slide.

In Activity 2, the EQRO will identify all data sources needed for the validation, based on the scope established with the state in Activity 1. The EQRO will answer additional questions about each data source, consulting with the state as necessary. There is one worksheet for Activity 2. Next slide.

This slide provides examples of data sources that may be included in the network adequacy validation, and example questions the EQRO may answer for each data source to ensure it has all pertinent information to conduct the validation. The data sources needed for validation will depend on the network adequacy indicators. Examples include beneficiary enrollment files and provider network data files, claims and encounter data, grievance and appeals data, and survey data, such as CAHPS. Additionally, depending on the scope of the validation, the EQRO may collect primary data, such as conducting an appointment availability study. Consulting with the state as needed, the EQRO should understand which variables within each data source are necessary for the validation activity, whether the state sets standards for completeness and accuracy of the data, and what challenges the EQRO may encounter in accessing and using the data. Next slide.

Worksheet 4.3 provides a template to identify all data sources needed for the validation. The EQRO should start by filling in the first column of the table with the network adequacy indicators identified in Worksheet 4.2, adding rows as necessary. If multiple data sources will be used to validate a given indicator, each data source should be listed in a separate row. The EQRO should then fill in the remaining columns with information about the data source. Next slide.

In Activity 3, the EQRO will determine if the MCP's information systems are able to collect and report high-quality network adequacy data. First, the EQRO will review the MCP's most recently completed Information System Capacity Assessment, or ISCA. Next, the EQRO will review any data sources included in the network adequacy validation that were not reviewed in the ISCA. The EQRO will assess the integrity of the systems that collect, store, and process this data. Finally, the EQRO will interview the MCP or other personnel to clarify findings. There are two worksheets for Activity 3. Next slide.

This slide provides additional information on the ISCA, which is used to validate MCP information systems, processes, and data. The ISCA is a mandatory component of the EQR as part of the four mandatory protocols, as well as Protocols 5 and 7, if applicable. If the MCP has completed an ISCA within the previous two years, the EQRO should review the findings. If the MCP has not completed an ISCA within the previous two years, the EQRO must conduct one using the processes outlined in Appendix A of the protocols. Next slide.

The EQRO can use Worksheet 4.4 to describe concerns identified in their review of the MCP's ISCA. The EQRO will fill in the first column of the table with the data sources identified in Activity 2 that are covered in the ISCA. The EQRO will fill in the remaining columns to describe the concern and potential

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workarounds. If no data concerns are identified for a given data source, the EQRO will enter not identified in the second column. Next slide.

Worksheet 4.5 guides the EQRO to review network adequacy data sources not included in the ISCA. This may include MCP data sources, data from non-MCP entities, and primary data the EQRO will collect for the network adequacy validation. For each data source, the EQRO will respond to the questions in the table to assess the integrity of the system that collects, stores, and processes the data. A subset of questions in the table are included on this slide. Next slide.

Activity 4 is the core activity of Protocol 4. In this activity, the EQRO will validate the MCP's assessment of its network adequacy. Activity 4 has four steps, which we will describe in greater detail. There are two worksheets for Activity 4. Next slide.

The first three steps of Activity 4 correspond to Worksheet 4.6. In Step 1, the EQRO will assess the reliability and validity of the MCP's network adequacy data. In Step 2, the EQRO will discuss the methods that MCPs use to assess network adequacy. The EQRO will consider whether the MCP's approach aligns with the state's expectations. This step draws upon the work the EQRO did with the state earlier in the protocol to identify and define the network adequacy standards and indicators. In Step 3, the EQRO will validate the network adequacy results submitted by the MCP to understand if they are valid, accurate, and reliable. This step may involve reproducing the MCP's calculations and/or conducting studies to validate the MCP's results, depending on the scope the EQRO established with the state. Next slide.

Worksheet 4.6 provides a template for reviewing the data, methods, and results, and then guides the EQRO to generate a validation rating for each network adequacy indicator. The EQRO will complete Worksheet 4.6 for each network adequacy indicator to be validated. A subset of the questions in Worksheet 4.6 are included in this and the next slide. As you can see, the worksheet includes questions around the MCP's network adequacy data collection procedures, methods, and results. For each question, the EQRO will select yes, no, or not applicable. The EQRO will insert comments to explain no and not applicable responses. If an item is partially met, the EQRO will select no and explain in the comments. Next slide.

Worksheet 4.6 is continued on this slide. The last portion of the worksheet guides the EQRO to calculate a validation score based on their responses to the questions, and then determine a validation rating. The validation rating reflects the EQRO's overall confidence that an acceptable methodology was used for all phases of design, data collection, analysis, and interpretation of the network adequacy indicator. At the end of the worksheet, the EQRO will provide a summary of its findings for the network adequacy indicator, including any overarching comments. Next slide.

We will now discuss Step 4 of Activity 4, which corresponds to Worksheet 4.7. In Step 4, the EQRO will summarize its overall findings for each MCP. The EQRO will review the indicators validated in Steps 1 through 3 against the list of state network adequacy standards and indicators established in Activity 1. The EQRO will indicate whether the MCP addresses all required network adequacy indicators in its monitoring activities, provide the validation rating for each indicator, and note any network adequacy indicators that could not be validated. Next slide.

Worksheet 4.7 guides the EQRO in summarizing its findings. The EQRO will fill out Worksheet 4.7 for each MCP. The EQRO will list all network adequacy indicators in the first column of the table. In the second column, the EQRO will note if the indicator is addressed in the MCP's network adequacy



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monitoring activities. The EQRO will provide the validation rating it generated for the indicator using Worksheet 4.6. As needed, the EQRO will use the comments section to provide any additional context, including if the indicator could not be validated. Next slide.

In Activity 5, the EQRO will prepare a preliminary validation report for each MCP that includes the findings from the network adequacy validation and validation rating, areas of concern identified, and recommendations for improvement. The MCP will review the report and may provide the EQRO with documentation to correct any errors or omissions. The EQRO may follow up with the MCP as needed. There are no worksheets for Activity 5. Next slide.

Activity 6 is the final activity in Protocol 4. This activity guides the EQRO to compile each MCP's network adequacy validation results into the annual EQR technical report. The report will include the EQRO's assessment of each MCP's ability to collect reliable and valid network adequacy monitoring data, use sound methodology to assess network adequacy, and produce accurate results that enable the MCP and the State to effectively monitor network adequacy. There is one worksheet for Activity 6. Next slide.

The EQRO will use Worksheet 4.8 to summarize its prior recommendations for the MCP related to network adequacy and the MCP's response, if applicable. Additionally, the EQRO will provide its recommendations based on the current network adequacy validation cycle. The recommendations should be specific and actionable to support improvement of the MCP's assessment of network adequacy. Next slide.

The EQRO's technical report should follow the State's required format and include the following. A description of the State's network adequacy standards and the corresponding indicators that were validated for each MCP. A list of all data and documentation that were validated. A narrative description of the EQRO's validation activities. Findings from each MCP's ISCA that relate to the network adequacy validation. A description of the EQRO's analyses and conclusions for each validation activity. The EQRO's recommendations for improvement for each MCP. And all worksheets and tools used in the validation and any other supporting documentation. EQROs are encouraged to present this information in a summary narrative format with supporting tables and graphics where appropriate. For further guidance on producing a clear and concise report, EQROs are encouraged to reference the tips for drafting an effective EQR technical report, which we discussed earlier in this presentation and are included in the introduction to the protocols. Additionally, the worksheets for Protocol 4 provide guidance on the content that should be included in the technical report. Next slide.

We will end this presentation with a recap of key activities for each phase of the network adequacy validation. In the planning phase of the protocol, EQROs will work with the state to establish clear definitions for all network adequacy standards and the corresponding network adequacy indicators. When applicable, the EQRO will review past network adequacy validation reports to understand approaches used by MCPs to monitor network adequacy in the past, as well as the EQRO's prior approach to network adequacy validation and its findings. When analyzing network adequacy data methods and results, the EQRO will compare the MCP's current data against prior data to identify any major changes that could reflect data quality issues. The EQRO should also take care to assess whether the MCP's definitions and methods for calculating each network adequacy indicator align with the State's expectations. In reporting the results of the network adequacy validation, the EQRO should make sure the report meets both the state's required format and federal requirements. When possible, the

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EQRO's report should identify recommendations from the previous year's report and discuss progress the MCP has made on those recommendations. Next slide.

I will now share some technical assistance resources. Next slide.

First, we wanted to note that the updated protocols are available on Medicaid.gov. Additionally, fillable versions of the worksheets can be downloaded from Medicaid.gov. Next slide.

We wanted to let you know about two toolkits that relate to network adequacy. The first toolkit, "Promoting Access in Medicaid and CHIP Managed Care: A Toolkit For Ensuring Provider Network Adequacy And Service Availability," contains information and resources about promoting network adequacy. The second, "Promoting Access in Medicaid and CHIP Managed Care: Behavioral Health Provider Network Adequacy Toolkit," contains information focused on network adequacy and service availability standards for behavioral health. Both of these toolkits are linked in the updated protocols. Next slide.

We've also provided links to several resources. The CMS Medicaid Managed Care Quality webpage provides an overview of Medicaid managed care and managed care quality tools, such as the state quality strategy and EQR. The CMS Medicaid Quality of Care webpage includes links to information about Medicaid and CHIP performance measurement and quality improvement initiatives. There are two mailboxes you can contact for technical assistance. The first mailbox is for TA related to EQR and the updated protocols. The second mailbox is for TA related to the Child, Adult, and Health Home Core Set measures. I will now turn it over to Margo Rosenbach, who will lead us in the Q&A. Next slide.

### Margo Rosenbach:

Thanks, Britta, and thanks, Natasha and Carlye, as well.

I want to remind everybody that if you want to ask a question, please use the Q&A panel in the bottom right corner of your screen. We already do have a number of questions, and I'll start with those. But please, in the meantime, do send your questions. If they are specific to your state, we do ask you to contact one of the TA mailboxes rather than to ask the question today.

So the first, several people asked, will the slides be available? And also, will there be a webinar recording that will be shared at a later date? And so, yes, there will be slides, recordings, and transcripts from the webinar posted on Medicaid.gov, and CMS will notify registrants when the materials are available on Medicaid.gov.

Another question was about the timeline and whether we could please repeat the timeline for the updated EQR protocols. And so I'm going to ask Natasha to handle that one and also ask Katie to go back to slide 16.

### Natasha Reese-McLaughlin:

Absolutely. Thanks, Margo. So again, the updated protocols were published in February 2023. They're currently available online. And the most significant change, the network adequacy validation, goes into effect one year from the issuance of that protocol, or February 2024. Therefore, states should begin to use the new protocol in 2024 with the option to complete the network adequacy validation protocol and report findings in the April 2024 EQR technical report. However, as Carlye noted, states may need time to update their EQRO contracts. For that reason, the results of the network adequacy validation are not

required to be reported until April 2025. The reports for this reporting year, so the reports due April 30, 2023, you can still use the 2019 protocols for those.

**Margo Rosenbach:**

All right. Thank you so much, Natasha. And, again, for those who would like to see this documented in writing, these slides will become available at some point very soon.

So another question we received is whether Protocol 4 applies only to MCPs or whether they also include PCCMs. And so, to clarify, Protocol 4 applies to managed care organizations, PIPs and PAPs, but it does not apply to PCCMs.

And also to clarify, we had a question about whether states that conduct their own assessment of network adequacy, those results must be validated starting in 2024. And so, yes, states who do conduct their own assessment of network adequacy would also follow the timeline that Natasha just presented.

So the next question I'm going to give to Carlye, and that question is, can the EQRO be the one conducting the appointment availability studies for network adequacy? Carlye?

**Carlye Burd:**

Yeah. So that's a really good question. And we would recommend that you look into using the optional activity, which is in 438.358.C5. And this is an optional EQRO activity, and it is on conducting of studies on quality that focus on a particular aspect of clinical services at a point in time. And we believe that this is appropriate for an EQRO to conduct those types of studies on network adequacy. So the short answer is yes, and the long answer is look at 438.358.C5 for that reference.

**Margo Rosenbach:**

Thanks, Carlye.

So we have a question about whether states can now receive 75 percent FFP match for MCOs validated for Protocol 4, or will that have to wait until April 2025? Carlye, can you answer that one?

**Carlye Burd:**

Yes. And Jessica Hickey, who's on the line, she's my counterpart in the Division of Managed Care Operations. So she can also chime in here. But since the activity goes into effect in February 2024, one year following the publication of the protocol, the enhanced FMAP will be available starting in 2024. So that is the year when EQROs will begin to actually conduct the network adequacy validation activity. And so, that is the year, next year, 2024, when that enhanced match will be available. You do not have to wait until the results are reported in the EQRO reports to receive that match. That can start next year. And thank you for that question. Very, very good question.

**Margo Rosenbach:**

Thanks, Carlye. We have a couple of questions related to whether this is a mandatory activity every year and whether all indicators need to be validated every year, need to be conducted, or whether states with many standards could assess them on a rolling cycle across years. And I think certainly as part of the

planning process, we encourage states to consider what the indicators are that would comply with the network adequacy requirements.

And if you have specific questions, to please submit them to the TA mailbox. It's a little bit hard to generalize based on this question. It is an annual activity, so please do submit them if you have specific questions.

Carlye, did you want to add anything here?

**Carlye Burd:**

I did. Basically building off of what you were just saying, Margo, is that this is an annual activity. It's not like the EQRO activity is for compliance review. That happens every 3 years. This is an annual activity. So if you do have any specific concerns or questions about that that are specific to your state, definitely feel free to reach out to us.

**Margo Rosenbach:**

Thanks, Carlye.

We did have a couple questions about the calculation of some of the metrics. For example, the strength of confidence in validity of scores and ratings and using the same scoring range for high, moderate, low confidence and wanting to know whether that was required or whether EQROs can create their own scoring range to define the confidence limits. Again, this is encouraged, not required. I would say that we want to make sure that there is a rigorous approach and a standardized approach to calculating the strength of confidence within the Network Adequacy Validation Protocol. You are not required to use this approach, but please, you know, take a close look at it and make sure that there is a quantitative approach to doing this so that there is a rigorous approach.

All right. Let's see.

We did have a question of if there were no findings or recommendations in the prior year, should the report table be populated with none, not applicable or not included, but just a general statement to that point? And I think the table makes it very explicit that there were no findings or recommendations in the prior year, but again, it's not required that you use that table to populate. And we also do understand that in the first year of using this protocol, there's not likely to be findings or recommendations from the prior year unless a state was conducting its own assessments previously.

All right.

We also have some questions about whether HEDIS results meet the requirement for the ISCA, and I think, again, that would depend on what a state is doing specifically. If they have an information systems assessment completed as part of a HEDIS audit, that may count as an ISCA, but I think it would depend on exactly what HEDIS results states are referring to or what has been conducted. So if there are questions, please do send them to the TA mailbox.

Another question, is there flexibility in choosing the adequacy standards that may be in an MCO contract, or is it expected that any and all network adequacy standards or metrics be included in the EQRO analysis? Carlye or Amy or Jessica, did you want to handle that?

**Carlye Burd:**

I will defer to Amy on the first part of the question around flexibility in choosing adequacy standards in the MCO contract. I believe that she can speak to that aspect. I'll just say that the network adequacy validation is meant to be inclusive and exhaustive activity. And this is in the regulations. The requirements set forth in 438.68 are the requirements that we require for the EQRO validation of network adequacy in the preceding 12 months on an annual basis. And then there's separate requirements for states that enroll Native Americans.

So Amy, do you want to say anything about the flexibilities that states have for choosing their adequacy standards?

**Amy Gentile:**

Well, states have a great deal of flexibility. As the rule states in 438.68B, it is a quantitative network adequacy standard. So again, that provides the state with a great deal of flexibility. I believe there was a piece of the question about what is in the contract. Obviously, whatever network adequacy standards are developed must be, as, again, required by the regulations, must be stipulated in the plan contract.

**Margo Rosenbach:**

Thank you.

I think we're coming toward the end of the questions that we have not answered. Last call for additional questions.

We did have a question. Does CMS recommend that EQROs conduct their own geomapping analysis at the same point in time as the methodology for validating MCP data? And, again, there is flexibility that this is not required both in terms of whether geomapping analysis would be conducted and at what point in time. That is something for the state and the EQRO to work out together in relation to what the standards and the indicators and the data and methods would be.

All right.

And with that, we are getting close to the end of our time. Can we move to the next slide?

So I wanted to thank everyone for participating in the webinar. On behalf of everyone here presenting, we had well over 400 people attending, and thank you for all the great interest and great questions.

And just a reminder, if you have any further questions, please email them to [managedcarequalityTA@cms.hhs.gov](mailto:managedcarequalityTA@cms.hhs.gov), and we encourage you to look closely at the protocols, the worksheets, and all the other materials on Medicaid.gov.

So thank you all.