

**MHCC-13-024**

**Practitioner Performance Measurement (PPM)  
Planning Process**

**Phase 5**

**RFP**

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## Notes for SECTION 1 – GENERAL INFORMATION

- Qualified Offerors are encouraged to submit a proposal for one or more of the Tasks to be performed identified below and further clarified within Sections 2 and 3 of the solicitation:
  - **Task 1 – Data Warehouse.** The Contractor shall receive claims data from multiple commercial payers to accurately combine with Medicaid data and Medicare Parts A and B claims, and part D drug event data for the purposes of practitioner performance measurement (PPM) by implementing technical specifications for matching provider and patient identifiers across different claims data sources.
  - **Task 2 – Measurement Development.** The Contractor shall provide operational and technical support in the area of quality measurement and analysis of performance to MHCC for the purpose of the development and implementation of the PPM system. This will include the provision of technical guidance and advice on measure selection and specification as well as the design and implementation of related measurement methodology. The contractor will also provide certain cross-cutting support & coordination functions across the other tasks.
  - Task 3– Quality and Analytics Reporting (Website and Secure Portal).** The Contractor shall design and maintain a private secure website (portal) for providers to transmit data and preview their own data prior to public release. The Contractor shall design web-based infrastructure to disseminate performance measurement results to the public.
- MHCC expects that some of the tasks and sub-tasks will be performed concurrently and that successful Offerors will work with MHCC, contractors, and other identified parties such as a multi-stakeholder workgroup to accomplish the goals of the PPM program.
- Insomuch as the MHCC is interested in aggregating Medicare data with the All-Payer Claims Database (APCD), the MHCC will need to be certified through the Qualified Entity Certification Program (QECF) to gain access to the data. Successful Offerors may be required to partner with MHCC in the QECF application process which may include but is not limited to tasks such as submission of required evidence, completion of required documentation and participation in monitoring reviews to meet QECF program requirements.

### **Quality Assurance and Reporting Requirements**

- Contractor shall participate in a Kick-off Meeting
- Contractor shall develop and maintain a project management plan and schedule
- Contractor shall participate in and contribute to the development of interface control documents, which describes the flow of transfer of files between Contractors and MHCC systems, specifies file layouts, and security protocols and transmission requirements necessary for the successful sending and receiving of data.

## SECTION 2 – MINIMUM QUALIFICATIONS

### 2.1 Offerer Minimum Qualifications

The Offeror must provide proof with its Proposal that the following Minimum Qualifications have been met:

2.1.1 Evidence of Previous Experience: The Offeror shall meet the *Evidence of Previous Experience* requirements for each Task and sub-task to which the Offeror has submitted a proposal as further clarified in Section 3 SCOPE OF WORK. As proof of meeting these requirements, the Offeror will provide with its Proposal documentation specific examples to satisfy each of the Evidence of Previous Experience requirements.

2.1.2 Past Performance: The Offeror must provide examples of related projects for each Task to which the Offeror has submitted a proposal. The project description should include information on the project goals, services provided, and deliverables. The Offeror must also include a contact for each client that can document the Offeror's ability to provide the services specified in this RFP:

- a. Description of project;
  - i. Project goals
  - ii. Services provided
  - iii. List of deliverables
- b. Name of client organization;
- c. Name, title, telephone number and e-mail address of point of contact for client organization.

2.1.3 The Offeror shall meet current National Institute of Standards and Technology (NIST) Certification and Accreditation for compliance with FIPS 200 and Special Publication (SP) 800-53 (<http://csrc.nist.gov/publications/PubsSPs.html#800-53>) at the moderate impact level. If the Offeror has not undergone this Certification and Accreditation process, it must produce documentation of the systems and protocols that meet this same threshold with respect to the security factors further described in Section 3.3 SECURITY REQUIREMENTS of this Request for Proposal.

## SECTION 3 – SCOPE OF WORK

### 3.1 Background and Purpose

#### 3.1.1 Purpose

The Maryland Health Care Commission (MHCC or the Commission), is issuing this Request for Proposals (RFP) to support development and implementation of a PPM program, one component of the state of Maryland's development of the Community-Integrated Medical Home (CIMH). There are three separate but related tasks associated with this RFP where a Contractor or Contractors will be responsible for the development and implementation of a PPM system. This includes combining data from multiple claims sources, choice and programming of quality measures, design and application of associated measurement methodology, dissemination of performance data to practitioners, and public reporting of measure results in a useful format.

### **3.1.2 Background**

With the advent of health care reform, there is an increased need for detailed information on health care utilization, the relationship between health care utilization and health plan benefit design, and quality of care. In response to the need for more information and new reporting requirements placed on the MHCC by the Legislature and other state agencies, such as the Maryland Insurance Administration and the Maryland Health Benefit Exchange, the MHCC has developed a plan for expanding the data contained in the APCD and how that data will be utilized to produce new information to promote quality and affordable health care.

As part of that plan, previous work supported by a successful bid by the state of Maryland for the “State Innovation Models” grant opportunity from the Center for Medicare & Medicaid Innovation (CMMI) at the Centers for Medicare & Medicaid Services (CMS) allowed for a readiness assessment and initial planning for the development of a practitioner performance measurement program (PPM). The planning process included the involvement of a multi-stakeholder work group to review recommendations and provide feedback. Details of this work can be found in the project’s Phase 1, 2 and 4 reports as referenced in this RFP’s Appendix.

The goal of the PPM program is to build a robust data base and use it to produce meaningful public reports on practitioners’ performance. The intent is to utilize three sources of claims data that the PPM program can bring together: the existing APCD, Medicare data when MHCC becomes a Qualified Entity (QE), and Medicaid data. MHCC’s plan is to begin the performance reporting system focusing on what is both meaningful and feasible in the shorter term. Once the performance measurement system supports the initial reports, MHCC intends to enlarge the program with additional measures and ratings, and an eye toward a more comprehensive, robust program over time.

Insomuch as the MHCC is interested in aggregating Medicare data with the APCD, the MHCC will need to be certified as a QE to gain access to the data. The QECP is designed to evaluate existing performance reporting entities for their ability to function as QEs, and contingent on the entities meeting or exceeding certain standards, to provide them with Medicare data to enhance their current performance measurement efforts. As such, many of the requirements included in this RFP align directly with QECP standards. Further details related to the QECP can be found in the Operations Manual as referenced in this RFP’s Appendix.

## **3.2 Scope of Work – Requirements**

### **3.2.1 Task 1 – Data Warehouse**

The Contractor shall receive claims data from multiple commercial payers to accurately combine with Medicaid data and Medicare Parts A and B claims, and part D drug event data for the purposes of provider performance measurement.

The Contractor shall maintain a data base of patient-level data sets in accordance with applicable Federal and State requirements governing clinical/confidential health information (see Section 3.3 Security Requirements).

#### **3.2.1.1 - Receive Claims Data (2A)**

The Contractor shall be required to receive claims data from multiple commercial payers to combine with Medicaid data and Medicare Parts A and B claims, and part D drug event data. The Contractor shall have an understanding and keep documentation of the volume of data, market share of claims from each payer in the region represented, duration of use, geographic coverage of the data, provider types included in the data and demographic information about data sources.

**Evidence of Previous Experience:** The organization is required to demonstrate experience receiving claims data from multiple commercial payers, Medicare and Medicaid.

#### **Deliverables:**

1. Produce documentation and analytic reports of the volume of data, market share of claims from each payer in the region represented, duration of use, geographic coverage of the data, provider types included in the data and demographic information about the data sources.

#### **3.2.1.2 - Accurately Combine Claims Data from Multiple Sources (2B)**

The Contractor shall accurately combine claims data from multiple sources including several commercial payers, Medicaid and Medicare for the purposes of provider performance measurement by implementing technical specifications for matching provider and patient identifiers across different claims data sources.

**Evidence of Previous Experience:** The organization is required to demonstrate experience, generally 3 or more years, accurately combining claims data from different payer sources to produce at least two performance measures. Documentation should include previously developed performance measurement report(s), containing at least two performance measures, created by combining at least two different claims data sources.

#### **Deliverables:**

1. Produce narrative and technical specifications for provider and patient matching including a map or explanation of how provider and patient identifiers were linked across claims sources
2. Description of the process implemented to test the accuracy of data linkage and correct data linkage errors
3. Error reports demonstrating the volume of data linkage errors.

### **3.2.2 Task 2 – Measurement Development**

The Contractor shall provide operational and technical support in the area of quality measurement and analysis of performance to MHCC for the purpose of the development and implementation of the PPM system. This will include the provision of technical guidance and advice on measure selection and

specification as well as the design and implementation of related measurement methodology. The contractor will also provide certain cross-cutting support & coordination functions across the other tasks.

#### ***3.2.2.1 – Provide Technical Guidance on Measures and Use Measure Specifications Accurately (4A)***

Under the QECP, measures are defined as either “Standard” or “Alternative” measures. Standard measures are defined as those measures that are:

- Currently used in CMS Programs that include quality measurement,
- NQF endorsed or
- Measures endorsed by a CMS-approved Consensus-Based Entity (CBE)

All other measures are defined as alternative. Of note, composite measures are considered alternative measures, even if they or combine only standard measures, unless the standard measure itself is a composite.

The Contractor will work with MHCC to develop the list of performance measures to be utilized in the PPM program. The Contractor will provide technical guidance to MHCC and advise on measure selection and specification. Working with the Contractor, MHCC will decide upon the final list of measures based on a number of factors such as feasibility given the data available, accuracy of data elements in measures based upon APCD data, and importance related to Maryland health priorities. See the PPM program planning project’s phase 1, 2 & 4 reports as referenced in this RFP’s appendix for a more comprehensive list of considerations.

For the measures that will be utilized in the program, the Contractor shall leverage and obtain the most up-to-date specifications available from current measure stewards. The Contractor shall use measure specifications accurately for selected measures, including numerator and denominator inclusions and exclusions, measured time periods, and specified data sources.

**Standard Measures (5A):** For each measure that will be utilized in the PPM program that is standard, the Contractor shall describe and track a description of the measure including:

- NQF-endorsed measure number or CMS measure name or number
- Name of measure
- Name of measure steward/owner
- Measure description
- Type of provider to which the measure was applied
- Rationale for selecting the measure
- Rationale for selecting the measure including the relationship of the measure to existing measurement efforts
- Rationale for selecting the measure including the relevance of the measure to the population in the covered geographic area

**Alternative Measures (5B):** For each measure that will be utilized in the PPM program that is alternative, the Contractor shall describe and track a description of the measure including:

- Name of measure
- Name of measure steward/owner
- Measure description
- Type of provider to which the measure was applied
- Evidence that the measure is more valid, reliable, responsive to consumer preferences, cost-effective, or relevant to dimensions of quality and resource use not addressed by a standard measure
- Rationale for selecting the measure including the relationship of the measure to existing measurement efforts
- Rationale for selecting the measure including the relevance of the population in the covered geographic area
- With respect to the process to monitor and evaluate if new scientific evidence is released or a related standard measure is endorsed, the planned frequency of research and sources to be referenced.
- With respect to documentation of consultation and agreement with stakeholders in the performance measurement program's community about the proposed alternative measure, the date/time, location, etc. of meetings and discussion about the alternative measures. Signed off meeting minutes from committee chairs.

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience with selection, specification, programming and running of measures to generate results. The Contractor should demonstrate experience with providing technical guidance and advice on measures and measure selection in addition to executing measure specifications.

***Deliverables:***

1. Provide technical guidance and advice on measure selection and specification.
2. Provide a complete description of each selected measure per QECF requirements as described in the bulleted lists above.
3. Produce narrative, technical and electronic specifications for clinical logic and construction logic of each selected measure.
4. Program and run measures. Generate results including system input/output report/logs for each measure displaying data sources, exclusion statements, denominator values, and numerator values.

***3.2.2.2 – Design and Apply a Transparent Method for Assigning of Patients to Providers (Attribution) (4B)***

Assigning the correct patients to providers is an important part of developing accurate measurement reports. The Contractor will work with MHCC to design and apply an appropriate method to attribute a patient's services or episode of care to specific providers that is fair, consistent and transparent.

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience, generally 3 or more years, accurately attributing patient's services or episodes of care to specific providers. Experience should be demonstrated in a methodology paper or document describing attribution approaches the

organization has defined and executed over the past 3 years for at least 2 measures. If the attribution methodology has changed over the past 3 years, a rationale for the change must be supplied.

***Deliverables:***

1. Produce logic model for attribution. If there are unique exceptions to the attribution model, each methodology must be described.
2. Produce results generated from application of the model

***3.2.2.3– Design and Apply Appropriate Methodology (minimum requirements) for Establishing Statistical Validity of Measure Results for Quality Measures (4C)***

The Contractor shall work with MHCC to design and apply an appropriate methodology (minimum requirements) for establishing statistical validity of measure results for each quality measure including using only measures with at least 30 observations, or the calculated confidence interval is at least 90%, or the measure reliability is at least 0.70. Results of statistical validity testing for each quality measure shall be generated, including the actual sample/denominator size, confidence interval or reliability score (dependent upon the predetermined requirements for each measure).

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience, generally 3 or more years, producing quality measures with statistical validity. A description of the statistical validity requirements for quality measures reported in previous performance reporting efforts over the past 3 years should be provided as well as identification of at least two quality measures meeting these requirements reported over the past 3 years.

***Deliverables:***

1. Produce statistical validity requirements for each Quality measure selected
2. Produce test results for statistical validity of each Quality measure selected

***3.2.2.4 – Design and Apply Appropriate Methodology (minimum requirements) for Establishing Statistical Validity of Measure Results for Efficiency, Effectiveness, and Resource Use Measures (4D)***

The Contractor shall work with MHCC to design and apply an appropriate methodology (minimum requirements) for establishing statistical validity of measure results for each efficiency, effectiveness and resource use measure. Results of statistical validity testing for each measure shall be generated, including sample/denominator size, confidence interval, or reliability score. For measures that specify the use of a standardized payment or pricing approach, the specified standardized payment methodology shall be used.

***Evidence of Previous Experience:*** The organization shall demonstrate experience, generally 3 or more years, producing efficiency, effectiveness, and resource use measures with statistical validity. A description of the statistical validity requirements for these measures reported in previous performance reporting efforts over the past 3 years should be provided as well as identification of at least two quality measures meeting these requirements reported over the past 3 years which should be the same or similar to the measures used in this provider performance measurement program.



***Deliverables:***

1. Produce statistical validity requirements for each Efficiency, Effectiveness and Resource Use measure selected
2. Produce test results for statistical validity of each Efficiency, Effectiveness and Resource Use measure selected

***3.2.2.5 –Design and Apply Appropriate Methods to Employ Risk Adjustment (4E)***

The Contractor shall work with MHCC to design and apply a risk adjustment methodology or a rationale and detailed justification for not using risk adjustment for each selected measure. For measures where risk adjustment is applied, the Contractor shall supply a description of the risk adjustment methodology for each applicable measure.

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience, generally 3 or more years, considering risk adjustment, applying risk adjustment if any of the selected measures require a risk adjustment approach or justification for not using risk adjustment in previous performance reports.

***Deliverables:***

1. Produce narrative, technical and electronic specifications for the calculation of Risk Adjustment or a detailed justification for not using risk adjustment for each selected measure.
2. Produce results from application of Risk Adjustment methodology.

***3.2.2.6 - Design Appropriate Methods to Handle Outliers (4F)***

The Contractor shall work with MHCC to design an outlier methodology for each selected measure as applicable and provide a rationale for using, or not using an outlier methodology for each selected measure. For measures where an outlier method is applied, the Contractor shall supply a description of how outliers were identified and accounted for.

***Evidence of Previous Experience:*** The contractor is required to demonstrate experience, generally 3 or more years applying relevant outlier methods, as applicable, including showing identification of outliers, use of outlier methods, or justification of not using outlier methods in previous performance reports, for each type of measure.

***Deliverables:***

1. Produce logic model for Outliers, including rationale for using or not using an outlier methodology for each selected measure.
2. Produce results from applying the outlier methodology.

***3.2.2.7 – Use of Comparison Groups (Peer Groups) When Evaluating Providers (4G)***

The Contractor shall work with MHCC to define and apply a method (algorithm) for use of provider comparison groups to report results for each selected measure. Minimum requirements shall include for each type of provider: how the peer group was identified, defined algorithms to identify relevant peer groups for measurement and geographic parameters to correctly compare providers to their peers.

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience, generally 3 or more years, selecting relevant comparison groups (i.e., peer groups) for evaluation of providers.

Documentation should be provided showing the peer groups to which providers have been assigned, and how peer groups have been defined in previous performance reports.

***Deliverables:***

1. Produce narrative, technical and electronic specifications for use of comparison groups for each selected measure including: how the peer group was identified, defined algorithms to identify relevant peer groups for measurement and geographic parameters to correctly compare providers to their peers.
2. Produce results from application of the comparison group methodology.

***3.2.2.8 – Use of Benchmarks When Evaluating Providers (4H)***

The Contractor shall work with MHCC to design and apply a method for defining the benchmarks used to report results for each selected measure. The benchmark selection process should include at a minimum: how the benchmark was identified or estimated, type of benchmark and geographic parameters to correctly identify the benchmark (if relevant).

***Evidence of Previous Experience:*** The contractor is required to demonstrated experience, generally 3 or more years, comparing measure results with benchmarks. The contractor should provide documentation showing the comparison of provider performance results with benchmarks over the past 3 years in previous performance reports.

***Deliverables:***

1. Produce narrative, technical and electronic specifications for use of benchmarks for each selected measure.
2. Produce results from application of benchmark methodology.

***3.2.2.9 - Systematically Evaluate Accuracy of the Measurement Process and Correct Errors (6A)***

The Contractor shall work with MHCC to establish and validate its measurement and reporting processes, including correction of errors and updating of performance reports. This includes:

- Internal verification, audit process, or software used to evaluate the accuracy of calculating performance measures from claims data
- Name, credentials and title of staff responsible for verifying the measurement process
- Process for correcting errors in measurement reporting processes
- Process for updating reports to providers and consumers
- Reports generated by the validation process
- If using a subcontractor, documentation of agreement and/or purchase order of the software and/or systems vendor utilized in the validation process

***Evidence of Previous Experience:*** The Contractor shall demonstrate experience, generally 3 or more years defining and verifying its measurement and reporting processes, including evaluating the accuracy of the measurement process and correction of errors covering all relevant areas and updating of performance reports.

***Deliverables:***

1. Internal Verification, Audit Process and Process Map
2. Internal Correction of Errors in Measurement Process Narrative and Process Map
3. Updating Performance Reports Process Narrative and Process Map
4. Validation Reports
5. Subcontracting agreement with software/systems vendor (if applicable)

**3.2.3 Task 3 – Quality and Analytics Reporting (PPM Website and Secure Data Portal)**

The Contractor shall design and maintain a private secure website (portal) for providers to transmit data and preview their own data prior to public release. The Contractor shall design web-based infrastructure to disseminate performance measurement results to the public. The design of the web portal should allow for the ability to share data, whether in terms of web analytics or beneficiary data and the web interface should be built to be dynamic, such that different types of reports/modules could be added in the future. As such the Contractor should demonstrate the ability to build a broader platform and experience in creating a modular/dynamic web site.

**3.2.3.1 - Design Reporting for Providers and the Public (7A)**

The Contractor shall design and maintain a private secure website (portal) for providers to transmit data and preview their own data prior to public release. The Contractor shall design web-based infrastructure to disseminate performance measurement results to the public. The Contractor shall design and produce performance reports which include understandable descriptions of measures used for dissemination to occur annually. At a minimum the public reports should include, performance results/ratings, level of reporting, explanation of rating approaches, indication of whether each contain Medicare data, description of measures, and any performance measures in dispute.

The Contractor shall develop dissemination plans to the providers and the public. Report dissemination plans should include the following information: how to locate reports, date of report release and frequency of subsequent releases (at least annually), method(s) of distribution, target audiences and source of contact information for target audiences.,. The Contractor shall be responsible for creating new web pages for display of new measures and quality information. The Contractor shall provide assistance in the development of the narrative used to describe the measures.

***Evidence of Previous Experience:*** The Contractor shall demonstrate previous experience with the design and maintenance of a private secure website (portal) for providers to transmit data and preview their own data prior to public release, and the design of web-based infrastructure to disseminate performance results to the public.

***Deliverables:***

1. Public Website
2. Secure Data Portal
3. Produce and post summary quality performance reports for each provider
4. Produce and post Public quality performance reports

### 3.2.3.2 - Improve Reporting (7B)

The Contractor shall design and implement a process to continually assess internal processes for maximum effectiveness and efficiency in the delivery of both public and private performance reports.

**Evidence of Previous Experience:** The Contractor shall demonstrate experience, generally 3 or more years, designing and continuously improving public reporting on health care quality, efficiency, effectiveness, or resource use. As such the organization will be required to show previous evaluation of reporting for the past 3 years, such as testing with users and use of evaluations to improve reporting. Such documentation would include:

- Description of how report designers collect user feedback
- Definition of “user”
- Action plans or next steps resulting from user feedback, including whether the step has been implemented
- Process evaluation documents from the past 3 years for previous performance reporting efforts and a description of the organization’s continuous and ongoing reporting improvement process.

#### **Deliverables:**

1. Process for continuous and ongoing reporting improvement which also reflects the requirements in the bulleted list above.

### 3.2.3.3 – Establish and Initiate Corrections Process (8A)

The Contractor shall provide a reasonable time for provider review and feedback of data to be included in annual public updates.

The Contractor shall be required to implement and continuously improve the process which allows providers to view draft reports confidentially, request data, and ask for correction of errors before reports are made public. The process should include how the Contractor will share relevant information about anticipated public reporting on a provider with that provider at least 60 calendar days prior to publicly reporting results. The Contractor shall maintain accurate records of data requests and data transmissions.

**Evidence of Previous Experience:** The Contractor should demonstrate experience, generally 3 or more years, including sharing:

- Selected measures on which the provider is being measured
- Rationale for use
- Measurement methodology
- Data specifications and limitations
- Measure results for the provider
- Anticipated date for publishing reports for the public
- Description of the ongoing process by which providers may:
  - Request additional information or data
  - Request corrections or changes prior to public reporting.

### ***Deliverables:***

1. Produce Provider Data Request Log which includes the following minimum requirements and also reflect the requirements in the bulleted list above:
  - a. Name, Date and NPI of Provider requesting data
  - b. Nature of correction request
  - c. Date data transmitted
  - d. Resolution of request

### **3.2.4 Summary of Deliverables**

<b>Task</b>	<b>Deliverables</b>	<b>Deadline</b>
<b>3.2.1.1</b>	Produce documentation and analytic reports of the volume of data, market share of claims from each payer in the region represented, duration of use, geographic coverage of the data, provider types included in the data and demographic information about the data sources.	
<b>3.2.1.2</b>	Produce narrative and technical specifications for provider and patient matching Including a map or explanation of how provider and patient identifiers were linked across claims sources	
<b>3.2.1.2</b>	Description of the process implemented to test the accuracy of data linkage and correct data linkage errors	
<b>3.2.1.2</b>	Error reports demonstrating the volume of data linkage errors.	
<b>3.2.2.1</b>	Provide technical guidance and advice on measure selection and specification.	
<b>3.2.2.1</b>	Provide a complete description of each selected measure per QECP requirements	
<b>3.2.2.1</b>	Produce narrative, technical and electronic specifications for clinical logic and construction logic of each selected measure	
<b>3.2.2.1</b>	Program and run measures. Generate results including system input/output report/logs for each measure displaying data sources, exclusion statements, denominator values, and numerator values.	
<b>3.2.2.2</b>	Produce logic model for attribution. If there are unique exceptions to the attribution model, each methodology must be described.	
<b>3.2.2.2</b>	Produce results generated from application of the model	
<b>3.2.2.3</b>	Produce statistical validity requirements for each Quality measure selected	
<b>3.2.2.3</b>	Produce test results for statistical validity of each Quality measure selected	
<b>3.2.2.4</b>	Produce statistical validity requirements for each Efficiency, Effectiveness and Resource Use measure selected	
<b>3.2.2.4</b>	Produce test results for statistical validity for each Efficiency, Effectiveness and Resource Use measure selected	
<b>3.2.2.5</b>	Produce narrative, technical and electronic specifications for the calculation of Risk Adjustment or a detailed justification for not using risk adjustment for each selected measure.	
<b>3.2.2.5</b>	Produce results from application of Risk Adjustment methodology.	
<b>3.2.2.6</b>	Produce logic model for Outliers, including rationale for using or not using an outlier methodology for each selected measure.	
<b>3.2.2.6</b>	Produce results from applying the outlier methodology.	
<b>3.2.2.7</b>	Produce narrative, technical and electronic specifications for use of comparison groups for each selected measure including: how the peer group was identified, defined algorithms to identify relevant peer groups for measurement and geographic parameters to correctly compare providers to their peers.	
<b>3.2.2.7</b>	Produce results from application of the comparison group methodology.	
<b>3.2.2.8</b>	Produce narrative, technical and electronic specifications for use of benchmarks for each selected measure.	

3.2.2.8	Produce results from application of benchmark methodology.	
3.2.2.9	Internal Verification, Audit Process and Process Map	
3.2.2.9	Internal Correction of Errors in Measurement Process Narrative and Process Map	
3.2.2.9	Updating Performance Reports Process Narrative and Process Map	
3.2.2.9	Validation Reports	
3.2.2.9	Subcontracting agreement with software/systems vendor (if applicable)	
3.2.3.1	Public Website	
3.2.3.1	Secure Data Portal	
3.2.3.1	Produce and post summary quality performance reports for each provider	
3.2.3.1	Produce and post Public quality performance reports	
3.2.3.2	Process for continuous and ongoing reporting improvement	

### 3.3 Security Requirements

#### 3.3.1 – Employees Identification

(a) Each person who is an employee or agent of the Contractor or subcontractor shall display his or her company ID badge at all times while on State premises. Upon request of authorized State personnel, each such employee or agent shall provide additional photo identification.

(b) At all times at any facility, the Contractor's personnel shall cooperate with State site requirements that include but are not limited to being prepared to be escorted at all times, providing information for badge issuance, and wearing the badge in a visual location at all times.

#### 3.3.2 – Information Technology

The Contractor shall demonstrate it has rigorous security and privacy practices in place to protect the data released to it and has programs in place to enforce and monitor data security practices.

The elements listed below cover the security requirements. In general, the intent of the data security requirements is to ensure there is evidence of rigorous data privacy and security policies including enforcement mechanisms.

- **Administrative:** Show ability to comply with CMS data security and privacy requirements, and document a process to follow those protocols
- **Technical:** Identify system users and prequalification process for access to data
- **Physical:** Identify processes and systems in place to protect the IT physical infrastructure
- **Secure Transmission of Beneficiary Data:** Establish a process that applies privacy and security protections to the release of beneficiary identifiers and claims data to providers for the purposes of the requests for corrections/appeals process

**3.3.2.1 - Administrative (3A):** Show ability to comply with federal data security and privacy requirements, and document a process to follow those protocols

The Contractor has established systems and protocols to address the following security elements (as detailed in Federal Information Processing Standards [FIPS] 200

(<http://csrc.nist.gov/publications/fips/fips200/FIPS-200-final-march.pdf>):

- Audit and Accountability
- Certification, Accreditation, and Security Assessments
- Incident Response, including notifying CMS and beneficiaries of inappropriate data access, violations of applicable Federal and state privacy and security laws and regulations for the preceding 10-year period (or, if not in existence for 10 years, then for the lifetime of the organization), and any corrective actions taken to address the issue
- Planning
- Risk Assessment
- Compliance with applicable state laws regarding privacy and security

Detailed Requirements Include:

Current National Institute of Standards and Technology (NIST) Certification and Accreditation for compliance with FIPS 200 and Special Publication (SP) 800-53 at the moderate impact level

(<http://csrc.nist.gov/publications/PubsSPs.html#800-53>). If the Contractor has not undergone this Certification and Accreditation process, it must produce documentation of the systems and protocols that meet this same threshold with respect to the security factors further described below.

**Audit and Accountability:** The Contractor must: (i) create, protect, and retain information system audit records to the extent needed to enable the monitoring, analysis, investigation, and reporting of unlawful, unauthorized, or inappropriate information system activity; and (ii) ensure that the actions of individual information system users may be uniquely traced to those users so they can be held accountable for their actions.

**Certification, Accreditation, and Security Assessments:** The Contractor must (i) periodically assess the security controls in organizational information systems to determine if the controls are effective in their application; (ii) develop and implement plans of action designed to correct deficiencies and reduce or eliminate vulnerabilities in organizational information systems; (iii) authorize the operation of organizational information systems and any associated information system connections; and (iv) monitor information system security controls on an ongoing basis to ensure the continued effectiveness of the controls.

**Incident Response:** The Contractor must (i) establish an operational incident handling capability for organizational information systems that includes adequate preparation, detection, analysis, containment, recovery, and user response activities; and (ii) track, document, and report incidents to organizational officials and/or authorities.

**Planning:** The Contractor must develop, document, periodically update, and implement security plans for organizational information systems that describe the security controls in place or planned for the information systems and the rules of behavior for individuals accessing the information systems.

**Risk Assessment:** The Contractor must periodically assess the risk to organizational operations (including mission, functions, image, or reputation), organizational assets, and individuals, resulting from the operation of organizational information systems and the associated processing, storage, or transmission of organizational information.

**Compliance with applicable state laws regarding privacy and security:** The Contractor, regardless of Certification and Accreditation status, must document compliance with applicable state laws regarding privacy and security.

The Contractor, regardless of Certification and Accreditation status, must document:

- All breaches of data security or privacy within the past 10 years (or the lifetime of the organization if that is less than 10 years).
- The protocols and systems that will be implemented for transferring information to providers and suppliers as part of the requests for corrections/appeals process.

### **3.3.2.2 - Technical (3B):** Identify system users and prequalification process for access to data

The Contractor has established systems and protocols to address the following security elements (as detailed in FIPS 200):

- Access Control
- Awareness and Training
- Configuration Management
- Identification and Authentication
- Personnel Security

Detailed Requirements Include:

Current NIST Certification and Accreditation for compliance with FIPS 200 and SP 800-53 at the moderate impact level. If the Contractor has not undergone this Certification and Accreditation process, it must produce documentation of the systems and protocols in place with respect to the security factors further described below.

**Access Control:** The Contractor must limit information system access to authorized users, processes acting on behalf of authorized users, or devices (including other information systems) and to the types of transactions and functions that authorized users are permitted to exercise.

**Awareness and Training:** The Contractor must: (i) ensure that managers and users of organizational information systems are made aware of the security risks associated with their activities and of the applicable laws, Executive Orders, directives, policies, standards, instructions, regulations, or procedures related to the security of organizational information systems; and (ii) ensure that Contractors' personnel and subcontractors are adequately trained to carry out their assigned information security-related duties and responsibilities.

**Configuration Management:** The Contractor must: (i) establish and maintain baseline configurations and inventories of organizational information systems (including hardware, software, firmware, and



documentation) throughout the respective system development life cycles; and (ii) establish and enforce security configuration settings for information technology products employed in organizational information systems.

**Identification and Authentication:** The Contractor must identify information system users, processes acting on behalf of users, or devices and authenticate (or verify) the identities of those users, processes, or devices, as a prerequisite to allowing access to organizational information systems.

**Personnel Security:** The Contractor must: (i) ensure that individuals occupying positions of responsibility within organizations (including third-party service providers of services) are trustworthy and meet established security criteria for those positions; (ii) ensure that organizational information and information systems are protected during and after personnel actions such as terminations and transfers; and (iii) employ formal sanctions for personnel failing to comply with organizational security policies and procedures.

#### **3.3.2.3 - Physical (3C):** Identify processes and systems in place to protect the IT physical infrastructure

The Contractor has established systems and protocols to address the following security elements (as detailed in FIPS 200):

- Contingency Planning
- Maintenance
- Media Protection
- Physical and Environmental Protection
- System and Services Acquisition
- System and Communications Protection
- System and Information Integrity

Detailed Requirements Include:

Current NIST Certification and Accreditation for compliance with FIPS 200 and SP 800-53 at the moderate impact level. If the Contractor has not undergone this Certification and Accreditation process, it must produce documentation of the systems and protocols in place with respect to the security factors described further below.

**Contingency Planning:** The Contractor must establish, maintain, and effectively implement plans for emergency response, backup operations, and post-disaster recovery for organizational information systems to ensure the availability of critical information resources and continuity of operations in emergency situations.

**Maintenance:** The Contractor must: (i) perform periodic and timely maintenance on organizational information systems; and (ii) provide effective controls on the tools, techniques, mechanisms, and personnel used to conduct information system maintenance.

Media Protection: The Contractor must: (i) protect information system media, both paper and digital; (ii) limit access to information on information system media to authorized users; and (iii) sanitize or destroy information system media before disposal or release for reuse.

Physical and Environmental Protection: The Contractor must: (i) limit physical access to information systems, equipment, and the respective operating environments to authorized individuals; (ii) protect the physical plant and support infrastructure for information systems; (iii) provide supporting utilities for information systems; (iv) protect information systems against environmental hazards; and (v) provide environmental controls in facilities containing information systems.

System and Services Acquisition: The Contractor must: (i) allocate sufficient resources to adequately protect organizational information systems; (ii) employ system development life cycle processes that incorporate information security considerations; (iii) employ software usage and installation restrictions; and (iv) ensure that third-party providers employ adequate security measures to protect information, applications, and/or services outsourced from the organization.

System and Communications Protection: The Contractor must: (i) monitor, control, and protect organizational communications (i.e., information transmitted or received by organizational information systems) at the external boundaries and key internal boundaries of the information systems; and (ii) employ architectural designs, software development techniques, and systems engineering principles that promote effective information security within organizational information systems.

System and Information Integrity: The Contractor must: (i) identify, report, and correct information and information system flaws in a timely manner; (ii) provide protection from malicious code at locations within organizational information systems; and (iii) monitor information system security alerts and advisories and take actions in response.

### **3.3.3 – Criminal Background Check**

The Contractor shall obtain criminal background checks on candidates it sends for employment at DHMH. At a minimum, these checks must contain convictions and probation before judgment (PBJ) pleadings within the State of Maryland. These checks may be performed by public or private entities. Prior to placement of a temporary employee, the Contract Monitor must review the background check to determine if the candidate is acceptable based on the specific duties that need to be fulfilled and the circumstances surrounding the conviction or PBJ pleading. Being convicted is not in itself a bar to placement. Decisions of the Contract Monitor as to acceptability of a candidate are final.

### **3.3.4 - Secure Transmission of Beneficiary Data (8B)**

The Contractor will be required to establish a process that applies privacy and security protections to the release of beneficiary identifiers and claims data to providers for the purposes of the requests for corrections/appeals process. This will require a description of the process ensuring that only the minimum necessary beneficiary identifiers and claims data will be disclosed in the event of a request by a provider including the method for secure transmission and the entity responsible for secure transmission. The method for secure data transmission should comply with the NIST 800-53 security control families described previously including: access control, identification and authentication, media protection, system and communications protection and system and information integrity.

## **APPENDICIES**

**APPENDIX I – PPM Planning Process Phase 1 Assessment Report**

**APPENDIX II – PPM Planning Process Phases 2 & 4 Reports: Development of a Practitioner Performance Measurement System & Technology Solutions for Public Reporting of Practitioner Performance Measures**

**APPENDIX III – QECP Operations Manual (Aug, 2013)**