

920 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

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

EFFECTIVE DATE: May 13, 2019

REFERENCES: CFR 42 CFR Part 438; 42 CFR 438.320; 42 CFR 438.310(c)(2); 42 CFR Part 457; 42 CFR 438.354; 42 CFR 438.358; AMPM 910; AMPM 920; AMPM 970; AMPM 980

PURPOSE

This policy specifies the Division's Quality Management and Performance Improvement (QM/PI) Program administrative requirements and explains how the Division monitors the performance of their Administrative Services Subcontractors (AdSS) for compliance with these requirements.

DEFINITIONS

1. "AHCCCS Division of Healthcare Management (DHCM), Quality Improvement (QI) Team" means AHCCCS staff who Evaluate the Division's Quality Management and Performance Improvement (QM/PI) Programs, monitors compliance with required Quality and Performance Improvement Standards Division Corrective Action Plans (CAPs) and Performance Improvement Projects

(PIPs) and provides technical assistance for QM/PI related matters.

2. “Corrective Action Plan (CAP)” means a written Work Plan that identifies the root cause(s) of a deficiency, includes goals and Objectives, actions, and 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 Division and its providers, to enhance QM/PI activities and the Outcomes of the activities, or to resolve a deficiency.
3. “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 Division’s service delivery systems.
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 the Division or AdSS 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 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 Division 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 Unit (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/PERFORMANCE IMPROVEMENT PROGRAM PLAN

1. The Division shall develop a written QM/PI Program Plan that specifies the Objectives of its QM/PI Program and addresses the Division's approaches to meet or exceed the performance standards and requirements as specified in Contract and AMPM Chapter 900.
2. The Division shall submit its QM/PI Program Plan as specified in the AHCCCS contract.
3. The Division shall include the following in its QM/PI Program narrative:
 - a. Objectives and plans for the upcoming calendar year to meet or exceed the requirements as specified in contract and in compliance with Division Medical Policy Chapter 900.
 - b. Division activities to identify member needs and to coordinate care. Follow-up activities to ensure appropriate

and medically necessary treatment is received in a timely manner.

- c. Division participation in community and Quality initiatives.
- d. AHCCCS defined checklist items and guidance.

4. The Division 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. A description of how any sustained goals or Objectives will be incorporated into the Division's business practice and develop new goals or 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 Division's 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 Division shall include the following in its QM/PI Work Plan:
 - a. Goals and Objectives that are realistic, Measurable, clinical, or non- clinical, and based upon established Performance Standards and requirements as specified in the current AHCCCS contract and Division Medical Policy Chapter 900 series when appropriate.
 - b. Other nationally recognized benchmarks as available to establish minimum performance standards 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 responsible 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 Division 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 or Objectives.
 - c. An evaluation of the disparity analysis findings, progress on targeted strategies and interventions, and progress on identified goals or Objectives.
 - d. Member-specific data including targeted inquiries and other related ad hoc reports.
 - e. A detailed evaluation of performance measure rates specific to subpopulations.

- f. An analysis of the effectiveness of implemented strategies and interventions in meeting the Division's health equity goals and Objectives during the previous calendar year.
 - g. A detailed overview of the Division's identified health equity goals or Objectives for the upcoming calendar year to address noted disparities and promote health equity.
 - h. Targeted strategies or interventions planned for the upcoming calendar year to achieve its goals.
7. The Division shall include the following in its Engaging Members Through Technology (EMTT) – Executive Summary:
- a. An evaluation of the previous calendar year's EMTT activities including:
 - i. The percent of members engaged through telehealth services and through web and mobile-based applications in comparison to total membership, and
 - ii. Member-specific metrics including targeted inquiries and other related ad hoc reports, 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 percentage 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 or Objectives.
8. The Division shall submit a completed AMPM Policy 920 QM/PI Program Plan Checklist, including any Division or AdSS policies relevant to the QMPI Program that are new or have been substantially changed, along with its QM/PI Program Plan

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

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

1. 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 members.

2. A summary of the Division's efforts to date in completing the most current and Previous Year's EQR Report Recommendations, as a stand-alone document.
3. Best Practices and Follow Up on Previous Year's EQR Report and Recommendations Checklist

C. PERFORMANCE MEASURE MONITORING REPORT

The Division shall develop and submit the AHCCCS Performance Measure Monitoring Report & Work Plan Evaluation Template and AHCCCS Performance Measure Monitoring Report & Work Plan Attachment. The report includes the following:

1. The Division's progress in meeting, sustaining, and improving its performance based on contractual requirements in accordance with the AHCCCS template and report format.
2. The internal rates for each performance measure.

3. Identified barriers in implementing planned interventions and opportunities for improvement intended to support meeting identified goals or Objectives.
4. Detailed analysis of results that includes an evaluation of the Division's performance compared to the following:
 - a. Performance Measure Performance Standards in accordance with Division Medical Manual Policy 970.
 - b. Self-identified goals and Objectives.
 - c. Historical performance.

D. PERFORMANCE IMPROVEMENT PROJECT REPORT

The Division shall include in its Performance Improvement Project (PIP) Report annual updates for both AHCCCS-mandated and Division self-selected PIPs, in accordance with the Division Medical Manual Policy 980, including the use of AMPM Policy 980 Attachment C, Performance Improvement Project (PIP) Report DDD Specific.

E. CORRECTIVE ACTION PLAN

1. The Division shall develop and implement a Corrective Action Plan (CAP) for taking appropriate steps to improve care when issues are identified.
2. The Division shall submit All CAPs to AHCCCS for review and approval prior to implementation and include:
 - a. The concern(s) that require corrective action.
 - b. Identification of any deficiency and remedial steps to be taken to facilitate a return to compliance.
 - c. Documentation of proposed time frames for CAP completion.
 - d. Entities responsible for making the final determinations regarding QM/PI Program concerns.
 - e. Actions to be taken including, but not limited to:
 - i. Education, training, technical assistance,
 - ii. Follow-up Monitoring and Evaluation of improvement as well as implementing new interventions, approaches, when necessary,
 - iii. Changes in process, structure, and forms, and

- iv. Informal counseling.
 - 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. Submit information to AHCCCS and other stakeholders as required.
 - i. For QOC specific CAPs, information is submitted in accordance with Division Medical Manual Policy 960.
3. The Division shall submit CAPs as required in AMPM Policy 920, Attachment B AHCCCS Quality Improvement Corrective Action Plan Proposal Checklist, and AHCCCS Quality Improvement Corrective Action Plan Update Checklist.
4. The Division shall maintain documentation regarding CAPs development, implementation, the performance outcomes, identified barriers, opportunities for improvement, and best

practices.

F. REPORTING REQUIREMENTS

1. The Division shall submit deliverables as specified in the contract and in accordance with AHCCCS/Division of Healthcare Management (DHCM) QI Team instructions and guidance.
2. If a time extension is necessary, the Division shall submit a formal request in writing no later than two business days before the deliverable due date explaining the basis for request and timeline extension to the AHCCCS/DHCM, Quality Management (QM), or Quality Improvement (QI) team manager, as appropriate to the deliverable.
3. The Division shall submit the QM/PI Program administrative deliverables as specified in contract and subject to AHCCCS approval. The Division shall submit any significant modifications to the QM/PI Program Plan throughout the year to the AHCCCS/DHCM, QM and QI team managers for review and approval prior to implementation.

4. The Division shall provide the QM/PI administrative deliverables and other select deliverable submissions to the AHCCCS EQRO with Division supplied information included within the Division's annual EQR Report posted to the AHCCCS website.

G. DOCUMENTATION REQUIREMENTS

1. The Division shall maintain records that document QM/PI Program activities. The required documentation includes:
 - a. Studies and PIPs
 - b. CAPs
 - 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. Other information and data appropriate to support changes

made to the scope of the QM/PI Plan or Program

2. The Division shall make the records available to AHCCCS/DHCM, QM and QI teams upon request.

H. DIVISION OVERSIGHT OF ADMINISTRATIVE SERVICES SUBCONTRACTORS

1. The Division monitors each of the AdSS for compliance with the QM/PI Program administrative requirements throughout the contract year by reviewing required reports, status updates reported by the AdSS at Division meetings and during an annual operational review.
2. The Division may require the AdSS to submit a CAP or initiate a PIP when areas of non-compliance are noted.

Signature of Chief Medical Officer: 
[Anthony Dekker \(Aug 11, 2023 10:56 PDT\)](#)
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