

**9210<sup>1</sup> - QUALITY MANAGEMENT / PERFORMANCE IMPROVEMENT (QM/PI)**  
**PROGRAM ADMINISTRATIVE REQUIREMENTS**

**EFFECTIVE DATES:** 10/01/94, ~~XX/XX/XX~~<sup>2</sup> 10/01/17

**REVISION DATES:** 10/01/97, 10/01/01, 08/13/03, 04/01/05, 01/01/06, 02/01/07, 10/01/08, 10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, ~~XX/XX/XX~~<sup>3</sup> 03/01/18

~~INITIAL~~

~~EFFECTIVE DATE:~~ 10/01/1994

**I. PURPOSE**

This Policy applies to Acute Care, ALTCS/EPD, CRS, DCS/CMDP, DES DDD, and RBHA Contractors; Fee-For-Services (FFS) Programs ~~including: Tribal ALTCS, TRBHAs, the American Indian Health Program (AIHP); and all FFS populations~~ as delineated within this policy, excluding Federal Emergency Services (FES) ~~unless otherw.~~ (FFS requirements are largely outlined in [AMPM Chapter 960](#); For FES, see [AMPM Chapter 1100](#)). ~~This Policy establishes guidelines regarding Telehealth including Telemedicine and Telemonitoring.~~<sup>4</sup> [This policy outlines Quality Management/Performance Improvement \(QM/PI\) Program administrative requirements.](#)

**II. DEFINITIONS**

**ACCESS**

The timely use of services to achieve optimal outcomes, as evidenced by managed care plans successfully demonstrating and reporting on outcome information for the availability and timeliness elements defined under §438.68 (Network adequacy standards) and §438.206 (Availability of services).

**ADVERSE ACTION**

Any type of restriction placed on a provider's practice by the Contractor such as but not limited to contract termination, suspension, limitation, continuing education requirement, monitoring or supervision

**ASSESS OR EVALUATE**

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

<sup>1</sup> Workgroup determined Administrative Requirements should come after Scope, so renumbered Policy to 920.

<sup>2</sup> ~~Date changes are effective~~

<sup>3</sup> ~~Date presented at APC Meeting~~

<sup>4</sup> Deleted statement as policy does not relate to telehealth.

**AHCCCS QUALITY  
IMPROVEMENT (OI) TEAM**

Team of AHCCCS staff that evaluates Contractor Quality Management/Performance Improvement (QM/PI) programs; monitors compliance with required quality/performance improvement standards, Contractor Corrective Action Plans (CAPs) and Performance Improvement Projects (PIPs); and provides technical assistance for QM/PI related matters.<sup>5</sup>

**AHCCCS QUALITY  
MANAGEMENT (QM) TEAM**

Team of AHCCCS staff that researches and evaluates Quality of Care (QOC) concerns; provides oversight of contractor credentialing and delegation processes; monitors compliance with required quality standards and Contractor Corrective Action Plans (CAPs); and provides technical assistance for Quality Management (QM) related matters.<sup>6</sup>~~Unit of the AHCCCS Division of Health Care Management. The QM Unit researches and evaluates quality of care issues and Contractor Quality Management programs; monitors compliance with required quality standards, <sup>7</sup>provides oversight of Contractor Credentialing and Delegation processes).~~

**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 Contractor and/or its providers, to enhance Quality Management/Process Improvement activities and the outcomes of the activities, or to resolve a deficiency.

**EXTERNAL QUALITY REVIEW**

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 an MCO, PIHP, PAHP, or PCCM entity (~~described in §438.310(e)(2)~~), or their contractors furnish to Medicaid beneficiaries (42 CFR §438.320).<sup>8</sup>

**EXTERNAL QUALITY REVIEW  
ORGANIZATION**

An organization that meets the competence and independence requirements set forth in 42 CFR §438.354, and performs external quality review, other EQR-related activities as set forth in 42 CFR §438.358, or both (42

<sup>5</sup> Definition for OI Team added due to removal of CQM.

<sup>6</sup> Definition for QM Team added due to removal of CQM.

<sup>7</sup> Deleting Clinical Quality Management – updated/replaced with definition that describes current functions and structure

<sup>8</sup> Wording edited as AHCCCS has MCOs and not PIHPs, PAHPs, or PCCM Entities.

[CFR§ 438.320](#)).

**M EASURABLE**

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

**M ONITORING**

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

**O BJECTIVE**

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

**O UTCOMES**

Changes in patient health, functional status, satisfaction or goal achievement that result from health care or supportive services ([42 CFR §438.320](#)).

**P ERFORMANCE  
I MPROVEMENT P ROJECT  
(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.

**Q UALITY**

As it pertains to external quality review, means the degree to which an MCO, PIHP, PAHP, or PCCM entity (~~described in §438.310(e)(2)~~) increases the likelihood of desired outcomes of its enrollees through:

1. Its structural and operational characteristics;
2. The provision of services that are consistent with current professional, evidenced-based-knowledge;  
and
3. Interventions for performance improvement.  
([42 CFR §438.320](#)).<sup>9</sup>

**S TA-TISTICALLY S IGNIFICANT**

~~Statistical significance is~~ Aa judgment of whether a result occurs because of chance. When a result is statistically significant, ~~we- 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.<sup>10</sup>

<sup>9</sup> Wording edited as AHCCCS has MCOs and not PIHPs, PAHPs, or PCCM Entities.

<sup>10</sup> Updated definition for Statistically Significant to match Policy 980, other Chapters

The probability of obtaining a finding (e.g., a rate) in which the observed degree of association between variables is the result of chance only is relatively low. It is customary to describe a finding as statistically significant when the obtained result is among those that (theoretically) would occur no more than 5 out of 100 times,  $p \leq .05$ , or occur no more than 1 out of 100 times,  $p \leq .01$ , when the only factors operating are the chance variations that occur whenever random samples are drawn. It is important to note that a finding may be statistically significant, but may not be clinically or financially significant.

**WORK PLAN**

A document that addresses all the requirements of AMPM Policies 910-980 and Chapter 900, and AHCCCS-suggested guidelines, as well as and supports the Contractor's QM/PI goals and objectives with measureable goals (SMART), timelines, methodologies and designated staff responsibilities. The work plan must include measureable physical, behavioral and oral health goals and objectives.

**III. POLICY**

shall before the deliverable due date <sup>14</sup> ( )

**— QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI <sup>12</sup>) PROGRAM ANNUAL NARRATIVE PLAN**

**A. (Plan Description) <sup>13</sup>**

Each Contractor must shall develop a written Quality Management/Performance Improvement (QM/PI) Program Annual Plan that outlines the objectives of the Contractor's QM/PI Program and addresses the Contractor's proposed methodology approaches <sup>14</sup> to meet or exceed the minimum Contractor standards and requirements as specified in Contract and AHCCCS Medical Policy Manual (AMPM ), Policies 910—980 Chapter 900 of the contract and this Chapter. The QM/PI Program Annual Plan must describe how program activities will improve the quality of care, service delivery, and satisfaction for enrolled members. The Contractor must shall also incorporate monitoring

<sup>11</sup> Removed dated reference to "carbon copied."

<sup>12</sup> Changing Quality Improvement Program to Performance Improvement Program in order to align with federal rule language

<sup>13</sup> Adding to provide further clarification for MCOs; this Header title will match the corresponding header title within the checklist that outlines the requirements for this QM/PI Narrative Plan.

<sup>14</sup> Approach is a more global description that includes not just methodology, but other MCO techniques for meeting or exceeding standards, requirements, etc.

and evaluation activities, at a minimum, for the services and services sites outlined in these minimum requirements (see ~~AMP Attachment A-Exhibit 920-1 QM/PI Program Annual Plan Submission Checklist~~).

~~Following submission and approval, a significant to the Plan throughout the year Contractors that are contracted with AHCCCS for more than one line of business must submit a separate plan for each line of business. The QM/PI plan must describe how program activities will improve the quality of care, service delivery, and satisfaction for enrolled members. The QM/PI Plan, and any subsequent modifications, must be submitted to the AHCCCS/Division of Health Care Management/ Clinical<sup>15</sup> Quality Management (DHCM/CQM) for review and approval prior to implementation.~~

The QM/PI Program Annual Plan must contain, at a minimum, the following:<sup>16</sup>

1. QM/PI Program Narrative (Plan Description)

A written, narrative description that outlines the objectives of the Contractor's QM/PI Program and addresses the Contractor's planned activities to meet or exceed the minimum requirements as specified in Contract and AHCCCS Medical Policy Manual (AMPM), Policies 910 - 980. The QM/PI Program Narrative shall include the Contractor's ~~participation in community and/or quality initiatives~~, activities to identify member needs and coordinate care; ~~and~~ follow-up activities to ensure appropriate and medically necessary treatment is received in a timely manner; ~~and participation in community and/or quality initiatives~~.

~~— For sustained goals/objectives, the Contractor must document how the goal/objective will be institutionalized and develop new goals/objectives<sup>17</sup>.~~

2. QM/PI Program Work Plan

An outline of the Contractors proposed approaches for the current Contract Year that formally documents the QM/PI Program objectives, strategies, and activities proposed to meet or exceed the minimum Contractor standards and requirements as specified in Contract and AHCCCS Medical Policy Manual (AMPM), Policies 910 - 980.

The QM/PI Program Work Plan must contain:

- a. A detailed, written set of specific measurable goals and objectives related to clinical (physical and behavioral health) and non-clinical care areas that demonstrate how the Contractor's QM/PI Program meets or exceeds established goals and complies with all components of AMPM Policies 910 - 980.<sup>18</sup>
  - i. Identified goals and objectives shall be realistic and measurable. These objectives must be based on established AHCCCS ~~established~~ Minimum Performance Standards (MPS).
  - ii. Other generally accepted benchmarks that continue the Contractor's improvement efforts will be used to establish the program's measurable

<sup>15</sup> ~~Deleting to reflect current departmental nomenclature~~

<sup>16</sup> Language added below to provide clarification of expectations specific to the QM/PI Program Annual Plan.

<sup>17</sup> ~~Added language to match 910 Checklist items.~~

<sup>18</sup> List relocated from Policy 920 (Program Scope), as this language is better suited in this policy (administrative requirements).

- objectives, in cases where the ~~AHCCCS Minimum Performance Standards (MPS)~~ have been met. These may include benchmarks established by the National Committee on Quality Assurance (NCQA) or other national standards.
- b. Strategy and activities to meet or accomplish the identified goals and objectives,
  - c. Staff positions responsible and accountable for meeting established goals and objectives, and
  - d. Targeted implementation and completion dates for included measurable goals, objectives, activities, and performance improvement projects.

### 3. QM/PI Program Work Plan Evaluation

A detailed analysis of the Contractor’s progress in meeting or exceeding the QM/PI Program objectives, strategies, and activities proposed to meet or exceed the minimum Contractor standards and requirements as specified in Contract and AMPM Policies 910 - 980. The QM/QI Program Work Plan Evaluation ~~must~~shall contain evidence/documentation supporting continued routine monitoring to evaluate the effectiveness of the actions (interventions) and other follow up activities included throughout the reported Contract year. The Contractor must provide a description of how any sustained goals/objectives will be incorporated into the Contractor’s business practice (or institutionalized) and develop new goals/objectives once a goal or objective has been sustained<sup>19</sup>.

### 4. Performance Improvement Project (PIP) Report(s)

A report submitted using ~~AMPM Exhibit Policy 980, Attachment B2 Performance Improvement Project Reporting Template~~ for each AHCCCS-mandated Performance Improvement Project (PIP) and other self-selected PIPs, as requested by AHCCCS. The PIP report(s) must include updates and revisions that reflect activities and results up to the current contract year.

### 5. Enhanced/Value-Based Payment (VBP) Models Report

A report submitted reflecting quality metrics for enhanced/Value-Based Payment Models that contains, ~~at~~ a minimum: the number of members, percentage of members ~~impacted by~~served in a VBPM model and bucketed in the following categories: Fee-For-Service; Centers of Excellence including primary care incentives, performance-based contracts and Centers of Excellence with bundled/episode payments.

### 6. Best Practices

A minimum of three self-reported Best Practices, submitted as a separate attachment, highlighting the various initiatives aimed at improving the care and services provided to members.

<sup>19</sup> Added language to match 910 - Checklist items.



## 7. Referenced/Associated Policies

New (or substantially revised) relevant policies and procedures, referenced in the QM/PI Program Annual Plan Submission/Submission Checklist, submitted as separate attachments. Current policies that have not had substantive changes during the year will be evaluated as part of the Operational Review unless the MCO sees their submission as a value-add to the Annual Plan submission.

## B. INTEGRATED HEALTH PLAN<sup>20</sup>

~~RBHA, ALTCS/EPD~~ <sup>21</sup>~~Regional Behavioral Health Authority (RHBA), Arizona Long Term Care System (ALTCS) Elderly and Physically Disabled (EPD), and Children’s Rehabilitative Services (CRS)~~ Contractors shall submit an Integrated Health ~~Plan~~<sup>22</sup>~~Care~~ Report, as specified in Contract, addressing the comprehensive and coordinated delivery of integrated services, including administrative and clinical integration of health care service delivery. See Attachment B ~~Exhibit 920-2~~<sup>23</sup> for associated report requirements.<sup>24</sup>

## C. CORRECTIVE ACTION PLANS<sup>25</sup>

Contractors shall develop and implement a Corrective Action Plan (CAP) for taking appropriate steps to improve care, if and when problems are identified. All proposed CAPs are to be submitted to AHCCCS for review and approval, prior to implementation.

### 1. The Corrective Action Plan must address the following:

- a. Identified root cause(s) of a deficiency, and steps to be taken to facilitate an expedient return to compliance.
- b. Specified type(s) of problem(s) that requires corrective action. Examples include, but are not limited to:
  - i. Abuse, neglect, and exploitation.
  - ii. Healthcare acquired conditions.
  - iii. Unexpected death.
  - iv. Isolated systemic issues.
  - v. Trends.
  - vi. Health and safety ~~issues~~<sup>25</sup> ~~concerns~~ and immediate jeopardy situations.
  - vii. Lack of care coordination.
  - viii. Inappropriate blanket authorizations for specific ongoing care needs, and
  - ix. High profile/media events.
- c. Person(s) or body (e.g. Board) responsible for making the final determinations regarding quality issues - (NOTE: All determinations regarding quality issues that are referred for peer review will be made only by the Contractor Peer Review Committee chaired by the Chief Medical Officer. For more information, refer to AMPM Policy 910-~~OM/PI Program Scope~~.
- d. Type(s) of action(s) to be taken including, but not limited to:<sup>26</sup>

<sup>20</sup> Integrative Health Plan language added to this policy, as this is better suited/align for this language.

<sup>21</sup> Acronyms already used above

<sup>22</sup> Updated ‘Plan’ to ‘Care’ throughout policy

<sup>23</sup> Now Attachment B

<sup>24</sup> Added based on emphasis placed on behavioral health in the ALTCS setting.

<sup>25</sup> Section moved over from the Program Scope Policy as this is more appropriate fit.

- i. Education/training/technical assistance,
  - ii. Follow-up monitoring and evaluation of improvement,
  - iii. Changes in processes, structures, forms,
  - iv. Informal counseling,
  - v. Termination of affiliation, suspension or limitation of the provider (if an adverse action is taken with a provider the Contractor must report the adverse action to the AHCCCS Quality Management Team within one business day) in accordance with AMPM Chapter 960, and/or
  - vi. Referrals to regulatory agencies.
  - e. Documentation of an assessment of the effectiveness of the action(s) taken, and
  - f. Method(s) for internal dissemination of CAP findings and results to appropriate staff and/or network providers, and
  - g. Method(s) for dissemination of pertinent information to AHCCCS Administration and/or regulatory boards and agencies including, but not limited to:– Arizona Department of Health Services, Arizona Medical Board, –Arizona Board of Pharmacy, Arizona State Board of Nursing, Board of Behavioral Health Examiners, and Dental Board.
3. Contractors must shall maintain documentation that confirms the development and implementation of CAPs.

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#### D. CONTRACTOR REPORTING REQUIREMENTS

Contractors shall submit deliverables in accordance with Contract.

If an extension of time is needed to complete a report, the Contractor may submit a formal request in writing before the deliverable due date to the AHCCCS, Division of Healthcare Management (DHCM), Quality Management or Quality Improvement Team Manager, as appropriate to the deliverable. The request must include the basis for additional time needed; an extension may or may not be granted, based on AHCCCS’ discretion. The Contractor’s internal Compliance Officer and Contractor’s AHCCCS Compliance Officer must be <sup>29</sup>copied (cc’ed) on any formal request for extension. <sup>30</sup>

The QM/PI Program Annual Plan must be submitted as specified in Contract ~~no later than December 15th to the AHCCCS Quality Management and Quality Improvement Team Managers~~ and is subject to AHCCCS approval. Following submission and approval, any significant modifications to the Plan throughout the year ~~must~~ shall be submitted to the

<sup>27</sup> Sections relocated to Program Scope Policy, as this is better suited for this language.

<sup>28</sup> This and following sections relocated to this policy, as it is better suited for the focus/intent of the language.

<sup>29</sup> Removed dated reference to “carbon copied.”

<sup>30</sup> Relocated from Policy 990, which is be moved to reserve status, and enhanced to provide clarification related to extension requests.



AHCCCS Quality Management and Quality Improvement Team Managers for review and approval prior to implementation.

Contractors that are contracted with AHCCCS for more than one line of business must submit a separate QM/PI Program Annual Plan for each line of business, containing rates and results specific to the line of business for which the submission pertains.

At a minimum, the QM/PI Plan must include, in paginated detail, the following components of the Contractor’s QM/PI Program:

QM/PI Program Administrative Oversight The Contractor’s QM/PI Program must be administered through a clear and appropriate administrative structure, with ultimate responsibility for quality management/performance improvement residing within the Quality Management Unit. The governing or policy making body must oversee and be accountable for the QM/PI Program. The Contractor must provide:

A description to ensure ongoing communication and collaboration between the QM/PI Program and the other functional areas of the organization, such as, but not limited to: Medical Management, Member Services, Behavioral Health, Provider Relations, Grievance and Appeals, Fraud, Waste and Abuse, and Case Management.

A description of the Contractor’s administrative structure for oversight of its QM/PI Program as required by Policy 910, Section C of this Chapter, which includes the roles and responsibilities of:

- The governing or policy making body,
- The Medical Director,
- The QM/PI Committee,
- The Peer Review Committee
- The Credentialing Committee
- The Contractor’s Executive Management, and
- QM/PI Program staff.

An organizational chart that shows the reporting relationships for QM/PI activities and the percent of time dedicated to the position for each line of business. QM/PI positions performing work functions related to the contract shall have a direct reporting relationship to the local Chief Medical Officer (CMO) and the Chief Executive Officer (CEO). This chart must also show direct oversight of QM/PI activities by the local Medical Director and the implemented process for reporting to Executive Management.

Documentation that the Board of Directors and in the absence of a Board the executive body has reviewed and approved the Plan, with attestation to demonstrate approval by the Board of Directors or executive body.

Documentation that the Board of Directors and in the absence of a Board the executive body has formally evaluated and documented the effectiveness of its QM/PI program strategy and activities, at least annually, with attestation to demonstrate approval by the Board of Directors or executive body.

2. QM/PI Committee The Contractor must have an identifiable and structured local (Arizona) QM/PI Committee that is responsible for QM/PI functions and responsibilities.

- a. At a minimum, the membership must include:

- ~~i. The local Medical Director as the chairperson of the Committee. The local Medical Director may designate the local Associate Medical Director as his/her designee only when the Medical Director is unable to attend the meeting. The local Chief Executive Officer may be identified as the co-Chair of the QM/PI Committee.~~
- ~~ii. The QM/PI Manager,~~
- ~~iii. Representation from the functional areas within the organization,~~
- ~~iv. Representation of contracted or affiliated providers serving AHCCCS members, and~~
- ~~v. Appropriate clinical representatives.~~
- ~~b. The local Medical Director is responsible for implementation of the QM/PI Plan and must have substantial involvement in the implementation, assessment and resulting improvement of QM/PI activities. All quality management policies shall be approved and signed by the Contractor's Medical Director.~~
- ~~c. The QM/PI Committee must ensure that each of its members is aware of the requirements related to confidentiality and conflicts of interest by having signed statements on file and/or QM/PI Committee sign-in sheets with requirements noted.~~
- ~~d. The Committee must meet, at a minimum, quarterly or more frequently. The frequency of committee meetings must be sufficient to monitor all program requirements and to monitor any required actions. Contractor shall provide evidence of actual occurrence of these meetings through minutes or other documentation.~~
- ~~e. The QM/PI Committee must review the QM/PI Program objectives, policies and procedures as specified in contract and must modify or update the policies when processes/activities are changed substantially. The QM/PI and Behavioral Health (BH) policies and procedures, and any subsequent modification to them, must be available upon request for review by AHCCCS/DHCM/CQM.~~
- ~~f. The QM/PI Committee must develop procedures for QM/PI responsibilities and clearly document the processes for each QM/PI function and activity.~~
- ~~g. The QM/PI Committee must develop and implement procedures to ensure that Contractor staff and providers are informed of the most current QM/PI requirements, policies and procedures.~~
- ~~h. The QM/PI Committee must develop and implement procedures to ensure that providers are informed of information related to their performance (such as results of studies, AHCCCS Performance Measures, profiling data, medical record review results, utilization data such as performance improvement, prescribing practices, emergency room (ED) utilization, etc.).~~
- ~~i. When deficiencies are noted, the QM/PI Committee meeting minutes must clearly document discussions of the following:
  - ~~i. Identified issues~~
  - ~~ii. Responsible party for interventions or activities~~
  - ~~iii. Proposed actions~~
  - ~~iv. Evaluation of the actions taken~~
  - ~~v. Timelines including start and end dates~~
  - ~~vi. Additional recommendations or acceptance of the results as applicable~~~~

- ~~3. Peer Review – The Contractor must have a peer review process with the purpose of improving the quality of medical care provided to members by providers, both individual and organizational providers. The peer review scope includes cases where there is evidence of deficient quality, or the omission of the care or service provided by a participating, or non participating health care professional or provider whether delivered in or out of state. Peer review must be defined by specific policies and procedures which must include the following:~~
- ~~a. Contractors must not delegate functions of peer review to other entities.~~
  - ~~b. The Peer Review Committee must be scheduled to meet at least quarterly.~~
  - ~~c. Peer review activities may be carried out as a stand alone committee or in an executive session of the Contractor’s Quality Management Committee.~~
  - ~~d. At a minimum, the Peer Review Committee shall consist of:
    - ~~i. Contractor’s local Chief Medical Officer as Chair.~~
    - ~~ii. Contracted medical providers from the community that serve AHCCCS members. The peer review process must ensure that providers of the same or similar specialty participate in review and recommendation of individual peer review cases. If the specialty being reviewed is not represented on the contractor’s Peer Review Committee the Contractor may utilize peers of the same or similar specialty through external consultation.~~
    - ~~iii. A Behavioral Health provider must be part of the Peer Review Committee when a behavioral health case is being reviewed.~~~~
  - ~~e. Peer Review Committee members shall sign (may be an electronic signature) a confidentiality and conflict of interest statement at each Peer Review Committee meeting. Committee members must not participate in peer review activities if they have a direct or indirect interest in the peer review outcome.~~
  - ~~f. The Peer Review Committee must evaluate the case referred to peer review based on all information made available through the quality management process.~~
  - ~~g. The Peer Review Committee is responsible for making recommendations to the Contractor’s Medical Director. The Peer Review Committee must determine appropriate action which may include, but is not limited to: peer contact, education, credentials, limit on new member enrollment, sanctions, or other corrective actions. The Medical Director is responsible for implementing the actions. Adverse actions taken as a result of the Peer Review Committee must be reported to AHCCCS within 24 hours of an adverse decision being made.~~
  - ~~h. The Peer Review Committee is responsible for making appropriate recommendations for to the Contractor’s Medical Director regarding initiation of to make<sup>31</sup> referrals to the Department of Child Safety, Adult Protective Services, the Department of Health Services, Licensure Unit, the appropriate regulatory agency or board and AHCCCS for further investigation or action. Notification must occur when the Peer Review Committee determines care was not provided according to the medical community standards. Initial notification may be verbal but must be followed by a written report to AHCCCS within 24 hours.~~
  - ~~i. Peer Review Committee policies and procedures must assure that all information used in the peer review process is kept confidential and is not discussed outside of the peer review process. The Contractor’s Peer Review~~

<sup>31</sup> Changed to improve clarity

- Committee reports, meetings, minutes, documents, recommendations, and participants must be kept confidential except for implementing recommendations made by the Peer Review Committee.
- j. Contractors must make peer review documentation available to AHCCCS for purposes of quality management, monitoring and oversight.
  - k. Contractors must demonstrate how the peer review process is used to analyze and address clinical issues.
  - l. Contractors must demonstrate how providers are made aware of the peer review process, and
  - m. Contractors must demonstrate how providers are made aware of the procedure for grieving peer review grievance procedure findings<sup>32</sup>.
  - n. Matters appropriate for peer review may include, but are not limited to:
    - i. Cases where there is evidence of deficient quality;
    - ii. An omission of the care or service provided by a participating or non-participating physical health care or behavioral health care provider;
    - iii. Questionable clinical decisions, lack of care and/or substandard care;
    - iv. Inappropriate interpersonal interactions or unethical behavior, physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;
    - v. Allegations of criminal or felonious actions related to practice;
    - vi. Issues that immediately impact the member and that are life threatening or dangerous;
      - Unanticipated death of a member;
    - vii. Issues that have the potential for adverse outcome, or<sup>33</sup>
    - viii. Allegations from any source that bring into question the standard of practice.
4. The QM/PI Staffing—The QM/PI Program must have qualified local personnel to carry out the functions and responsibilities specified in this Chapter in a timely and competent manner. Contractors are responsible for contract performance whether or not subcontractors or delegated entities are used. Policies and procedures must demonstrate:
- a. Staff qualifications including education, certifications, experience and training for each QM/PI position.
  - b. A current organizational chart which demonstrates the reporting structure, responsibilities, number of full time and part time positions, and their percent of time by line of business for the QM/PI Program.
  - c. The Contractor's Quality Management Coordinator must attend AHCCCS Contractor meetings unless attendance is specified as optional by AHCCCS.
  - d. The Contractor must participate in applicable community initiatives, such as, but not limited to:
    - i. Quality management and quality improvement
    - ii. Maternal child health
    - iii. Early and Periodic Screening, Diagnosis and Treatment (EPSDT)
    - iv. Disease management
    - v. Behavioral health

<sup>32</sup> Changed to add clarity

<sup>33</sup> Separated unanticipated death and issues that have potential for adverse outcomes; they are distinct outcomes

~~vi. AHCCCS may require Contractor participation in specific community initiatives and collaborations, if required by AHCCCS<sup>34</sup>~~

~~vii. Long-term care~~

~~NOTE: AHCCCS sponsored activities are not considered community initiatives or collaborations.~~

~~e. The Contractor must develop a process to ensure that all staff who may have contact with members or providers are trained on how to the process for referring suspected quality of care issues to the Quality Management Unit. This training must be provided during new employee orientation and, at a minimum, annually thereafter.~~

~~5. Delegated Entities – The Contractor must oversee and maintain accountability for all functions and responsibilities described in this Chapter, that which are delegated to other entities. The Contractor must include a description of how delegated activities are integrated into the overall QM/PI Program, and the methodologies for oversight and accountability of all delegated functions, as required by Policy 910, Sections C, D and E,<sup>35</sup> must be met for all delegated functions. Accredited agencies must be included in the Contractor’s oversight process.~~

~~a. As a prerequisite to delegation, the Contractor must provide a written analysis of its historical provision of QM/PI oversight function which includes past goals and objectives. The level of effectiveness of the prior QM/PI oversight functions must be documented. Examples may include the number of claims, concerns, grievances or network gaps.~~

~~b. The Contractor must have policies and procedures requiring that the delegated entity report to the Contractor all allegations of quality of care and quality of service issues. Quality of care or service investigation and resolution processes may not be delegated.~~

~~c. The Contractor must evaluate the entity’s ability to perform the delegated activities prior to delegation. Evidence of which such includes the following:~~

~~i. Review of appropriate internal areas, such as quality management,~~

~~ii. Review of policies and procedures and the implementation of them, and~~

~~iii. Documented evaluation and determination that the entity is able to effectively perform the delegated activities.~~

~~d. Prior to delegation, a written contract must be established that specifies the delegated activities and reporting responsibilities of the entity to the Contractor. The agreement must include the Contractor’s right to terminate the contract or perform other remedies for inadequate performance.~~

~~e. The performance of the entity and the quality of services provided are monitored on an ongoing basis and are annually reviewed by the Contractor. Annually, the Contractor must review a minimum of 30 randomly selected files per line of business for each function that is delegated. Documentation must be kept on file for AHCCCS review. Monitoring should include, but is not limited to:~~

~~i. Utilization;~~

~~ii. Member and provider satisfaction;~~

<sup>34</sup> ~~Changed to correspond grammatically with verbiage in “d” will read as The Contractor... but not limited to participation in specific community initiations and collaborations, if required by AHCCCS~~

<sup>35</sup> ~~Changes in #e and #5 to improve grammar and readability.~~





- ~~i. Methods of incorporating monitoring of the PCP’s referral to, coordination of care with, and transfer of care to behavioral health providers as well as usage of Arizona’s Controlled Substances Prescription Monitoring Program (CSPMP), including procedures for ensuring communication occurs between prescribers when controlled substances are used and include provider mandated usage of the CSPMP.~~
- ~~j. The comprehensive and coordinated delivery of integrated services including administrative and clinical integration of health care service delivery. Integration strategies and activities shall focus on improving individual health outcomes, enhancing care coordination and increasing member satisfaction.~~  
~~NOTE: The RBHA and CRS Contractors shall submit an Integrated Health Plan Report as specified in Contract. See Exhibit 910-2 for associated checklist.~~

- ~~7. Health Information System—Each Contractor must maintain a health information system that collects, integrates, analyzes, validates and reports data necessary to implement its QM/PI Program (42 CFR 438.242). The Contractor must include a description of the process used by the Contractor related to the health information system and how the system is used to collect, integrate, analyze, validate and report data necessary to implement the QM/PI program. Data elements must include:
  - ~~a. Member demographics and encounter data,~~
  - ~~b. Provider characteristics,~~
  - ~~c. Services provided to members, and~~
  - ~~d. Other information necessary to guide the selection of, and meet the data collection requirements for PIPs and QM/PI oversight.~~~~
- ~~8. Policies and Procedures—The Contractor must have written policies and procedures, by line of business, to ensure that:
  - ~~a. Information/data received from providers is accurate, timely and complete.~~
  - ~~b. Reported data is reviewed for accuracy, completeness, logic and consistency, and the review and evaluation processes used are clearly documented.~~
  - ~~c. Information rejected must be tracked to ensure errors are corrected and the data is resubmitted and accepted.~~
  - ~~d. All member and provider information protected by Federal and State law, regulations, or policies is kept confidential.~~
  - ~~e. Contractor staff and providers are kept informed of at least the following:
    - ~~i. QM/PI requirements, activities, updates or revisions,~~
    - ~~ii. Study and Performance Improvement Project (PIP) results,~~
    - ~~iii. Performance measures and results,~~
    - ~~iv. Utilization data, and~~
    - ~~— Profiling results.~~~~~~

~~9. Contractual components of the Quality Management/Performance Improvement Program.~~

~~B.—~~

~~C. WORK PLAN~~

~~D.~~

~~E. A work plan by line of business that includes all requirements of AMPM Policy 920, Section A of this Chapter and AHCCCS suggested guidelines, and supports the Contractor's QM/PI goals and objectives. The Contractor must develop and implement a work plan with timelines which includes, but not limited to, the following information:~~

~~F.~~

~~G. A description of all planned goals and objectives for both clinical care and Contractor monitoring of access and availability of covered services. Once a goal has been achieved and sustained, the Contractor must identify new goals based on data, member/provider input, etc.~~

~~H.~~

~~I. Targeted implementation and completion dates of work plan activities.~~

~~J.~~

~~K. Methodologies, strategies and specific measurable interventions to accomplish objectives.~~

~~L.~~

~~M. Measurable behavioral health goals and objectives.~~

~~N.~~

~~O. Assigned local staff positions responsible and accountable for meeting established goals and objectives.~~

~~P.~~

~~Q. NOTE: The Contractor must review its work plan at least quarterly. If activities and interventions are not meeting the goals and objectives, the Contractor must revise its work plan and develop new strategies aimed at achieving the goals.~~

~~R.~~

~~S.~~

~~T. QM/PI PROGRAM EVALUATION~~

~~U.~~

~~V. The annual QM/PI evaluation document must contain the following:~~

~~W.~~

~~X. A summary of all QM/PI activities performed throughout the year with:~~

~~Y. Title/name of each activity;~~

~~Z. Measurable goals and/or objective(s) related to each activity;~~

~~AA. Contractor departments or units and local staff positions involved in the QM/PI activities;~~

~~BB. Description of communication and feedback related to QM/PI data and activities;~~

~~CC. An evaluation of baseline data and outcomes utilizing qualitative and quantitative data which must include a statement describing if goals/objectives were met or not met;~~

~~DD. A description of how the sustained goal/objective is incorporated into the Contractor's business practice (institutionalized). The Contractor is expected to develop new goals and objectives once a goal or objective has been sustained;~~

~~EE. Actions to be taken for the improvement of Corrective Action Plan (CAP);~~

~~FF. Documentation of continued monitoring to evaluate the effectiveness of the actions (interventions) and other follow up activities;~~

~~GG. Rationale for changes in the scope of the QM/PI program or documentation indicating if no changes were made.~~

~~HH. Necessary follow up with targeted timelines for revisions made to the QM/PI plan, and~~

~~II. Documentation of QM/PI Committee review, evaluation and approval of any changes to the QM/PI plan.~~

~~JJ. An evaluation of the previous year's activities must be submitted as part of the QM/PI Plan after review by the Contractor's governing or policy making body.~~

~~KK. \_\_\_\_\_~~

~~LL. \_\_\_\_\_ QM/PI PLAN AND EVALUATION~~

~~MM. \_\_\_\_\_~~

~~NN. See AMPM Policy 990 of this Chapter, Chapter 400, Exhibit 400-1, and Appendix A for reporting requirements and timelines. For submission to AHCCCS/DHCM/CQM, the following by line of business, may be combined or written separately and paginated as long as required components are addressed and are easily located within the document(s) submitted:~~

~~OO. \_\_\_\_\_~~

~~PP. QM/PI Plan,~~

~~QQ. \_\_\_\_\_~~

~~RR. \_\_\_\_\_ QM/PI Work Plan,~~

~~SS. \_\_\_\_\_~~

~~TT. \_\_\_\_\_ QM/PI Evaluation,~~

~~UU. \_\_\_\_\_~~

~~VV. \_\_\_\_\_ Maternity Care Plan and associated work plans and evaluations, as described in Exhibit 400-2A,~~

~~WW. \_\_\_\_\_~~

~~XX. \_\_\_\_\_ EPSDT Plan and associated work plans and evaluations, as described in Exhibit 400-2B,~~

~~YY. \_\_\_\_\_~~

~~ZZ. \_\_\_\_\_ Oral Health Plan and associated work plans and evaluations, as described in Exhibit 400-2C~~

~~AAA. \_\_\_\_\_~~

~~BBB. \_\_\_\_\_ PIP Interim Report(s),~~

~~CCC. \_\_\_\_\_~~

~~DDD. \_\_\_\_\_ Quality Management Plan Checklist (see Exhibit 910-1), and~~

~~EEE. \_\_\_\_\_~~

~~FFF. \_\_\_\_\_ Submission of all **referenced** policies and procedures to implement the requirements of Chapter 900.~~

~~GGG. \_\_\_\_\_~~

~~**HHH.E. CONTRACTOR DOCUMENTATION QM/PI DOCUMENTATION REQUIREMENTS**~~

~~The Contractors must shall maintain records that document Quality Management and Performance Improvement (QM/PI) Program activities. The data must be made available to AHCCCS Quality Management and/or Quality Improvement Teams/DHCM/CQM upon request. The required documentation must include, but is not limited to:~~

- ~~1. Policies and procedures,~~
- ~~2. Studies and Performance Improvement Projects (PIPs),~~
- ~~3. Reports (including quarterly reports addressing strategies for QM/PI activities).~~

4. Processes/desktop procedures,

~~5. Standards,~~

~~6. Worksheets,~~

~~7.5. Meeting minutes,~~

~~6. Corrective Action Plans (CAPs),~~

~~8.7. Documentation supporting and/or requested by the External Quality Review Organization (EQRO) as part of the External Quality Review (EQR), and<sup>37</sup>~~

~~8. Other information and data appropriate to support changes made to the scope of the QM/PI Plan or Program.~~

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<sup>37</sup> Language added to make list more comprehensive and outline requirement to provide documentation needed.