

## **971 MEASUREMENT SELECTION AND REPORTING**

EFFECTIVE DATE: September 11, 2024

REFERENCES: 2024 National Committee for Quality Assurance for Case Management Long Term Services and Supports, Standard 5 Elements B, C, D, E, & F.

### **PURPOSE**

This policy establishes how the Division utilizes data and information from multiple sources to identify Outcomes and Processes related to Support Coordination service delivery to improve Member experience and how the Division analyzes and reports on that data as part of the annual National Committee for Quality Assurance (NCQA) accreditation, supporting overall program quality improvement related to Member health and well-being.

### **DEFINITIONS**

1. “Measure of Effectiveness” means the Division uses the methodology and performance measure specifications used in Section A to remeasure and determine the impact of interventions on program effectiveness.
2. “Measure of Experience” means the Division uses the methodology and performance measure specifications used in

Section A to remeasure and determine the impact of interventions on member experience.

3. "Member" means the same as "Client" as defined in A.R.S. § 36-551.
4. "Methodology" means the planned documented process, steps, activities, or actions taken to achieve a goal or Objective, or to progress towards a positive outcome.
5. "Outcome Measure" means a measure that assesses how case management programs or interventions improve Member well-being.
6. "Performance Improvement" means the continuous study and improvement of processes with the intent to better services or outcomes, and prevent or decrease the likelihood of problems by identifying areas of opportunity and testing new approaches to fix underlying causes of persistent or systemic problems or barriers to improvement.
7. "Process Measure" means a measure of evidence-based case management actions, policies, or procedures that have a direct or indirect effect on the well-being or social outcomes of Members served.

## **POLICY**

### **A. IDENTIFY POTENTIAL PROCESS OR OUTCOME MEASURES FOR CONSIDERATION**

The Quality Improvement Unit shall utilize the following sources to identify potential Process Measures or Outcome Measures to be considered for use in the annual NCQA accreditation process:

- a. QM Workplan(s) generated through Quality Measurement and Performance Improvement (QMPI) plan;
- b. Annual Reports;
- c. National Core Indicators;
- d. Strategic and Operations Support Administrator; or
- e. Other Data Sources

### **B. PERFORMANCE IMPROVEMENT & MONITORING (PIM) SUBCOMMITTEE MEASURE SELECTION**

1. The Quality Improvement Unit shall present the potential Process Measures or Outcome Measures to the Performance Improvement & Monitoring (PIM) Subcommittee.

2. The Quality Improvement Unit shall ask the workgroup members to identify the measures that should be used to generate the annual report submissions.
3. The Quality Improvement Unit shall document the decision of the Performance Improvement & Monitoring Subcommittee.

**C. CREATE REPORTS FOR NCQA SUBMISSION**

1. The Quality Improvement Unit shall complete quantitative and qualitative analyses of the identified measures that address:
  - a. Identification of a relevant Process Measure or Outcome Measure.
  - b. Use of valid methods that provide quantitative results.
  - c. Creation of a performance goal.
  - d. Clear identification of measure specifications.
  - e. Collection and analysis of results utilizing quantitative and qualitative measurements.
  - f. Identification of opportunities for improvement, if applicable.
2. The Quality Improvement Unit shall create the reports generated as a result of the analyses as outlined in this section.

#### **D. REPORT REVIEW AND SUBMISSION**

1. The Quality Improvement Unit shall submit the completed reports to the Performance Improvement & Monitoring Subcommittee for review and approval.
2. The Quality Improvement Unit shall ask the members to approve the reports.
3. The Quality Improvement Unit shall document the approval of the Performance Improvement & Monitoring Subcommittee in the meeting minutes.
4. The Quality Improvement Unit shall submit the approved reports to the DDD AHCCCS Compliance Unit.
5. The DDD AHCCCS Compliance Unit shall submit the report to AHCCCS via standard procedures and retain a copy of the transmittal for Division records.

#### **E. ACTION AND REMEASUREMENT**

1. The Quality Improvement Unit shall create a report at the end of the following year, based on the information identified in the reports created in Section C, for each Measure identified that

includes the results of at least one intervention implemented to address identified deficiencies.

2. The Quality Improvement Unit shall work with appropriate Division staff to identify the following from the three reports written in Section D:
  - a. Act to improve on one Measure of Effectiveness, if applicable.
  - b. Act to improve on one Measure of Experience, if applicable.
  - c. Remeasure to determine the action's impact on effectiveness, if applicable.
  - d. Remeasure to determine the action's impact on experience, if applicable.
3. The Quality Management Unit shall write report(s) that address the previous four items, if applicable, that show the Division's actions to improve the identified measure and the result of those interventions.