

translation and interpretation services during the grievance process. However, since enrollee interviews are time and resource intensive and beneficiary survey results are specified for consideration as accessory information, we have not included this activity.

*Comment:* One commenter recommended reviewers interview enrollees to determine how they are informed of the right to request continuation of benefits pending resolution of an appeal or fair hearing, and whether continuing benefits were received when requested. The commenter also suggested that the reviewers compare the MCO's policies with the enrollees' experiences.

*Response:* As noted previously, enrollee interviews are time and resource intensive and are therefore not a review activity included in the protocol. Instead, reviewers are directed to review the results of beneficiary surveys as accessory information. The protocol also specifies a review of the MCO/PIHP administrative policies and procedures, and the review of a sample of notices, to determine the extent to which enrollees are informed of their right to request continuation of benefits pending resolution of an appeal or fair hearing. The findings from the document reviews can then be compared to the survey results as suggested by the commenter.

*Comment:* One commenter disagreed with the protocol not permitting the combination of case manager and care coordinator interviews with other interviews. The commenter further recommended the protocol include interview questions for case managers and care coordinators on the enrollees' process for accessing case management services to ensure consistency with MCO policies, the procedures for interfacing with carved-out or other services not covered by the MCO, and the ease of accessing specialist care.

*Response:* The protocol specifies that the case manager's and care coordinator's interviews may be combined with the Medical Director interview or the Utilization Management interview. This option is consistent with the process used by private accrediting bodies and in the Medicare program reviews. The protocol specifies potential interview questions for case managers and care coordinators to confirm MCO/PIHP compliance with the regulatory requirements pertaining to enrollee rights, service access, and coordination and continuity of care. However, if issues arise during the document review concerning the process for accessing case management services, for interfacing with carved-out

or other services not covered by the MCO, or the ease of accessing specialist care, reviewers are directed to explore them during the interviews. We believe this direction affords the reviewers the flexibility necessary to appropriately tailor the review activity to the structure, operations, and circumstances identified for each MCO/PIHP. Further, we do not believe it is possible, given the diversity among States and MCOs/PIHPs and the scope of the review itself, to include in the list of potential interview questions probes to explore every possible problem or issue that might arise.

*Comment:* One commenter believes that in collecting accessory information it is important to consider non-Medicaid enrollee survey results and compare these to the Medicaid results to ensure all enrollees are receiving the same level of care.

*Response:* We believe there are numerous analyses of EQR-related activities that can be undertaken. Specifically, the results of compliance monitoring, encounter data, and performance measurements can all be compared, contrasted, analyzed, and correlated. We do not believe the Federal government can or should specify a single set of analyses that will yield the most useful information for all States and MCOs/PIHPs. We believe that States will choose their EQROs on the basis of their demonstrated competence in quality review and analysis, and we defer to the State's decisions about the lines of inquiry EQROs should pursue regarding all EQR-related data, including surveys of Medicaid enrollees and possible comparisons to Medicare enrollees, commercial enrollees, and SCHIP enrollees.

#### *C. Protocols for Calculating or Validating Performance Measures*

*Comment:* One commenter asked that clarification be provided regarding the collection and validation of performance measures. The commenter is concerned that there is no description of essential EQRO activities to ensure that the performance measures being used by the State are scientifically sound, meaningful, valid, and reproducible. The commenter does not believe that the collection methodology outlined in the protocols will ensure valid and reliable measures. The commenter recommended that we take steps to ensure that EQROs use only evidence-based performance measures.

*Response:* We disagree with the commenter. The protocols outline a methodology to be used in the validation or calculation of performance measures to ensure that valid and

reliable measures are calculated or to determine the extent to which valid and reliable measures have been calculated by the MCO/PIHP. The protocols were designed to be consistent with approaches used by NCQA and Medicare QIOs but to also describe how to validate or calculate measures such as those found in HEDIS as well as those developed by States or other groups or organizations. We advocate the calculation of measures that have been tested and accepted in the private and public sectors but provide States with the flexibility to develop measures or use measures developed by others that meet their program needs.

In addition to specifying essential activities to be conducted as part of performance measure validation or calculation, we have provided an Appendix to this protocol that provides guidance on how to assess an MCO's or PIHP's underlying information system (IS) to ensure that valid and reliable data are used in the calculation of the performance measures. The IS assessment may be conducted as part of this protocol by the EQRO validating or calculating the performance measures, or the EQRO may review an assessment conducted by another party.

*Comment:* One commenter believes that States have already invested substantial resources in establishing systems to carry out performance measurement activities and that it is not clear how these established systems can be adapted easily to meet the requirements of the protocols.

*Response:* Because the essential components of the protocols are accepted practice in both the public and private sector, we expect that States will not have to significantly adapt their approaches to performance measurement. The performance measures protocols are to be used for validating measures calculated by the MCO or PIHP as required by the Medicaid managed care final rule or for calculating additional measures as directed by the State. State approaches to performance measurement might vary but we expect States to require the essential components of the protocol for performance measurement activities—review of MCO/PIHP data management processes, evaluation of compliance with specifications for performance measures, and verification of performance measurement.

*Comment:* One commenter believes this protocol is outdated and suggested we reference current industry tools. Another commenter argued that the performance measure validation process is heavily biased toward proprietary systems entities developed in the