

## **980 PERFORMANCE IMPROVEMENT PROJECTS**

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11/17/2017, 05/13/2016

EFFECTIVE DATE: May 13, 2021

REFERENCES: 42 CFR 438.320, 42 CFR 438.330, AMPM 980 - Attachment A

### **PURPOSE**

This policy establishes the requirements of the Division of Developmental Disabilities (Division) regarding the management and implementation of AHCCCS-mandated and Division self-selected Performance Improvement Projects (PIPs) within the Quality Management/ Performance Improvement (QM/PI) Program and its responsibilities to monitor, provide oversight and ongoing evaluation of the Administrative Services Subcontractors' (AdSS) performance.

### **DEFINITIONS**

1. "Baseline Data" means data collected at the beginning of a PIP that is used as a starting point for measurement and the basis for comparison with subsequent remeasurement(s) in demonstrating significant and sustained improvement.
2. "Benchmark" means the process of comparing a practice's performance with an external standard to motivate engagement

in Quality improvement efforts and understand where performance falls in comparison to others. Benchmarks may be generated from similar organizations, Quality collaboratives, and authoritative bodies.

3. "Grievance" means a Member's expression of dissatisfaction with any matter, other than an adverse benefit determination.
4. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
5. "Methodology" means the planned documented process, steps, activities, or actions taken to achieve a goal or Objective, or to progress towards a positive Outcome.
6. "Monitoring" means the process of auditing, observing, evaluating, analyzing, and conducting follow-up activities, and documenting results via desktop or on-site review.
7. "Objective" means a measurable step, generally one of a series of progressive steps, to achieve a goal.
8. "Outcomes" means changes in patient health, functional status, satisfaction, or goal achievement that result from health care or supportive services [42 CFR 438.320].

9. "Performance Improvement Project" or "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.
10. "Plan Do Study Act Cycle" or "PDSA Cycle" means a scientific method for testing a change or intervention, designed to result in improvement in a specific area. The cycle is completed by planning the change/intervention, implementing it, observing the results, and analyzing results for Outcomes on the interventions. When these steps are conducted over a relatively short time period, i.e., over days, weeks, or months, the approach is known as Rapid Cycle Improvement.
11. "Plan Do Study Act Method" or "PDSA Method" means a four step model to test a change that is implemented. Going through the prescribed four steps utilizing one or more PDSA Cycles guides the thinking process into breaking down the task into steps and then evaluating the outcome, improving on it, and testing again.

12. “Quality” as specified in 42 CFR 438.320, pertains to external Quality review, means the degree to which an MCO 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, evidence-based knowledge.
  - c. Interventions for performance improvement.
13. “Statistically Significant” means a result occurs that is unlikely due to chance or random fluctuation.
14. “Validation” means the review of information, data, and procedures to determine the extent to which they are accurate, reliable, free from bias and in accord with standards for data collection and analysis.

## **POLICY**

### **A. PIP REQUIREMENTS**

1. The Division shall participate in AHCCCS-mandated and Division self-selected PIPs.

2. The Division shall select, with AHCCCS approval, additional PIPs based on self-identified opportunities for improvement, as supported by a root cause analysis, external and internal data, surveillance of trends and other information available to the Division.
3. The Division shall consider all populations and services covered when developing Quality assessments and PIPs.
4. The Division shall participate in performance measures and PIPs that are mandated by the Centers for Medicare and Medicaid Services (CMS).
5. The Division shall develop, design and implement PIPs to improve systemic and Member-focused Outcomes and demonstrate sustainable improvement in clinical care and non-clinical services, through:
  - a. Measurement of performance using objective Quality indicators.
  - b. Implementation of interventions to achieve improvement in access to and Quality of care.

- c. Evaluation of the effectiveness of the interventions based on indicators collected as part of the PIP
- d. Planning and initiation of activities for increasing or sustaining improvement (42 CFR 438.330(d)(2)).

## **B. PIPS DESIGN**

- 1. The Division shall conduct PIPs that focus on either clinical or non-clinical areas.
  - a. The Division may, when determined appropriate by the Division, include the following topics when selecting a clinical topic:
    - i. Primary, secondary, or tertiary prevention of acute conditions;
    - ii. Primary, secondary, or tertiary prevention of chronic conditions;
    - iii. Primary, secondary, or tertiary prevention of behavioral health conditions;
    - iv. Care of acute conditions;
    - v. Care of chronic conditions;
    - vi. Care of behavioral health conditions; and

- vii. Continuity and coordination of care.
  - b. The Division may, when determined appropriate by the Division, include the following topics when selecting a non-clinical topic:
    - i. Availability, accessibility, and adequacy of Contractor's service delivery system;
    - ii. Cultural competency of services;
    - iii. Interpersonal aspects of care; and
    - iv. Appeals, Grievances, and other complaints.
2. The Division shall identify and implement clinical and non-clinical focused PIPs that are meaningful to the populations served and based on self-identified opportunities for improvement.
3. The Division shall support these PIPs by using:
  - a. Root cause analyses;
  - b. External and internal data;
  - c. Surveillance of trends; or
  - d. Other information available to the Division.
4. The Division shall adhere to the protocol in 42 CFR 438.330 when developing PIPs.

5. The Division shall adhere to and align with the protocol specified in AMPM Policy 980 – Attachment A, Protocol for Conducting Performance Improvement Projects, when selecting, designing, developing, and implementing self-selected PIPs.
6. The Division shall use the PDSA Method to test changes or interventions quickly and refine them, as necessary.
7. The Division shall utilize several PDSA Cycles within the PIP lifespan.
8. The Division shall include the following steps in the PDSA Cycle:
  - a. Plan the changes or interventions, including a plan for collecting data.
  - b. State the Objectives of the interventions.
  - c. Try out the interventions and document any problems or unexpected results.
  - d. Analyze the data and study the results.



- e. Compare the data to predictions and summarize what was learned.
  - f. Refine the changes or interventions, based on what was learned, and prepare a plan for retesting the interventions.
  - g. Continue the cycle as new data becomes available until sustainable improvement is achieved.
9. The Division shall include all PDSA Cycles conducted as part of the PIP within the Division's PIP Report submissions.

**C. PIP TIMEFRAMES**

- 1. For AHCCCS-Mandated PIPs, the Division shall do the following:
  - a. Initiate mandated PIPs on a date that corresponds with the calendar year established by AHCCCS.
  - b. Collect and analyze Baseline Data at the beginning of the PIP.
  - c. Implement innovative and-evidence-based interventions to improve performance based on an evaluation of barriers

and root cause analysis during the Intervention years or annual measurements.

- d. Consider any unique factors such as:
    - i. The Division's membership,
    - ii. The provider network, and
    - iii. The geographic area(s) served.
  - e. Report at the intervals indicated within the associated PIP methodologies in cases where AHCCCS elects to implement Rapid Cycle PIPs.
  - f. Continue to participate in the PIP until the Division demonstrates significant and sustained improvement, as outlined in Section E, or as directed by AHCCCS.
2. For Division Self-Selected PIPs, the Division shall do the following:
- a. Implement Rapid Cycle PIPs where applicable and appropriate, and
  - b. Continue to participate in the PIP until the Division demonstrates significant and sustained improvement, as outlined in Section E, or as approved by AHCCCS when

significant and sustained improvement has not been demonstrated.

#### **D. DATA COLLECTION METHODOLOGY**

1. The Division shall align their data collection Methodology, including project indicators, procedures, and timelines with the guidance and direction provided for all AHCCCS-mandated PIPs.
2. The Division shall evaluate their performance on the selected PIP indicators based on systematic, ongoing collection and analysis of accurate, valid, and reliable data as collected and reported by AHCCCS or as validated by the AHCCCS External Quality Review Organization (EQRO).
3. The Division shall ensure collected data are accurate, valid, and reliable through internal processes for self-selected PIPs that are not based on standardized performance measures.

#### **E. INTER-RATER RELIABILITY**

1. For PIPs that are not based on standardized performance measures as well as performance measures not included within AHCCCS Contract, the Division shall:

- a. Submit specific documentation to verify that indicator criteria were met in accordance with AHCCCS instruction,
  - b. Have qualified personnel collect data,
  - c. Ensure inter-rater reliability if more than one person is collecting and entering data.
2. The Division shall ensure that data collected from multiple parties or individuals for PIP indicators is consistent and comparable through an implemented inter-rater reliability process.
3. The Division shall contain in their documented inter-rater reliability process:
  - a. A detailed description of the Division's Methodology for conducting inter-rater reliability including:
    - i. Initial training and retraining, if applicable;
    - ii. Oversight;
    - iii. Validation of data collection; and
    - iv. Other activities deemed applicable.

- b. The required minimum score that each individual shall obtain in order to continue participation in the data collection and reporting process;
  - c. A mechanism for evaluating individual accuracy scores and any subsequent accuracy scores, if applicable; and
  - d. The actions taken should an individual not meet the established accuracy score.
4. The Division shall monitor and track the inter-rater reliability accuracy scores and associated follow up activities.
5. The Division shall provide evidence to AHCCCS of implementation of the inter-rater reliability process as well as the associated Monitoring upon request.

**F. MEASUREMENT OF SIGNIFICANT DEMONSTRABLE IMPROVEMENT**

1. The Division shall implement interventions to achieve and sustain Statistically Significant improvement, followed by sustained improvement for one consecutive year, for each PIP indicator.

2. The Division shall initiate interventions that result in significant improvement, sustained over time, in its performance for the PIP indicators being measured.
3. The Division shall provide evidence to AHCCCS of improvement in repeated measurements of the PIP indicators specified for each active PIP.
4. The Division shall demonstrate significant improvement when the improvement in the PIP indicator rate(s) from one measurement year to the next measurement year is Statistically Significant.
5. The Division shall demonstrate sustained improvement when it:
  - a. Establishes how the significant improvement can be attributable to interventions implemented by the Division; and
  - b. Maintains, or increases, the improvements in performance for at least one year after the significant improvement in performance is first achieved.

#### **G. PIPS REPORTING REQUIREMENTS**

1. The Division shall refer to the AHCCCS Quality Management/Performance Improvement (QM/PI) Reporting

Templates & Checklists section of the AHCCCS website to locate the associated tools the Division shall utilize, as outlined in this section, when preparing and submitting the required deliverables.

2. The Division shall include baseline and annual remeasurements, inclusive of rates and results used as the basis for analysis, both quantitative and qualitative, and the selection or modification of interventions, within the Division's PIP report submissions.
3. The Division shall submit reports that contain population and line of business-specific data reflective of the Division's performance during the current and previous reporting periods in alignment with the associated PIP timeline.
4. The Division shall ensure the inclusion of subpopulation data and disparity analyses within its reporting, with the identification of targeted interventions to be implemented specific to findings, in alignment with the AHCCCS PIP Report Template and Attachment instructions.
5. For AHCCCS-mandated PIPs, the Division shall do the following:

- a. Submit PIP reports for all AHCCCS-mandated PIPs, as specified in the AHCCCS contract.
- b. Utilize the AHCCCS PIP Report Template and Attachment that is applicable to the population/line of business being reported.
- c. Report rates and results, reflective of combined Title XIX and Title XXI populations, as applicable to the population/line of business.
- d. Indicate if the interventions are applicable to Title XIX, Title XXI, or both populations.
- e. Submit a final PIP report, as specified in the AHCCCS contract, following the year in which significant and sustained improvement is demonstrated.
- f. Evaluate significant and sustained improvement based on PIP indicator rates that have been validated by AHCCCS' EQRO or considered as the AHCCCS official PIP indicator rates, as specified in the AHCCCS contract and the associated AHCCCS PIP Methodology.

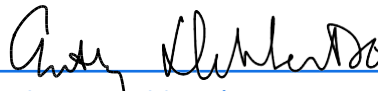




- c. Utilize the AHCCCS PIP Report Template and Attachment, specific to population/line of business.
- d. Indicate if measurements or rates and results are reflective of combined Title XIX and Title XXI populations, as applicable to population and line of business.
- e. Indicate if the interventions are applicable to the Title XIX, Title XXI, or both populations.
- f. Submit a final self-selected PIP report, as specified in the AHCCCS contract, following the year in which significant and sustained improvement is demonstrated.
- g. Evaluate significant and sustained improvement based on PIP indicator rates that have been validated by AHCCCS' EQRO or considered as the AHCCCS official performance measure rates, as specified in the AHCCCS contract.
- h. Evaluate significant and sustained improvement based on the Division's internally collected and validated data for self-selected PIPs that are not based on standardized performance measures and calendar year performance.

- i. Utilize its Remeasurement Year two or subsequent year, if required, PIP report to serve as their final PIP report submission to AHCCCS contingent upon the following:
  - i. The Division has met the AHCCCS contract and policy criteria related to significant and sustained improvement to support PIP closure, and
  - ii. The sections required as part of the final PIP report have been completed.
- j. The Division shall keep Division self-selected PIPs open until the Division has met criteria related to significant and sustained improvement.
- k. The Division shall submit a PIP Closure Request for each PIP they are requesting to close for AHCCCS' review and approval.
- l. The Division shall indicate the rationale for closing a PIP in cases where the Division has not met criteria related to significant and sustained improvement to support PIP closure.

- m. The Division shall close the PIP when formal notification of approval for PIP closure has been received from AHCCCS.
- n. The Division shall resubmit their final PIP report if the AHCCCS PIP Checklist requirements are not met.



Signature of Chief Medical Officer: [Anthony Dekker \(Aug 29, 2023 14:51 PDT\)](#)  
Anthony Dekker, D.O.