

1 **920 QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT**
2 **PROGRAM ADMINISTRATIVE REQUIREMENTS**
3
4

5 REVISION DATE: XX/XX/XXXX, 8/16/2023, 4/20/2022, 10/1/2020
6 REVIEW DATE: 1/12/2024, 3/6/2023
7 EFFECTIVE DATE: May 13, 2019
8 REFERENCES: CFR 42 CFR Part 438; 42 CFR 438.320; 42 CFR
9 438.310(c)(2); 42 CFR Part 457; 42 CFR 438.354; 42 CFR 438.358; AMPM
10 910; AMPM 920; AMPM 970; AMPM 980
11

12 **PURPOSE**

13 This policy specifies the Division's Quality Management and Performance
14 Improvement (QM/PI) Program administrative requirements and explains
15 how the Division monitors the performance of their Administrative Services
16 Subcontractors (AdSS) for compliance with these requirements.
17

18 **DEFINITIONS**

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

25 Improvement Projects (PIPs) and provides technical assistance
26 for QM/PI related matters.

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

30 2.3. "Corrective Action Plan (CAP)" means a written improvement
31 plan ~~Work Plan~~ that identifies the root cause(s) of a deficiency,
32 includes goals and Objectives, actions, and 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 Division
37 and its providers, to enhance QM/PI activities and the Outcomes
38 of the activities, or to resolve a deficiency. The improvement
39 plan includes the root cause(s) of a deficiency, goals and
40 objectives, actions to be taken to facilitate an expedient return
41 to compliance, methodologies to be used to accomplish the
42 goals and objectives, and staff responsible to carry out the
43 activities within established timelines.

44 3.4. “Evaluate” means the process used to examine and determine
45 the level of Quality or the progress toward improvement of
46 Quality and performance related to the Division’s service
47 delivery systems.

48 4.5. “External Quality Review (EQR)” means the analysis and
49 evaluation by an External Quality Review Organization (EQRO),
50 of aggregated information on Quality, timeliness, and access to
51 the health care services that the Division or AdSS furnish to
52 Medicaid ~~m~~Members as specified in [42 CFR 438.320].

53 5.6. “External Quality Review Organization (EQRO)” means an
54 organization that meets the competence and independence
55 requirements as specified set forth in 42 CFR 438.354, and
56 performs EQR, ~~and other EQR-related~~ activities as specified in
57 42 CFR 438.358, or ~~both~~ [42 CFR 438.320].

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

61 7.8. “Monitoring” means the process of auditing, observing,
62 evaluating, analyzing, ~~and~~ conducting follow-up activities, and

63 documenting results ~~via desktop or on-site review.~~

64 8-9. “Objective” means a Measurable step, generally one of a series
65 of progressive steps, to achieve a goal.

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

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

80 11. “Performance Measure Performance Standards (PMPS)” means
81 the minimum minimal expected level of contractor performance

82 ~~as it relates to performance measures. by the Division,~~
83 ~~previously referred to as the Minimum Performance Standard.~~
84 ~~Beginning Calendar Year End (CYE) 2021, o~~ Official performance
85 measure results shall be Evaluated based upon the National
86 Committee on Quality Assurance (NCQA) HEDIS® Medicaid
87 Mean or Centers for Medicare and Medicaid Services (CMS)
88 Medicaid Median (for selected CMS Core Set-Only Measures) as
89 identified by AHCCCS, as well as the Line of Business aggregate
90 rates, as applicable.

91 12. "Quality" ~~As~~ it pertains to External Quality Review, means the
92 degree to which Division increases the likelihood of desired
93 Outcomes of its members through:

- 94 a. Its structural and operational characteristics.
- 95 b. The provision of services that are consistent with current
96 professional, evidenced-based-knowledge.
- 97 c. Interventions for performance improvement.

98 13. ~~"Quality of Care (QOC)" means an expectation that, and the~~
99 ~~degree to which, the health care services provided to individuals~~
100 ~~and patient populations improve desired health outcomes and~~

101 ~~are consistent with current professionally recognized standards~~
102 ~~of care and service provision.~~

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

113 15. "Work Plan" means a document that identifies and supports the
114 addresses all the requirements of AMPM Chapter 900, and
115 AHCCCS suggested guidelines, as well as supports the
116 Division's QM/PI goals and Objectives with Measurable goals
117 (Specific, Measurable, Attainable, Relevant and Timely
118 (SMART)), timelines, and action plan as well as methodologies,
119 and designated staff responsibilities. The Work Plan must

120 include Measurable physical, behavioral, and oral health goals
121 and Objectives as applicable to the associated line of business
122 or population. Contractor goals included within the Work Plan
123 shall be Specific, Measurable, Attainable, Relevant, and Timely
124 (SMART) goals.

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

131 **POLICY**

132 **A. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT**

133 **PROGRAM PLAN**

134 1. The Division shall develop a written Quality Management and
135 Performance Improvement (QM/PI) Program Plan that specifies
136 the structure and Objectives of its QM/PI Program including
137 those related to the provision of Long Term Services and
138

139 Supports (LTSS) and behavioral healthcare, and addresses the
140 Division's approaches to meet or exceed the performance
141 standards and requirements as specified in ~~C~~contract and AMPM
142 Chapter 900.

143 2. The Division shall require 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 2.3. The Division shall submit its QM/PI Program Plan as specified in
147 the AHCCCS 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 Division shall incorporate monitoring and evaluation
151 activities for the services and services sites specified in the
152 AHCCCS QM/PI Program Plan Checklist.

153 5. The Division 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 Division shall include the following in its QM/PI Program Plan

158 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 b. QM/PI Program Narrative that specifies the Objectives and
168 plans for the upcoming calendar year to meet or exceed
169 the requirements as specified in contract and ~~in~~
170 ~~compliance with Division Medical Policy~~ AMPM Chapter
171 900.

172 i. The QM/PI Program Plan includes the following when
173 the Division holds a contract for multiple lines of
174 business or population:

- 175 a) Clear outline of which lines of business or
176 populations each activity applies to, and
177 b) Activities intended to meet the unique needs of
178 each line of business or population for which it
179 serves.
- 180 ii. The QM/PI Program Plan includes the following
181 description of the Division activities:
- 182 a) QM/PI Program structure, including
183 involvement of a designated physician in the
184 QM/PI program and oversight of the
185 contractor's QM/PI functions by the:
- 186 1) Local Chief Medical Officer or designated
187 Medical Director,
188 2) Local Administrator or Chief Executive
189 Officer, and
190 3) QM/PI Committee.
- 191 b) Behavioral healthcare aspects of the program,
192 including the involvement of a behavioral

- 193 healthcare professional in the behavioral
194 aspects of the Contractor's QM/PI Program;
195 ~~a)c) Division a~~Activities to identify ~~m~~Member needs
196 and ~~to~~coordinate care;~~;~~
197 ~~b)d)~~ Follow-up activities to ensure appropriate and
198 medically necessary treatment is received in a
199 timely manner;~~;~~
200 e) Description of Division participation in
201 community and Quality initiatives; and-
202 ~~e)f)~~ Other items as specified within the QM/PI
203 Program Plan Checklist.
204 ~~a. AHCCCS defined checklist items and guidance.~~
205 ~~c. The Division shall include the following in its QM/PI~~
206 Program Work Plan Evaluation that is specific to the line of
207 business or population being reported and contain:
208 i. A description of activities related to clinical and non-
209 clinical care areas utilized in efforts to meet or
210 exceed the established goals and objectives;
211 ~~4.~~

- 212 ~~ii.~~ Evidence or documentation supporting continued
213 routine performance Monitoring and trending to
214 Evaluate the effectiveness of the QM/PI Program and
215 ~~actions and other follow-up~~ activities conducted
216 throughout the previous calendar year.
- 217 iii. A description of how any sustained goals or
218 Objectives will be incorporated into the Division's
219 business practice and develop new goals or
220 Objectives once a goal or Objective has been
221 sustained, ~~and.~~
- 222 ~~iii.~~ All
223 iv. Pperformance measures related Root Cause Analyses
224 (RCA) and Plan-Do-Study-Act (PDSA) cycles that
225 have been initiated, updated, or refined as part of
226 the Division's ongoing Corrective Action Plan (CAP)
227 Monitoring and Evaluation activities.
- 228 ~~b.d.~~ ~~Goals not met will be addressed and considered for~~
229 ~~possible internal Performance Improvement Projects~~
230 ~~(PIPs).~~

231 d. ~~The Division shall include the following in its~~ QM/PI Work

232 Plan that specifies the line of business or population being
233 reported and contains:

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

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

- 248 b) Other nationally recognized benchmarks as
249 available to establish the programs measurable

- 250 Objectives in cases where the NCQA Medicaid
251 Mean or CMS Medicaid median have been met;
252 ~~minimum performance standards or when~~
253 ~~performance standards have not been~~
254 ~~published by AHCCCS.~~
- 255 c) Specific measurable goals and objectives based
256 on an evaluation of internal data and or other
257 available data as well as clearly define the
258 intended outcome for non-clinical areas;
- 259 ii. Strategies and activities to meet or accomplish the
260 identified goals and Objectives;~~:-~~
- 261 iii. Identify responsible staff positions accountable for
262 each strategy or activity;~~meeting the established~~
263 ~~goals and Objectives.~~
- 264 iv. Targeted implementation and completion dates for
265 the included measurable goals, Objectives, activities,
266 and PIPs; and designed to address opportunities for
267 ~~improvement identified from both external and~~
268 ~~internal sources.~~

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:

277 i. An evaluation of previous calendar year EMTT
278 activities including:

279 a) The percent of Members engaged through
280 telehealth services and through web or mobile-
281 based applications in comparison to total
282 membership, and

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

- 286 ii. Criteria for identifying and targeting Members who
287 can benefit from telehealth services and from web or
288 mobile-based applications including:
289 a) The identification of populations who can
290 benefit from telehealth services to increase
291 access to care and services, and
292 b) The identification of populations who can
293 benefit from web or mobile-based applications.
294 iii. A description of the strategies utilized to identify and
295 outreach Members who can benefit from telehealth
296 services and web or mobile-based applications, yet
297 do not have access to the technology necessary to
298 utilize telehealth services or web or mobile-based
299 applications,
300 iv. A description of telehealth services and web or
301 mobile-based applications in development and
302 currently being utilized to engage members,

303 v. Strategies used to engage the identified members in
304 the use of telehealth services and web or mobile-
305 based applications,

306 vi. A description of desired goals and outcomes for
307 telehealth services and for each web or mobile-based
308 application currently being utilized to engage
309 Members, including how the desired outcome will be
310 measured and directly impact the overall quality of
311 or access to care for the identified populations, and

312 ii-vii. The percent of Members anticipated to engage
313 through telehealth services and through web or
314 mobile-based applications during the upcoming
315 calendar year based on the identified strategies and
316 related goals or objectives.

317 7. The Division shall submit a completed AMPM Policy 920 QM/PI
318 Program Plan Checklist to AHCCCS, including any Division or
319 AdSS policies relevant to the QMPI Program that are new or
320 have been substantially changed, along with its QM/PI Program
321 Plan

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

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

326 1.2. The Division shall ensure the HDE&S includes the following
327 include the following in its Health Disparity Summary and
328 Evaluation Report:

329 a. ~~F~~Description of the 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 ~~M~~masurable goals or Objectives;~~;~~

335 c. An evaluation of the disparity analysis findings, progress
336 on targeted strategies and interventions, and progress on
337 identified goals or Objectives;~~;~~

338 d. Member-specific data including targeted inquiries and
339 other related ad hoc reports;~~;~~

- 340 e. A detailed evaluation of performance measure rates
341 specific to subpopulations.
- 342 f. An analysis of the effectiveness of implemented strategies
343 and interventions in meeting the Division’s health equity
344 goals and Objectives during the previous calendar year;~~i.~~
- 345 g. A detailed overview of the Division’s identified health
346 equity goals or Objectives for the upcoming calendar year
347 to address noted disparities and promote health equity;
348 ~~and.~~
- 349 h. Targeted strategies or interventions planned for the
350 upcoming calendar year to achieve its goals.

~~2. 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~~

- 358 ii. ~~Member-specific metrics including targeted inquiries~~
359 ~~and other related ad hoc reports, for member-related~~
360 ~~Outcomes in comparisons to identified goals and~~
361 ~~Objectives.~~
- 362 b. ~~Criteria for identifying and targeting members who can~~
363 ~~benefit from telehealth services and from web and mobile-~~
364 ~~based applications, including but not limited to:~~
- 365 i. ~~The identification of populations who can benefit~~
366 ~~from telehealth services to increase access to care~~
367 ~~and services, and~~
- 368 ii. ~~The identification of populations who can benefit~~
369 ~~from web and mobile-based applications.~~
- 370 c. ~~A description of telehealth services and web and mobile-~~
371 ~~based applications in development and currently being~~
372 ~~utilized to engage members.~~
- 373 d. ~~Strategies used to engage the identified members in the~~
374 ~~use of telehealth services and web and mobile-based~~
375 ~~applications.~~

376 ~~e. A description of desired goals and outcomes for telehealth~~
377 ~~services and for each web and mobile-based application~~
378 ~~currently being utilized to engage members, including how~~
379 ~~the desired outcome will be measured and directly impact~~
380 ~~the overall Quality of and Access to care for the identified~~
381 ~~population(s).~~

382 ~~f.3. The percentage of members anticipated to engage through~~
383 ~~telehealth services and through web and mobile-based~~
384 ~~applications during the upcoming calendar year based on the~~
385 ~~identified strategies and related goals or Objectives.~~

386 ~~3.4. The Division shall submit a completed AMPM Policy 920 QM/PI~~
387 ~~Program Plan Checklist, including any Division or AdSS policies~~
388 ~~relevant to the QMPI Program that are new or have been~~
389 ~~substantially changed, along with its QM/PI Program Plan~~

390 **B-C. BEST PRACTICE AND FOLLOW UP ON PREVIOUS YEAR'S**

391 **EXTERNAL QUALITY REVIEW REPORT RECOMMENDATIONS**

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

- 394 a. An overview of self-reported ~~b~~Best ~~p~~Practices specific to line of
395 business, submitted as a stand-alone document, highlighting a
396 minimum of three initiatives aimed at improving care and
397 services provided to ~~m~~M~~e~~mbers.
- 398 b. A summary of the Division's efforts to date in completing the
399 most current and ~~P~~previous ~~Y~~year's EQR Report
400 Recommendations, as a stand-alone document.
- 401 c. Best Practices and Follow Up on Previous Year's EQR Report and
402 Recommendations Attestation and Checklist and align with the
403 instructions and requirements included within the associated
404 checklist.

405 **G.D. PERFORMANCE MEASURE MONITORING REPORT**

- 406 1. The Division shall develop and submit to AHCCCS the AHCCCS
407 Performance Measure Monitoring Report & Work Plan Evaluation
408 Template and AHCCCS Performance Measure Monitoring Report
409 & Work Plan Attachment specifying the Division's progress in
410 meeting, sustaining, and improving its performance for
411 contractually required performance measures. ~~The report~~
412 ~~includes the following:~~

413 2. The Division shall include the following in the Performance

414 Measure Monitoring Report based on the associated reporting
415 period:

416 a. The internal rates for each performance measure that
417 includes performance measures that are reported as part
418 of:

419 i. An open corrective action plan,

420 ii. Current performance improvement projects,

421 iii. AHCCCS value-based purchasing initiatives,

422 iv. The Division's self-identified program goals, and

423 v. Other performance measures required by AHCCCS or
424 the Division.

425 a. The Division's progress in meeting, sustaining, and improving its
426 performance for contractually required performance measures.

427 based on contractual requirements in accordance with the

428 AHCCCS template and report format.

429 3. The Division shall include the following in the Performance

430 Measure Monitoring Report based on the associated reporting

431 period:

- 432 a. ~~The internal rates for each performance measure.~~
- 433 b. Identified barriers in implementing planned interventions
- 434 and opportunities for improvement intended to support
- 435 meeting identified goals or Objectives.
- 436 c. Detailed analysis of results that includes an evaluation of
- 437 the Division's performance and noted trends or declines
- 438 compared to ~~the following~~:
- 439 i. Performance Measure Performance Standards (PMPS)
- 440 in accordance with AMPM Division Medical Manual
- 441 Policy 970; ~~and~~
- 442 ii. Self-identified goals and Objectives; and
- 443 iii. Historical performance.

444 **D. PERFORMANCE IMPROVEMENT PROJECT REPORT**

- 445 1. The Division shall submit a include in its Performance
- 446 Improvement Project (PIP) to AHCCCS utilizing: Report annual
- 447 updates for both AHCCCS-mandated and Division self-selected
- 448 PIPs, in accordance with the Division Medical Manual Policy 980,
- 449 including the use of AMPM Policy 980 Attachment C, Performance
- 450 Improvement Project (PIP) Report DDD Specific.

451 a. AHCCCS PIP Report Template associated with the line of
452 business or population being reported; and

453 b. PIP Intervention & Analysis Template.

454 2. The Division shall ensure Rapid Cycle PIP reports include updates
455 based on the frequency specified within the contract Chart of
456 Deliverables.

457 3. The Division shall comply with the instructions and requirements
458 outlined in AMPM Policy 980, the most current PIP Report
459 Template, and the PIP Intervention & Analysis Template,
460 including the use of AMPM Policy 980 Attachment C, Performance
461 Improvement Project (PIP) Report DDD Specific.

462 4. The Division shall submit a PIP Initiation Notification for
463 AaHCCCS review and approval once a PIP is identified.

464 1.5. The Division shall submit a PIP Closure Request for AHCCCS
465 review and approval for self-selected PIP submissions serving as
466 the final PIP report.

467 **E. CORRECTIVE ACTION PLAN**

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

- 487 f. A documented assessment of the effectiveness of the
488 action(s) taken;~~Documentation of performance Outcomes~~
489 ~~identified barriers, opportunities for improvement, and~~
490 ~~best practices.~~
- 491 g. Methods for ~~I~~ internal dissemination of CAP findings and
492 results to appropriate committees, staff, and network
493 providers; and.
- 494 ~~h.~~ Methods for dissemination of pertinent information to
495 AHCCCS and/or appropriate stakeholders. Submit
496 ~~information to AHCCCS and other stakeholders as~~
497 ~~required.~~
- 498 ~~i.h.~~ For QOC specific CAPs, information is submitted in
499 ~~accordance with Division Medical Manual Policy 960.~~
- 500 3. The Division shall include the required elements contained within
501 Attachment B, the AHCCCS Quality Improvement Corrective
502 Action Plan Proposal Checklist, and AHCCCS QI Corrective Action
503 Plan Update Checklist for proposed QI-specific CAPs and CAP
504 updates. ~~submit CAPs as required in AMPM Policy 920,~~
505 ~~Attachment B AHCCCS Quality Improvement Corrective Action~~

506 ~~Plan Proposal Checklist, and AHCCCS Quality Improvement~~
507 ~~Corrective Action Plan Update Checklist.~~

- 508 4. The Division shall maintain documentation that confirms the
509 development and implementation of CAPs. ~~regarding CAPs~~
510 ~~development, implementation, the performance outcomes,~~
511 ~~identified barriers, opportunities for improvement, and best~~
512 ~~practices.~~

513 **F. REPORTING REQUIREMENTS**

514 1. The Division shall submit deliverables to AHCCCS as specified in:

515
516 a. ~~the eContract,~~ and in accordance with

517 b. AHCCCS QM/PI Program Guides and Manuals;

518 ~~AHCCCS/Division of Healthcare Management (DHCM) QI~~
519 ~~Team instructions and guidance.~~

520 a. Division of Health Care Services QI QM Team instructions
521 and guidance.

522 2. The Division shall include the name and associated line of
523 business or population within the QM/PI deliverable submission
524 document titles.

- 525 2.3. If a time extension is necessary, the Division shall submit a
526 formal request to the Division Compliance team in writing no
527 later than two business days before the deliverable due date
528 explaining the basis for request and timeline extension to the
529 AHCCCS/DHCM, Quality Management (QM), or Quality
530 Improvement (QI) Team manager, as appropriate to the
531 deliverable.
- 532 6. The Division shall ensure submit the QM/PI Program
533 administrative deliverables be submitted as specified in:
534 a. Contract
535 b. Contract Chart of Deliverables,
536 c. Policy, and
537 a.d. QM/PI Reporting Templates and Checklists. and subject to
538 AHCCCS approval.
- 539 7. The Division shall submit any significant modifications to the
540 QM/PI Program Plan throughout the year to the AHCCCS/DHCM,
541 QM and QI Team managers for review and approval prior to
542 implementation.

543 8. The Division shall provide the QM/PI administrative deliverables
544 and other select deliverable submissions to the AHCCCS EQRO
545 with ~~AdSS~~ Division-supplied information included within the
546 Division's annual EQR Report posted to the AHCCCS website.

547 9. The AdSS shall refrain from including information that is:

548 a. Proprietary,

549 b. Confidential,

550 c. Financial, and

551 a-d. Data that could potentially identify Members.

552 **G. DOCUMENTATION REQUIREMENTS**

553 1. The Division shall maintain records that document QM/PI
554 Program activities ~~that. The required documentation~~ includes:

555 a. Policies and procedures;

556 a-b. Studies and PIPs

557 b-c. CAPs

558 c-d. All required reports

559 d-e. All processes, standards of work, and desktop procedures

560 e-f. Meeting agendas, minutes, and accompanying documents

561 ~~f.g. Worksheets (including but not limited to excel~~
562 ~~spreadsheets, graphs, diagrams, flowcharts)~~

563 ~~h. Documentation supporting requested by the EQRO as part~~
564 ~~of the EQR process; and~~

565 ~~g.i. Other information and data appropriate to support changes~~
566 ~~made to the scope of the QM/PI Plan or Program.~~

- 567 2. The Division shall make the records available to AHCCCS/DHCM,
568 QM ~~and~~ QI ~~te~~ams upon request.

569 **H. DIVISION OVERSIGHT OF ADMINISTRATIVE SERVICES**
570 **SUBCONTRACTORS**

- 571 1. The Division monitors each of the AdSS for compliance with the
572 QM/PI Program administrative requirements throughout the
573 contract year by reviewing required reports, status updates
574 reported by the AdSS at Division meetings and during an annual
575 operational review.

- 576 2. The Division ~~shall~~ ~~may~~ require the AdSS to submit a CAP or
577 initiate a PIP when areas of non-compliance are noted.

580

581

582 Signature of Chief Medical Officer:

Draft Policy for Public Comment