920 QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT PROGRAM ADMINISTRATIVE REQUIREMENTS

REVISION DATES: 10/01/2020,

EFFECTIVE DATE: May 13, 2019

REFERENCES: AHCCCS Contract, AMPM Chapter 900, AMPM Policy 910, Attachment A, AMPM Policy 920, Attachment A, AMPM Policy 920, Attachment B, AMPM Appendix B; AMPM Policy 980, Attachment C, 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

Purpose

This policy outlines the Division's Quality Management/Performance Improvement (QM/PI) Program administrative requirements. The Division will adhere to all requirements as specified in their contract with AHCCCS, AMPM Policy 920, 42 CFR Part 457 and 42 CFR Part 438. The Division will also monitor the performance of their Administrative Services Subcontractors (AdSS) for compliance with these requirements described in AMPM Policy 920.

Definitions

Corrective Action Plan (CAP) - A written work plan that identifies the root cause(s) of a deficiency, includes goals and objectives, actions/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/or its providers, to enhance QM/PI activities and the outcomes of the activities, or to resolve a deficiency.

Division of Heath Care Management (DHCM), Quality Improvement (QI) Team - AHCCCS staff who evaluate the Division's Quality Management/ Performance Improvement (QM/PI) Programs, monitor and evaluate compliance with required quality/performance improvement standards through standardized Performance Measures (PM), Performance Improvement Projects (PIPs), and Quality Improvement specific Division Corrective Action Plans (CAPs), as well as provide technical assistance for performance improvement related matters.

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

External Quality Review (EQR) - 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].

External Quality Review Organization (EQRO) – An organization that meets the competence and independence requirements set forth in 42 CFR 438.354, and performs EQR, other EQR-related activities as set forth in 42 CFR 438.358, or both [42 CFR 438.320].

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.

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. Formerly referred to as Quality Improvement Projects (QIP).

Quality - As it pertains to external quality review, means the degree to which Division (described in [42 CFR 438.310(c)(2)]) 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; and
C. Interventions for performance improvement. [42 CFR 438.320].

Quality of Care (QOC) - The degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. (Definition adopted from The Institute of Medicine)

Statistically Significant - A judgment of whether a result occurs because of chance. When a result is statistically significant, it means that it is unlikely that the result occurs because of chance or random fluctuation. There is a cutoff for determining statistical significance. This cutoff is the significance level. If the probability of a result (the significance value) is less than the cutoff (the significance level), the result is judged to be statistically significant.

Work Plan - 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.

Quality Management/Performance Improvement Program Plan

The Division shall develop a written QM/PI Program Plan that outlines the objectives of the Division's QM/PI Program. It will and address the Division's proposed approaches to meet or exceed the minimum standards and requirements as specified in contract and AMPM Chapter 900.

A. The QM/PI Program Plan will be submitted annually.

B. The QM/PI Program describes how program activities will improve the quality of care, service delivery, and satisfaction for members.

C. The Division will incorporate monitoring and evaluation activities, at a minimum, for the services and services' sites specified in AMPM Policy 910, Attachment A, AHCCCS Contractor Services/Service Site Monitoring.

D. The QM/PI Program narrative will consist of the following:

1. A written document that that outlines the Division's objectives and plans to meet or exceed the minimum standards and requirements as specified in contract and in AMPM Policies 910-980;

2. Division activities to identify member needs and to coordinate care;

3. Follow-up activities to ensure appropriate and medically necessary treatment is received in a timely manner; and

4. Divison participation in community and quality initiatives.

E. The QM/PI Program Work Plan Evaluation will contain the following:

1. A detailed analysis of the Division's progress in meeting or exceeding the QM/PI Program objectives, strategies, and activities;

2. Evidence/documentation supporting continued routine monitoring to evaluate the effectiveness of the actions and other follow up activities conducted throughout the reported contract year; and

3. The Division will provide 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.

F. The QM/PI Work Plan will contain:

1. A detailed written set of specific measurable goals and objectives that are related to clinical and non-clinical areas.

   a. Goals and objectives will be realistic, measurable and based upon AHCCCS Minimum Performance Standards when appropriate.

   b. Other benchmarks will be used to establish the programs measurements when minimum performance standards have been met or have not been published by AHCCCS.

2. Strategies and activities to meet or accomplish the identified goals and objectives.

3. Creation of staff positions that are responsible and accountable for meeting the established goals and objectives.

4. Measurable goals, objectives, activities, and performance improvement projects (PIPs) ensured to meet their implementation and completion dates.

G. Engaging Members Through Technology – Executive Summary

1. Create a report that outlines the Division's strategic plan to engage membership through web-based applications which will include mobile electronic technologies.

2. The Division will provide collected data utilized to identify populations who can benefit from web/mobile-based applications used to assist members with self-management of health care needs such as chronic conditions, pregnancy, social determinants of health, developmental disability or other health related factors or topics.

3. The Division will submit the executive summary as specified in contract and includes at a minimum:

   a. Criteria for identifying at least 25% of the Division members who will benefit from web-based applications;

   b. A summary containing data for identified populations;

   c. Description of of web/mobile-based applications in development and currently being utilized to engage members;

   d. Strategies to engage identified members that would benefit from web/mobile-based applications;

   e. Description of the desired outcomes from each web/mobile-based application; including how outcomes are measured and how it engages members;

   f. A detailed summary, including data for member-related outcomes, and

   g. A detailed summary, including data related to the number of members engaged through web/mobile-based applications, total membership and percentage of members represented in the contract year, and the number of anticipated members or percentage of membership potentially engaged through web/mobile-based applications for the following contract year.

H. Best Practices

A stand alone document highlighting a minimum of three initiatives and at improving the care and service provided to members.

I. External Quality Review Report Recommendations Follow-up

This document is submitted annually as a stand alone document. This up to date summary highlights the Division's efforts in implementing the most current and previous year's External Quality Review (EQR) Report recommendations.

J. Referenced/Associated Policies

The QM/PI Program Plan will be submitted to AHCCCS annually as specified in

contract. The submission shall be accompanied by a completed AMPM Policy 920, Attachment A, QM/PI Program Plan Checklist, including any Division or AdSS policies relevant to the QMPI Program that are new or have been substantially changed.

Performance Measure Monitoring Report

The Performance Measure Monitoring Report shall describe the the Division's progress in meeting, sustaining, and improving its performance based on contractual requirements. The report shall include the following:

A. The internal rates for each performance measure;

1. This is done in accordance with AMPM Appendix B, CYE 2020 Performance Measure Monitoring Report Specifications guidance and instructions, and

2. Associated measure specifics.

B. Outline of interventions implemented during the reporting period;

C. Detailed evaluation of the Division's performance compared to the following:

1. AHCCCS established performance measure requirements,

2. Self-identified goals and objectives, and

3. Historical performance.

D. Current performance analysis regarding recently implemented interventions;

E. Proposed interventions to be implemented within the upcoming quarter:

1. Performance that doesn't meet the AHCCCS established performance measures, and

2. Significant statistical decline in any performance measure rate occurring two or more consecutive years.

F. Refer to AMPM Appendix B, CYE 2020 Performance Measure Monitoring Report Specifications, for report template and requirement instructions; and

G. Refer to AMPM Policy 970 for information related to performance measures.

Performance Improvement Project Report

The Performance Improvement Project (PIP) Report includes annual updates that meet the instructions and requirements outlined in AMPM Policy 980, including use of AMPM Policy 980 Attachment C, Performance Improvement Project (PIP) Report DDD Specific; for use by the Division for reporting of both AHCCCS-mandated and Division self-selected PIPs.

Corrective Action Plan

The Division shall develop and implement a Corrective Action Plan (CAP) for taking appropriate steps to improve care if and when issues are identified that are not remedied

through immediate action, education or retraining.

A. All CAP's shall be submitted to AHCCCS for review and approval.

B. Proposed CAP's submitted for approval shall include:

1. Identification of root causes and steps to be taken to remedy them.

2. Documentation of proposed time frames.

3. Entities responsible for making the final determinations regarding QM/PI Program concerns.

4. Types of actions taken such as retraining, process change, ongoing auditing, etc.

5. Documentation of effectiveness of actions taken.

6. Identification of methods used for internal dissemination of CAP findings and results to appropriate staff and network providers.

7. Methods of reporting important information to AHCCCS and other stakeholders. For Quality of Care (QOC)-related corrective actions, refer to AMPM Policy 960.

C. CAPS will include requirements contained in AMPM Policy 920, Attachment B AHCCCS Quality Improvement Corrective Action Plan Contractor Checklist.

D. The Division will maintain documentation regarding CAPS development, implementation and effectiveness of actions taken.

Reporting Requirements

A. The Division will submit deliverables in accordance with contract.

B. 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 explainging the basis for request and timeline extension to the AHCCCS/Division of Healthcare Management (DHCM), Quality Management (QM), or Quality Improvement (QI) team manager, as appropriate to the deliverable.

C. The QM/PI Program Plan will be submitted annually, as specified in contract and is subject to AHCCCS approval. Any significant modifications to the QM/PI Program Plan throughout the year shall be submitted to the AHCCCS/DHCM, QM and QI team managers for review and approval prior to implementation.

D. If contracted with AHCCCS for more than one line of business, the Division shall submit the QM/PI Program Plan in accordance to AHCCCS/DHCM and QI team instructions and guidance.

Documentation Requirements

The Division shall maintain records that document QM/PI Program activities. The records will be made available to AHCCCS/DHCM, QM and QI teams upon request. The required documentation will include, but is not limited to:

A. Studies and PIPS,

B. All required reports,

C. All processes and desktop procedures,

D. Meeting minutes,

E. CAPS,

F. Other information and data appropriate to support changes made to the scope of the QM/PI Plan or Program,

G. Standards, and

H. Worksheets.

Division Oversight of AdSS

The Division monitors each 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. The Division may require the AdSS to submit a CAP or initiate a PIP when areas of non-compliance are noted.