

920 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

REVISION DATE: 8/16/2023, 4/20/2022, 10/1/2020

EFFECTIVE DATE: October 1, 2019

REFERENCES: 42 CFR 438.320, 42 CFR 438.354, 42 CFR 438.358, 42 CFR 438.310(c)(2), 42 CFR Part 457, 42 CFR Part 438, 42 CFR 438.68, 42 CFR 438.206, AMPM Chapter 900; AMPM Policy 910 Attachment A, AMPM Policy 920 Attachment A-B, AMPM Policy 980, Attachment B-D, AMPM Appendix B

PURPOSE

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

DEFINITIONS

1. "Access" means the timely use of services to achieve optimal Outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under 42 CFR 438.68 and 42 CFR 438.206 (42 CFR 438.320).
2. "Assess or Evaluate" means the process used to examine and determine the level of quality or the progress toward

improvement of quality and performance related to the AdSS service delivery systems.

3. "Corrective Action Plan" or "CAP" means a written Work Plan that identifies the root cause(s) of a deficiency, includes goals and Objectives, actions, or tasks to be taken to facilitate an expedient return to compliance, methodologies to be used to accomplish CAP goals and Objectives, and staff responsible to carry out the CAP within established timelines. CAPs are generally used to improve performance of the Contractor and its providers, to enhance Quality Management and Process Improvement activities and the Outcomes of the activities, or to resolve a deficiency.
4. "External Quality Review (EQR)" means the analysis and Evaluation by an External Quality Review Organization (EQRO), of aggregated information on quality, timeliness, and Access to the health care services that a Contractor or their contractors furnish to Medicaid members [42 CFR 438.320].

5. “External Quality Review Organization (EQRO)” means an organization that meets the competence and independence requirements set forth in 42 CFR 438.354, performs EQR, and other EQR- related activities as specified in 42 CFR 438.358, or both [42 CFR 438.320
6. “Measurable” means the ability to determine definitively whether or not a quantifiable Objective has been met, or whether progress has been made toward a positive outcome.
7. “Monitoring” means the process of auditing, observing, Evaluating, analyzing, and conducting follow- up activities, and documenting results via desktop or on-site review.
8. “Objective” means a Measurable step, generally one of a series of progressive steps, to achieve a goal.
9. “Outcomes” means changes in patient health, functional status, satisfaction, or goal achievement that result from health care or supportive services [42 CFR 438.320].
10. “Performance Improvement Project (PIP)” means a planned process of data gathering, Evaluation and analysis to determine

interventions or activities that are projected to have a positive outcome. A PIP includes measuring the impact of the interventions or activities toward improving the Quality of Care and service delivery.

11. "Performance Measure Performance Standards (PMPS)" means the minimal expected level of performance by the Division, previously referred to as the Minimum Performance Standard. Beginning in Calendar Year End (CYE 2021, official performance measure results shall be Evaluated based upon the National Committee on Quality Assurance (NCQA) HEDIS® Medicaid Mean or Centers for Medicare and Medicaid Services (CMS) Medicaid Median (for selected CMS Core Set-Only Measures), as identified by AHCCCS, as well as the Line of Business aggregate rates as applicable.
12. "Quality" As it pertains to External Quality Review, means the degree to which the AdSS increases the likelihood of desired Outcomes of its members through:
 - a. Its structural and operational characteristics.

- b. The provision of services that are consistent with current professional, evidenced- based-knowledge.
 - c. Interventions for performance improvement.
13. “Quality of Care (QOC)” means an expectation that, and the degree to which, the health care services provided to individuals and patient populations improve desired health Outcomes and are consistent with current professionally recognized standards of care and service provision.
14. “Quality Management (QMU) Quality Improvement (QI) Team” means Division staff who Evaluate AdSS Quality Management and Performance Improvement (QM/PI) Programs, monitor, and Evaluate compliance with required quality and performance improvement standards through standardized Performance Measures (PM), Performance Improvement Projects (PIPs), and Quality Improvement specific Corrective Action Plans (CAPs), as well as provide technical assistance for performance improvement related matters.

15. “Work Plan” means a document that addresses all the requirements of AMPM Chapter 900, and AHCCCS-suggested guidelines, as well as supports the Division’s QM/PI goals and Objectives with Measurable goals (Specific, Measurable, Attainable, Relevant and Timely (SMART)), timelines, methodologies, and designated staff responsibilities. The Work Plan must include Measurable physical, behavioral, and oral health goals and Objectives.
16. “Work Plan Evaluation” means a detailed analysis of progress in meeting or exceeding the Quality Management and Performance Improvement (QM/PI) Program Objectives, strategies, and activities proposed to meet or exceed the performance standards and requirements as specified in contract and Division Medical Policy Chapter 900.

POLICY

A. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM PLAN

1. The AdSS shall develop a written QM/PI Program Plan that specifies the Objectives of the AdSS QM/PI Program and addresses the AdSS proposed approaches to meet or exceed the performance standards and requirements as specified in the AdSS contract with the Department of Economic Security (DES) under the oversight of the Division and AdSS Medical Policy Chapter 900.
2. The AdSS shall submit the QM/PI Program Plan as specified in the Division contract.
3. The AdSS shall include the following in the QM/PI Program Narrative:
 - a. Objectives and plans for the upcoming calendar year to meet or exceed the minimum standards and requirements as specified in AdSS contract with the Division and in AdSS Medical Policy Chapter 900.
 - b. AdSS activities to identify the needs of its members with Intellectual and Developmental Disabilities (I/DD) and to coordinate care.

- c. Follow-up activities to ensure appropriate and medically necessary treatment is received in a timely manner.
 - d. Description of AdSS participation in community or quality initiatives.
4. The AdSS shall include the following in its QM/PI Program Work Plan Evaluation:
- a. Evidence or documentation supporting continued routine Monitoring to Evaluate the effectiveness of the actions and other follow up activities conducted throughout the previous calendar year.
 - b. Description of how any sustained goals and Objectives shall be incorporated into the AdSS business practice and develop new goals and Objectives once a goal or Objective has been sustained.
 - c. Performance measure related Plan-Do-Study-Act (PDSA) cycles that have been initiated, updated, or refined as part of the AdSS' ongoing Corrective Action Plan (CAP) Monitoring and Evaluation activities.

- d. Goals not met will be addressed and considered for possible internal Performance Improvement Projects (PIPs).
5. The AdSS shall include the following in its QM/PI Program Work Plan:
 - a. Goals and Objectives that are realistic, Measurable, and based upon established Performance Standards and requirements as specified in the current Division contract and AdSS Medical Policy Chapter 900 when appropriate.
 - b. Other nationally recognized benchmarks as available to establish the programs minimum performance standards or when performance standards have not been met or when performance standards have not been published by AHCCCS.
 - c. Strategies and activities to meet or accomplish the identified goals and Objectives.
 - d. Identify staff positions accountable for meeting the established goals and Objectives.

- e. PIPs designed to address opportunities for improvement identified from both external and internal sources.
6. The AdSS shall include the following in its Health Disparity Summary and Evaluation Report:
- a. The process utilized to conduct disparity analyses including the analytical tools and the methodology for identifying disparities.
 - b. Disparity analysis findings associated projects and activities meant to ameliorate the disparity(s) and related Measurable goals and Objectives.
 - c. An Evaluation of the disparity analysis findings, progress on targeted strategies or interventions, and progress on identified goals and Objectives.
 - d. A detailed Evaluation of performance measure rates specific to subpopulations.
 - e. An analysis of the effectiveness of implemented strategies and interventions in meeting the AdSS' health equity goals and Objectives during the previous calendar year.

- f. A detailed overview of the AdSS' identified health equity goals and Objectives for the upcoming calendar year to address noted disparities and promote health equity.
 - g. Targeted strategies or interventions planned for the upcoming calendar year to achieve its goals.
- 7. The AdSS shall include the following specific to members with I/DD in its Engaging Members Through Technology – Executive Summary:
 - a. An Evaluation of the previous calendar year's EMTT activities including, but not limited to:
 - i. The percent of members engaged through telehealth services and through web and mobile- based applications in comparison to total membership, and
 - ii. Supporting data for member-related Outcomes in comparisons to identified goals and Objectives.
 - b. Criteria for identifying and targeting members who can benefit from telehealth services and from web and mobile-based applications, including but not limited to:

- i. The identification of populations who can benefit from telehealth services to increase Access to care and services, and
- ii. The identification of populations who can benefit from web and mobile-based applications.
- c. A description of telehealth services and web and mobile-based applications in development and currently being utilized to engage members.
- d. Strategies used to engage the identified members in the use of telehealth services and web and mobile-based applications.
- e. A description of desired goals and Outcomes for telehealth services and for each web and mobile-based application currently being utilized to engage members, including how the desired outcome will be measured and directly impact the overall quality of and Access to care for the identified population(s).

- f. The percent of members anticipated to engage through telehealth services and through web and mobile-based applications during the upcoming calendar year based on the identified strategies and related goals and Objectives.
8. The AdSS shall submit the following referenced or associated Policies to the Division:
 - a. New or substantially revised, relevant policies and procedures, referenced in the QM/PI Program Plan Checklist (AMPM Policy 920, QM/PI Program Plan Checklist), are submitted as separate attachments.
 - b. Current policies that have not had substantive changes during the year are not required to be submitted in the Plan and will be Evaluated as part of the Division's Operational Review unless submission is seen as a value-add to the QM/PI Program Plan.
9. The AdSS shall submit the QM/PI Program Plan accompanied by a completed AMPM Policy 920, QM/PI Program Plan Checklist.

B. BEST PRACTICES AND FOLLOW-UP ON PREVIOUS YEAR'S EXTERNAL QUALITY REVIEW REPORT RECOMMENDATIONS

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

- a. An overview of self-reported best practices submitted as a stand-alone document, highlighting a minimum of three initiatives aimed at improving care and services provided to its members with I/DD.
- b. A summary of the AdSS efforts to date in completing the most current and previous year's EQR Report recommendations, as a stand-alone document.
- c. Submission of Best Practices and Follow-Up on Previous Year's EQR Report Recommendations Checklist

C. PERFORMANCE MEASURE MONITORING REPORT

1. The AdSS shall submit a report utilizing the AHCCCS Performance Measure Monitoring Report & Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan Attachment specifying AdSS' progress in meeting, sustaining, and improving its performance for contractually

required performance measures.

2. The AdSS shall include the following in the Performance Measure Monitoring Report based on the associated reporting period:
 - a. The internal rates for each performance measure.
 - b. Identified barriers in implementing planned interventions and opportunities for improvement intended to support the AdSS in supporting its identified goals and Objectives.
 - c. Detailed analysis of results that includes an Evaluation of AdSS trends in performance compared to the following:
 - i. Performance Measure Performance Standards (PMPS) in accordance with AdSS Medical Policy Manual 970.
 - ii. AdSS self-identified goals and Objectives.
 - iii. Historical performance.

D. PERFORMANCE IMPROVEMENT PROJECT REPORT

1. The AdSS shall submit a Performance Improvement Project (PIP) Report that includes annual updates for both

AHCCCS-mandated and AdSS self-selected PIPs.

2. The AdSS shall comply with the instructions and requirements outlined in AMPM Policy 980, including the use of AMPM Policy 980 Attachment C, Performance Improvement Project (PIP) Report DDD Specific.

E. CORRECTIVE ACTION PLAN

1. The AdSS shall develop and implement a CAP for taking appropriate steps to improve care when issues are identified.
2. The AdSS shall submit all CAPs to the Division for review and approval prior to implementation and shall include:
 - a. The concern(s) that require corrective action.
 - b. Identification of any deficiency and remedial steps
 - c. Documentation of proposed time frames for CAP completion.
 - d. Entities responsible for making the final determinations regarding QM/PI Program concerns.
 - e. Types of actions to be taken including, but not limited to:

- i. Education, training, or technical assistance;
 - ii. Process, structure, or form changes;
 - iii. Follow-up Monitoring and Evaluation of improvement as well as implementing new interventions and approaches, when necessary; and
 - iv. informal counseling.
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- f. Documentation of performance Outcomes identified barriers, opportunities for improvement, and best practices.
 - g. Internal dissemination of CAP findings and results to appropriate committees, staff, and network providers.
 - h. Submission of information to the Division and other stakeholders as required. For Quality of Care (QOC) specific CAPs, information is submitted in accordance with AdSS Medical Policy 960.

3. The AdSS shall submit CAPS as required in AMPM 920, Attachment B, AHCCCS Quality Improvement Corrective Action Plan Proposal Checklist and AHCCCS Quality Improvement Corrective Action Plan Update Checklist.
4. The AdSS shall maintain documentation regarding CAPS development, implementation, performance Outcomes, identified barriers, opportunities for improvement, and best practices.

F. ADSS REPORTING REQUIREMENTS

1. The AdSS shall submit deliverables as specified in the contract between the Division and AdSS.
2. If a time extension is necessary, the AdSS shall submit a formal request in writing before the deliverable due date to the Division's Compliance Department, Quality Management or Quality Improvement team manager, as appropriate to the deliverable.
3. The QM/PI Program administrative deliverables shall be

submitted as specified in the contract between the Division and AdSS and is subject to Division approval. Any significant modifications to the QM/PI Program Plan throughout the year shall be submitted for review and approval prior to implementation.

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

G. ADSS DOCUMENTATION REQUIREMENTS

The AdSS shall maintain records that document QM/PI Program activities. The records shall be made available to the Division, Quality Management or Quality Improvement teams upon request. The required documentation shall include, but is not limited to:

- a. Policies and procedures
- b. Studies and PIPS
- c. All required reports

- d. All processes, standards of work, and desktop procedures
- e. Meeting agendas, minutes and accompanying documents
- f. Worksheets (including, but not limited to, excel spreadsheets, graphs, diagrams, flowcharts)
- g. Documentation supporting requested by the EQRO as part of the EQR process
- h. Other information and data appropriate to support changes made to the scope of the QM/PI Program.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Aug 11, 2023 10:58 PDT\)](#)
Anthony Dekker, D.O.