

1 **920 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT**
2 **PROGRAM ADMINISTRATIVE REQUIREMENTS**
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8 REFERENCES: 42 CFR 438.320, 42 CFR 438.354, 42 CFR 438.358, 42 CFR
9 438.310(c)(2), 42 CFR Part 457, 42 CFR Part 438, 42 CFR 438.68, 42 CFR
10 438.206, AMPM Chapter 900; AMPM Policy 910 Attachment A, AMPM Policy
11 920 Attachment A-B, AMPM Policy 980, Attachment B-D, AMPM Appendix B
12

13 **PURPOSE**

14 This policy applies to the Division's Administrative Services Subcontractors
15 (AdSS) and specifies the Quality Management and Performance
16 Improvement (QM/PI) Program administrative requirements.

17 **DEFINITIONS**

- 18 1. "Access" means the timely use of services to achieve optimal
19 Outcomes, as evidenced by managed care plans successfully
20 demonstrating and reporting on outcome information for the
21 availability and timeliness elements defined under 42 CFR
22 438.68 and 42 CFR 438.206 (42 CFR 438.320).

- 23 ~~2. "Assess or Evaluate" means the process used to examine and~~

24 ~~determine the level of quality or the progress toward~~
25 ~~improvement of quality and performance related to the AdSS~~
26 ~~service delivery systems.~~

27 2.3. "Best Practice" means processes or initiatives that produce
28 optimal results and are intended for widespread adoption or
29 implementation.

30 3.4. "Corrective Action Plan" or "CAP" means a written improvement
31 ~~Work P_lan that identifies the root cause(s) of a deficiency,~~
32 ~~includes goals and Objectives, actions, or tasks to be taken to~~
33 ~~facilitate an expedient return to compliance, methodologies to~~
34 ~~be used to accomplish CAP goals and Objectives, and staff~~
35 ~~responsible to carry out the CAP within established timelines.~~

36 ~~CAPs are generally~~ used to improve performance of the
37 Contractor and its providers, to enhance QM/PI Quality
38 ~~Management and Process Improvement~~ activities and the
39 Outcomes of those activities, or to resolve a deficiency. The
40 improvement plan includes the root cause(s) of a deficiency,
41 goals and objectives, actions to be taken to facilitate an

42 expedient return to compliance, methodologies to be used to
43 accomplish the goals and objectives, and staff responsible to
44 carry out the activities within established timelines.

45 4.5. “External Quality Review (EQR)” means the analysis and
46 Evaluation by an External Quality Review Organization (EQRO),
47 of aggregated information on quality, timeliness, and Access to
48 the health care services that a Contractor or their
49 subcontractedors health plans furnish to Medicaid members as
50 specified in [42 CFR 438.320].

51 5.6. “External Quality Review Organization (EQRO)” means an
52 organization that meets the competence and independence
53 requirements as specified set forth in 42 CFR 438.354, and
54 performs EQR, and other EQR related activities as specified in
55 42 CFR 438.358, or both [42 CFR 438.320].

56 6.7. “Measurable” means the ability to determine definitively
57 whether or not a quantifiable Objective has been met, or
58 whether progress has been made toward a positive outcome.

59 7.8. “Monitoring” means the process of auditing, observing,

60 Evaluating, analyzing, ~~and~~ conducting follow-up activities, and
61 documenting results ~~via desktop or on-site review~~.

62 8.9. "Objective" means a Measurable step, generally one of a series
63 of progressive steps, to achieve a goal.

64 ~~9.10. "Outcomes" means changes in patient health, functional status,~~
65 ~~satisfaction, or goal achievement that result from health care or~~
66 ~~supportive services [42 CFR 438.320].~~

67 ~~10.11.~~ "Performance Improvement Project (PIP)" means a
68 planned process of data gathering, Evaluation and analysis to
69 determine interventions or activities that are projected to have
70 a positive outcome. ~~A PIP- This process~~ includes measuring the
71 impact of the interventions or activities aimed toward improving
72 the Quality of Care and service delivery. Performance
73 Improvement Projects (PIPs) are designed to achieve significant
74 improvement, sustained over time, in health outcomes and
75 Member satisfaction, and include the elements outlined in 42
76 CFR 438.330(2). A PIP may also be referred to as a Quality
77 Improvement Project (QIP).

78 11.12. “Performance Measure Performance Standards (PMPS)”
79 means the ~~minimum~~ minimal expected level of contractor
80 performance as it relates to performance measures. ~~by the~~
81 ~~Division, previously referred to as the Minimum Performance~~
82 ~~Standard. Beginning in Calendar Year End (CYE 2021, o~~ Official
83 performance measure results shall be Evaluated based upon the
84 National Committee on Quality Assurance (NCQA) HEDIS®
85 Medicaid Mean or Centers for Medicare and Medicaid Services
86 (CMS) Medicaid Median (for selected CMS Core Set-Only
87 Measures), as identified by AHCCCS, as well as the Line of
88 Business aggregate rates as applicable.

89 12.13. “Quality” ~~As~~ it pertains to External Quality Review,
90 means the degree to which the AdSS increases the likelihood of
91 desired Outcomes of its members through:
92 a. Its structural and operational characteristics.
93 b. The provision of services that are consistent with current
94 professional, evidenced-based-knowledge.
95 c. Interventions for performance improvement.

96 ~~13.14.~~ “Quality of Care (QOC)” means an expectation that, and
97 ~~the degree to which, the health care services provided to~~
98 ~~individuals and patient populations improve desired health~~
99 ~~Outcomes and are consistent with current professionally~~
100 ~~recognized standards of care and service provision.~~

101 ~~14.15.~~ “Quality Management Quality Improvement Team” or “QM
102 QI Team” ~~“Quality Management (QMU) Quality Improvement~~
103 ~~(QI) Team”~~ means Division staff who Evaluate AdSS Quality
104 Management and Performance Improvement (QM/PI) Programs,
105 monitor, and Evaluate compliance with required quality and
106 performance improvement standards through standardized
107 Performance Measures (PM), Performance Improvement
108 Projects (PIPs), and ~~QI~~Quality Improvement specific Corrective
109 Action Plans (CAPs), as well as provide technical assistance for
110 performance improvement related matters.

111 ~~15.16.~~ “Work Plan” means a document that identifies and
112 supports the addresses all the requirements of AMPM Chapter
113 900, and AHCCCS suggested guidelines, as well as supports the

114 Division's QM/PI goals and Objectives ~~with Measurable goals~~
115 ~~(Specific, Measurable, Attainable, Relevant and Timely~~
116 ~~(SMART)), timelines, and action plan as well as methodologies,~~
117 ~~and~~ designated staff responsibilities. The Work Plan must
118 include Measurable physical, behavioral, and oral health goals
119 and Objectives as applicable to the associated line of business
120 or population. Contractor goals included within the Work Plan
121 shall be Specific, Measurable, Attainable, Relevant, and Timely
122 (SMART) goals.

123 ~~16.17.~~ "Work Plan Evaluation" means a detailed analysis of
124 progress in meeting or exceeding the ~~Quality Management and~~
125 ~~Performance Improvement (QM/PI) Program goals, Objectives,~~
126 ~~and action plans, strategies, and activities~~ proposed to meet or
127 exceed the performance ~~standards and~~ requirements as
128 specified in contract and Division Medical Policy Chapter 900.

129
130 **POLICY**

131 **A. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT**

132 **PROGRAM PLAN**

133 1. The AdSS shall develop a written Quality Management and
134 Performance Improvement (QM/PI) Program Plan that specifies
135 the structure and Objectives of the AdSS QM/PI Program,
136 including those related to the provision of Long Term Services
137 and Supports (LTSS) and behavioral healthcare, and addresses
138 the AdSS proposed approaches to meet or exceed the
139 performance standards and requirements as specified in ~~the~~
140 ~~AdSS contract~~ and AMPM 900. ~~with the Department of Economic~~
141 ~~Security (DES) under the oversight of the Division and AdSS~~
142 ~~Medical Policy Chapter 900.~~

143 1.2. The AdSS shall ensure a completed QM/PI Program Plan
144 Checklist and QM/PI Program Plan Attestation is accompanied by
145 the submission of the written QM/PI Program Plan.

146 3. The AdSS shall submit the QM/PI Program Planas specified in the
147 Division contract and describe how program activities will

148 improve the Quality Of Care (QOC), service delivery for
149 Members, as well as increase Member satisfaction.-

150 4. The AdSS shall incorporate monitoring and evaluation activities
151 for the services and services sites specified in the AHCCCS
152 QM/PI Program Plan Checklist.

153 2.5. The AdSS shall include the AHCCCS Performance Measure
154 Monitoring Report & Work Plan/Work Plan Evaluation Template
155 and AHCCCS Performance Measure Monitoring Report & Work
156 Plan/Work Plan Evaluation Attachment.

157 3.6. The AdSS shall include the following in the QM/PI Program
158 Plan Narrative:

159 a. QM/PI Program Plan attestation that indicates whether
160 there were changes in the AdSS QM/PI Program scope
161 from the previous year, the applicable populations for the
162 QM/PI Program Plan being submitted, and confirmation of
163 whether the AdSS QM/PI Program Plan and any applicable
164 updates related to changes in the QM/PI Program scope

165 have been reviewed by the governing or policy making
166 body prior to submission to AHCCCS.

167 a.b. QM/PI Program Narrative that specifies the Objectives
168 and plans for the upcoming calendar year to meet or
169 exceed the minimum standards and requirements as
170 specified in ~~AdSS contract with the Division and in AdSS~~
171 ~~Medical Policy~~ AMPM Chapter 900.
172 ~~AdSS activities to identify the needs of its m~~Members with
173 ~~Intellectual and Developmental Disabilities (I/DD) and to~~
174 ~~coordinate care.~~

175 i. The QM/PI Program Plan includes the following when
176 the AdSS holds a contract for multiple lines of
177 business or population:

178 a) Clear outline of which lines of business or
179 populations each activity applies to, and

180 b) Activities intended to meet the unique needs of
181 each line of business or population for which it
182 serves.

- 183 ii. The QM/PI Program Plan includes the following
184 description of the AdSS activities:
- 185 a) QM/PI Program structure, including
186 involvement of a designated physician in the
187 QM/PI program and oversight of the
188 contractor's QM/PI functions by the:
- 189 1) Local Chief Medical Officer or designated
190 Medical Director,
191 2) Local Administrator or Chief Executive
192 Officer, and
193 3) QM/PI Committee.
- 194 b) Behavioral healthcare aspects of the program,
195 including the involvement of a behavioral
196 healthcare professional in the behavioral
197 aspects of the Contractor's QM/PI Program;
- 198 c) Activities to identify Member needs and
199 coordinate care;

- 200 a)d) Follow-up activities to ensure appropriate and
201 medically necessary treatment is received in a
202 timely manner;~~:-~~
203 e) Description of AdSS participation in community
204 or quality initiatives; and~~-~~
205 f) Other items as specified within the QM/PI
206 Program Plan Checklist.
- 207 c. QM/PI Program Work Plan Evaluation that is specific to the
208 line of business or population being reported and contain:
209 ~~The AdSS shall include the following in its QM/PI Program Work~~
210 ~~Plan Evaluation:~~
- 211 i. A description of activities related to clinical and non-
212 clinical care areas utilized in efforts to meet or
213 exceed the established goals and objectives;
- 214 i.ii. Evidence or documentation supporting continued
215 routine performance Monitoring and trending to
216 Evaluate the effectiveness of the QM/PI Program and

217 ~~actions and other follow up~~ activities conducted
218 throughout the previous calendar year;~~:-~~
219 ~~ii.iii.~~ DA description of how any sustained goals and
220 Objectives ~~will~~~~shall~~ be incorporated into the AdSS
221 business practice and develop new goals and
222 Objectives once a goal or Objective has been
223 sustained;~~:-and~~
224 ~~iii.iv.~~ PAll performance measures related Root Cause
225 Analyses (RCA) and Plan-Do-Study-Act (PDSA)
226 cycles that have been initiated, updated, or refined
227 as part of the AdSS' ongoing Corrective Action Plan
228 (CAP) Monitoring and Evaluation activities.
229 ~~Goals not met will be addressed and considered for~~
230 ~~possible internal Performance Improvement Projects~~
231 ~~(PIPs).~~
232 ~~The AdSS shall include the following in its QM/PI Program Work~~
233 ~~Plan:-~~

234 d. QM/PI Program Work Plan that specifies the line of
235 business or population being reported and contains:

236 i. Detailed, written set of specific measurable goals and
237 objectives related to clinical and non-clinical care
238 areas that are utilized to determine if the QM/PI
239 Program meets or exceeds established goals and
240 complies with QM/PI requirements in contract and
241 AMPM Chapter 900;

242 a) Goals and Objectives that are realistic,
243 Measurable, include monitoring of previously
244 identified QI concerns, and based upon
245 established Performance Standards and
246 requirements as specified in ~~the current~~
247 ~~Division~~ contract and AMPMAdSS Medical Policy
248 Chapter 900 when appropriate;~~;~~

249 b) Other nationally recognized benchmarks as
250 available to establish the programs measurable
251 Objectives in cases where the NCQA Medicaid

252 Mean or CMS Medicaid median have been
253 met; minimum performance standards or when
254 performance standards have not been met or
255 when performance standards have not been
256 published by AHCCCS.

257 c) Specific measurable goals and objectives based
258 on an evaluation of internal data and or other
259 available data as well as clearly define the
260 intended outcome for non-clinical areas;

261 ii. Strategies and activities to meet or accomplish the
262 identified goals and Objectives;;

263 iii. Identify staff positions accountable for each strategy
264 or activity meeting the established goals and
265 Objectives;

266 iv. Targeted implementation and completion dates for
267 the included measurable goals, Objectives, activities,
268 and PIPs; and

- 269 v. Other details as included within the associated QM/PI
270 Program Work Plan Template.
- 271 e. Engaging Members Through Technology (EMTT) –
272 Executive Summary that specifies the strategic plan for the
273 upcoming calendar year to engage and educate its
274 membership, as well as improve access to care and
275 services, through telehealth services and web-based
276 applications and includes the following: .PIPs designed to
277 address opportunities for improvement identified from both
278 external and internal sources.
- 279 i. An evaluation of previous calendar year EMTT
280 activities including:
- 281 a) The percent of Members engaged through
282 telehealth services and through web or mobile-
283 based applications in comparison to total
284 membership, and

285 b) Supporting data for Member-related outcomes
286 in comparison to identified goals and
287 objectives.

288 ii. Criteria for identifying and targeting Members who
289 can benefit from telehealth services and from web or
290 mobile-based applications including:

291 a) The identification of populations who can
292 benefit from telehealth services to increase
293 access to care and services, and

294 b) The identification of populations who can
295 benefit from web or mobile-based applications.

296 iii. A description of the strategies utilized to identify and
297 outreach Members who can benefit from telehealth
298 services and web or mobile-based applications, yet
299 do not have access to the technology necessary to
300 utilize telehealth services or web or mobile-based
301 applications,

- 302 iv. A description of telehealth services and web or
303 mobile-based applications in development and
304 currently being utilized to engage members,
- 305 v. Strategies used to engage the identified members in
306 the use of telehealth services and web or mobile-
307 based applications,
- 308 vi. A description of desired goals and outcomes for
309 telehealth services and for each web or mobile-based
310 application currently being utilized to engage
311 Members, including how the desired outcome will be
312 measured and directly impact the overall quality of
313 or access to care for the identified populations, and
- 314 vii. The percent of Members anticipated to engage
315 through telehealth services and through web or
316 mobile-based applications during the upcoming
317 calendar year based on the identified strategies and
318 related goals or objectives.

319 5. The AdSS shall submit to AHCCCS the QM/PI Program Plan
320 accompanied by a completed AMPM Policy 920, QM/PI Program
321 Plan Checklist.

322 **B. HEALTH DISPARITY SUMMARY AND EVALUATION REPORT**
323 **(HDE&S)**

324 1. The AdSS shall submit the Health Disparity Summary &
325 Evaluation (HDS&E) Report as a stand alone document in
326 accordance with ~~the AHCCCS~~ Contract Chart of Deliverables.

327 1.2. The Division shall ensure the HDE&S ~~shall~~ includes the following
328 in its Health Disparity Summary and Evaluation Report:

329 a. Description of theThe process utilized to conduct disparity
330 analyses including the analytical tools and the
331 methodology for identifying disparities;:-

332 b. Disparity analysis findings associated projects and
333 activities meant to ameliorate the disparity(s) and related
334 mMeasurable goals and oObjectives;:-

- 335 c. An eEvaluation of the disparity analysis findings, progress
336 on targeted strategies or interventions, and progress on
337 identified goals and objectives~~;~~;
- 338 d. A detailed eEvaluation of performance measure rates
339 specific to subpopulations~~;~~;
- 340 e. An analysis of the effectiveness of implemented strategies
341 and interventions in meeting the AdSS' health equity goals
342 and objectives during the previous calendar year~~;~~;
- 343 f. A detailed overview of the AdSS' identified health equity
344 goals and objectives for the upcoming calendar year to
345 address noted disparities and promote health equity~~;~~ and
346 g. Targeted strategies or interventions planned for the
347 upcoming calendar year to achieve its goals.

~~2. The AdSS shall include the following specific to mMembers with
I/DD in its Engaging Members Through Technology — Executive
Summary:~~

- ~~a. An Evaluation of the previous calendar year's EMTF
activities including, but not limited to:~~

- 353 ~~i. The percent of mMembers engaged through~~
354 ~~telehealth services and through web and mobile-~~
355 ~~based applications in comparison to total~~
356 ~~membership, and~~
357 ~~ii. Supporting data for member related Outcomes in~~
~~comparisons to identified goals and Objectives.~~
359 ~~b. Criteria for identifying and targeting members who can~~
360 ~~benefit from telehealth services and from web and mobile-~~
361 ~~based applications, including but not limited to:~~
362 ~~i. The identification of populations who can benefit~~
363 ~~from telehealth services to increase Access to care~~
364 ~~and services, and~~
365 ~~ii. The identification of populations who can benefit~~
~~from web and mobile-based applications.~~
367 ~~c. A description of telehealth services and web and mobile-~~
368 ~~based applications in development and currently being~~
369 ~~utilized to engage mMembers.~~

- 370 ~~d. Strategies used to engage the identified mMembers in the~~
371 ~~use of telehealth services and web and mobile based~~
372 ~~applications;~~
373 ~~e. A description of desired goals and Outcomes for telehealth~~
374 ~~services and for each web and mobile based application~~
375 ~~currently being utilized to engage mMembers, including~~
376 ~~how the desired outcome will be measured and directly~~
377 ~~impact the overall quality of and Access to care for the~~
378 ~~identified population(s); and~~
379 ~~f. The percent of members anticipated to engage through~~
380 ~~telehealth services and through web and mobile based~~
381 ~~applications during the upcoming calendar year based on~~
382 ~~the identified strategies and related goals and Objectives.~~
383 ~~3. The AdSS shall submit the following referenced or associated~~
384 ~~Policies to the Division: Nnew or substantially revised, relevant~~
385 ~~policies and procedures, referenced in the QM/PI Program Plan~~
386 ~~Checklist (AMPM Policy 920, QM/PI Program Plan Checklist), are~~
387 ~~submitted as separate attachments.~~

388 a. ~~Current policies that have not had substantive changes~~
389 ~~during the year are not required to be submitted in the~~
390 ~~Plan and will be Evaluated as part of the Division's~~
391 ~~Operational Review unless submission is seen as a value-~~
392 ~~add to the QM/PI Program Plan.~~

393 ~~4.3. The AdSS shall submit the QM/PI Program Plan accompanied by~~
394 ~~a completed AMPM Policy 920, QM/PI Program Plan Checklist.~~

395 **C. BEST PRACTICES AND FOLLOW-UP ON PREVIOUS YEAR'S**
396 **EXTERNAL QUALITY REVIEW REPORT RECOMMENDATIONS**

397 The AdSS shall submit recommendations as specified in contract and
398 include:

399 a. An overview of self-reported ~~b~~Best ~~P~~practices ~~(specific to~~
400 ~~line of business)~~, submitted as a stand-alone document,
401 highlighting a minimum of three initiatives aimed at
402 improving care and services provided to ~~its m~~Members
403 ~~with I/DD.~~

- 404 b. A summary of the AdSS' efforts to date in completing the
405 most current and previous year's EQR Report
406 recommendations, as a stand-alone document.
- 407 c. Submission of Best Practices and Follow-Up on Previous
408 Year's EQR Report Recommendations Attestation and
409 Checklist and align with the instructions and requirements
410 included within the associated checklist.

411 **D. PERFORMANCE MEASURE MONITORING REPORT**

- 412 1. The AdSS shall submit ~~a report to AHCCCS utilizing~~ the AHCCCS
413 Performance Measure Monitoring Report & Work Plan Evaluation
414 Template and AHCCCS Performance Measure Monitoring Report
415 & Work Plan Attachment specifying AdSS' progress in meeting,
416 sustaining, and improving its performance for contractually
417 required performance measures.
- 418 2. The AdSS shall include the following in the Performance Measure
419 Monitoring Report based on the associated reporting period:

- 420 a. The internal rates for each performance measure ~~that~~
421 includes performance measures that are reported as part
422 of:-
- 423 i. An open corrective action plan,
 - 424 ii. Current performance improvement projects,
 - 425 iii. AHCCCS value-based purchasing initiatives,
 - 426 iv. The AdSS' self-identified program goals, and
 - 427 v. ~~Other performance measures required by AHCCCS.~~
- 428 b. Identified barriers in implementing planned interventions
429 and opportunities for improvement intended to support the
430 AdSS in supporting its identified goals and Objectives.
- 431 c. Detailed analysis of results that includes an Evaluation of
432 AdSS performance and noted trends ~~or declines in~~
433 performance compared to ~~the following~~:
- 434 i. Performance Measure Performance Standards
435 (PMPS) in accordance with AMPM AdSS Medical Policy
436 Manual 970:-
 - 437 ii. AdSS self-identified goals and Objectives; and:-

438 iii. Historical performance.

439 **E. PERFORMANCE IMPROVEMENT PROJECT REPORT**

440 1. The AdSS shall submit a ~~Performance Improvement Project (PIP)~~
441 Report ~~to AHCCCS for each for each AHCCCS-mandated and~~
442 ~~contractor self-selected PIP utilizing: that includes annual~~
443 ~~updates for both AHCCCS-mandated and AdSS self-selected~~
444 ~~PIPs.~~

445 a. AHCCCS PIP Report Template associated with the line of
446 business or population being reported; and
447 1.b. PIP Intervention & Analysis Template.

448 2. The AdSS shall ensure Rapid Cycle PIP reports include updates
449 based on the frequency specified within the contract Chart of
450 Deliverables.

451 3. The AdSS shall comply with the instructions and requirements
452 outlined in AMPM Policy 980, the most current PIP Report
453 Template, and the PIP Intervention & Analysis Template,
454 including the use of AMPM Policy 980 Attachment C, Performance
455 Improvement Project (PIP) Report DDD Specific.

456 4. The AdSS shall submit a PIP Initiation Notification for aHCCS
457 review and approval once a PIP is identified.

458 2.5. The AdSS shall submit a PIP Closure Request for AHCCCS review
459 and approval for self-selected PIP submissions serving as the
460 final PIP report.

461 **F. CORRECTIVE ACTION PLAN**

462 1. The AdSS shall develop and implement a CAP for taking
463 appropriate steps to improve care when issues are identified.

464 2. The AdSS shall submit all CAPs to the Division for review and
465 approval prior to implementation and ~~shall~~ include:

466 a. The concern~~(s)~~ that require corrective action~~;~~

467 b. Identification of any deficiency and remedial steps~~;~~

468 c. Documentation of proposed time frames for CAP
469 completion~~;~~

470 d. Entities responsible for making the final determinations
471 regarding QM/PI Program concerns~~;~~

472 e. Types of actions to be taken including~~,~~ ~~but not limited to:~~

473 i. Education, training, or technical assistance;

- 474 ii. ~~Process, structure, or form changes;~~
- 475 iii. Follow-up Monitoring and Evaluation of improvement
- 476 as well as implementing new interventions and
- 477 approaches, when necessary;
- 478 iv. Changes in processes, structures and forms; and
- 479 v. Informal counseling.
- 480 f. A documented assessment of the effectiveness of the
- 481 action(s) taken;
- 482 ~~Documentation of performance Outcomes identified~~
- 483 ~~barriers, opportunities for improvement, and best~~
- 484 ~~practices.~~
- 485 f.g. Methods for internal dissemination of CAP findings and
- 486 results to appropriate committees, staff, and network
- 487 providers; and
- 488 g-h. Methods for dissemination of pertinent information to
- 489 AHCCCS and/or appropriate stakeholders. ~~Submission of~~
- 490 ~~information to the Division and other stakeholders as~~
- 491 ~~required. For Quality of Care (QOC) specific CAPs,~~

492 ~~information is submitted in accordance with AdSS Medical~~
493 ~~Policy 960.~~

- 494 3. The AdSS shall include the required elements contained within
495 Attachment B, the AHCCCS Quality Improvement Corrective
496 Action Plan Proposal Checklist, and AHCCCS QI Corrective Action
497 Plan Update Checklist for proposed QI-specific CAPs and CAP
498 updates. submit CAPS as required in AMPM 920, Attachment B,
499 AHCCCS Quality Improvement Corrective Action Plan Proposal
500 Checklist and AHCCCS Quality Improvement Corrective Action
501 Plan Update Checklist.
- 502 4. The AdSS shall maintain documentation that confirms the
503 development and implementation of CAPs. regarding CAPS
504 development, implementation, performance Outcomes, identified
505 barriers, opportunities for improvement, and best practices.

506 **G. ADSS REPORTING REQUIREMENTS**

- 507 1. The AdSS shall submit deliverables to AHCCCS as specified in:
508 a. the eContract; between the Division and AdSS.
509 b. AHCCCS QM/PI Program Guides and Manuals;

- 510 a.c. Division of Health Care Services QI QM Team instructions
511 and guidance.
- 512 2. The AdSS shall include the name and associated line of business
513 or population within the QM/PI deliverable submission document
514 titles.
- 515 2.3. If a time extension is necessary, the AdSS shall submit a formal
516 request to the Division in writing before the deliverable due date
517 to the Division's Compliance Department, QMQuality
518 Management or QIQuality Improvement tIeam manager, as
519 appropriate to the deliverable.
- 520 4. The AdSS shall ensure QM/PI Program administrative
521 deliverables ~~shall~~ be submitted as specified in: ~~the~~
522 a. Contract,
523 b. Contract Chart of Deliverables,
524 c. Policy, and
525 d. QM/PI Reporting Templates and Checklists. ~~between the~~
526 ~~Division and AdSS and is subject to Division approval.~~

527 3-5. The AdSS shall submit for review and approval prior to
528 implementation for Aany significant modifications to the QM/PI
529 Program Plan throughout the year. ~~shall be submitted for review~~
530 ~~and approval prior to implementation.~~

531 6. The AdSS QM/PI administrative deliverables and other select
532 deliverable submissions are provided to the Division for
533 submission to the AHCCCS EQRO with AdSS supplied information
534 included within the AdSS's annual EQR Report.

535 7. The AdSS shall refrain from including information that is:
536 a. Proprietary,
537 b. Confidential,
538 c. Financial, and
539 a-d. Data that could potentially identify Members.

540 **H. ADSS DOCUMENTATION REQUIREMENTS**

541 1. The AdSS shall maintain records that document QM/PI Program
542 activities that includes. ~~The records shall be made available to~~
543 ~~the Division, QMQuality Management or QIQuality Improvement~~

- 544 ~~teams upon request. The required documentation shall include,~~
545 ~~but is not limited to:~~
- 546 a. Policies and procedures;i
 - 547 b. Studies and PIPS;i
 - 548 c. All required reports;i
 - 549 d. All processes, standards of work, and desktop procedures;i
 - 550 e. Meeting agendas, minutes and accompanying documents;i
 - 551 ~~f. CAPs;~~
 - 552 ~~f.g. Worksheets; (including, but not limited to, excel~~
553 ~~spreadsheets, graphs, diagrams, flowcharts)~~
 - 554 ~~g.h.~~ Documentation supporting requested by the EQRO as part
555 of the EQR process; and
 - 556 ~~i.~~ Other information and data appropriate to support changes
557 made to the scope of the QM/PI Program.
- 558 ~~h.2. The AdSS shall make records available to the Division, QM QI~~
559 ~~Teams upon request.~~

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567 Signature of Chief Medical Officer:

Draft Policy for Public Comment