

## 970 PERFORMANCE MEASURES

REVISION DATES: 07/29/2020, 11/17/2017, 05/13/2016

EFFECTIVE DATE: May 13, 2016

REFERENCES: AMPM Appendix B, CYE 2020 Performance Measure Monitoring Report Specific Instructions, AMPM Policy 920, AMPM 920 Attachment B, AHCCCS Quality Improvement CAP Contractor Checklist, AMPM 970, 42 CFR 438.320

### **Purpose**

This policy establishes requirements for the purpose of performance measures and associated requirements in meeting contractual obligations related to the delivery of care and services to members. Performance Measures are reported to AHCCCS Clinical Quality Management on a quarterly basis. The Division of Developmental Disabilities (Division) evaluates performance based on sub-categories of populations when reasonable to do such. Furthermore, the Division monitors the performance of Administrative Services Subcontractors (AdSS) for compliance with their responsibilities to improve performance measures. This is done by monitoring AdSS metrics with regular reports throughout the contract year and during the annual operational review of each AdSS.

### **Definitions**

**Evaluate** - The process used to examine and determine the level of quality or the progress toward improvement of quality and/or performance related to service delivery systems.

**Measurable** - The ability to determine definitively whether or not a quantifiable objective has been met, or whether progress has been made toward a positive outcome.

**Methodology** - The planned documented process, steps, activities, or actions taken to achieve a goal or objective, or to progress towards a positive outcome.

**Monitoring** - The process of auditing, observing, evaluating, analyzing, and conducting follow-up activities, and documenting results via desktop or on-site review.

**Objective** - A measurable step, generally one of a series of progressive steps, to achieve a goal.

**Outcomes** - Changes in patient health, functional status, satisfaction, or goal achievement that result from health care or supportive services [42 CFR 438.320].

**Performance Improvement Project (PIP)** - 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.

**Plan-Do-Study-Act (PDSA) Cycle** - 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, trying it, observing the results, and acting on what is learned. 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.

**Quality** - As it pertains to external quality review, means the degree to which a Managed

Care Organization (MCO) increases the likelihood of desired outcomes of its enrollees through:

- A. Its structural and operational characteristics;
- B. The provision of services that are consistent with current professional, evidenced-based-knowledge; and
- C. Interventions for performance improvement [42 CFR438.320].

### **Overview**

- A. The Division collects, monitors, and evaluates performance metric data on an ongoing basis and develops specific measurable goals/objectives aimed at enhancing the Quality Management/Performance Improvement Program. The Division self-reports performance metric data to AHCCCS for the following:
  1. Quality Management/Quality of Care (QOC) Reporting
  2. Medical Management Reporting
  3. Maternal and Child Health Reporting
  4. Network Adequacy
  5. Waiver/Program Evaluation

### **Performance Measure Requirements**

- A. The Division shall comply with AHCCCS Quality Management/Performance Improvement (QM/PI) requirements to improve performance in all AHCCCS established performance measures (PM). The Division applies the correct PM methodologies, including the Center for Medicare and Medicaid Services (CMS) methodology, for its internal monitoring of PM results. The Division provides oversight sufficient to ensure compliance with all AHCCCS requirements when PM activities fall under delegated duties.
- B. The Division:
  1. Achieves at least the Minimum Performance Standards (MPS) established by AHCCCS for each measure, based on the rate calculated by AHCCCS.
  2. Develops an evidence-based Corrective Action Plan (CAP) for each measure not meeting the MPS to bring performance up to at least the minimum level established by AHCCCS while adhering to AMPM Policy 920-Attachment B, AHCCCS Quality Improvement CAP Contractor Checklist.
  3. Receives AHCCCS approval prior to implementation. Each CAP will minimally include the components set forth by AHCCCS and include a list of activities and/or strategies to allocate increased administrative resources to improve rates for a specific measure or service area.
  4. Monitors and reports to AHCCCS the status of and any discrepancies identified in encounters submitted to and received by AHCCCS including paid, denied, and pending encounters for purposes of PM monitoring.

5. Monitors encounter submissions by its subcontractors.
6. Shows demonstrable improvement from year to year, which is sustained over time, in order to meet goals for performance established by AHCCCS.
7. Complies with national PM and levels that may be identified and developed by the CMS in consultation with AHCCCS.
8. The Division's QM/PI Program internally measures and reports to AHCCCS its performance on contractually mandated PM, using standardized methodology established or adopted by AHCCCS.
9. The Division uses the results of the AHCCCS contractual PM in evaluating its quality assessment and performance improvement program.

### **Performance Measure Analysis**

- A. The Division shall conduct data analysis related to the PM rates to improve the quality of the care provided to members, identify opportunities for improvement, and implement targeted interventions.
- B. The Division shall evaluate performance for aggregate and subpopulations, inclusive of members with special health care needs, as well as any other focus areas identified by AHCCCS. The Division shall:
  1. Utilize proven quality improvement tools when conducting root-cause analysis and problem-solving activities,
  2. Identify and implement targeted interventions to address any noted disparities identified as part of the Division's data analysis efforts,
  3. Conduct PDSA Cycles to evaluate the effectiveness of interventions and revise interventions as needed and conduct repeat PDSA Cycles until improvement is achieved.

### **Inter-Rater Reliability**

- A. In cases where the Division is directed to collect data used to measure performance the Division shall:
  1. Submit specific documentation to verify that indicator criteria were met in accordance with AHCCCS instruction;
  2. Have qualified personnel to collect data;
  3. Ensure inter-rater reliability if more than one person is collecting and entering data.
    - a. The Division ensures that data collected from multiple parties/individuals for is consistent and comparable through an implemented inter-rater reliability process.
    - b. The Division monitors and tracks the inter-rater reliability accuracy

scores and associated follow up activities.

- c. The Division provides evidence of implementation of the inter-rater reliability process as well as the associated monitoring upon AHCCCS request.

### **Performance Metric and Measure Reporting**

- A. The Division's QM/PI Program shall internally measure and report to AHCCCS its required performance metrics/PMs using the methodologies indicated by AHCCCS. The Division adheres to reporting requirements in AMPM Policy 970.
- B. The Division maintains responsibility for applying the correct PM methodologies for its internal monitoring of PM results, in accordance with measure specifications and AHCCCS Appendix B, CYE 2020 Performance Measure Monitoring Report Specific Instructions.