

**920 QUALITY MANAGEMENT / PERFORMANCE IMPROVEMENT (QM/PI)
PROGRAM ADMINISTRATIVE REQUIREMENTS**

EFFECTIVE DATES: 10/01/94, 10/01/17, [10/01/18](#)

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10/01/09, 02/01/11, 04/01/12, 10/01/13, 10/01/15, 07/01/16, 03/01/18,
[11/15/18](#)

I. PURPOSE

This Policy applies to ~~Acute~~ [AHCCCS Complete Care \(ACC\)](#), ALTCS/EPD, ~~CRS~~, DCS/CMDP, DES/~~DDD~~, and RBHA Contractors; ~~Fee-For-Services (FFS) Programs as delineated within this policy, excluding Federal Emergency Services (FES). (FFS requirements are largely outlined in AMPM Chapter 960; for FES, see AMPM Chapter 1100).~~ 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 [42 CFR 438.68 and 42 CFR 438.206](#) [~~42 CFR 438.320~~]~~§438.68 (Network adequacy standards) and §438.206 (Availability of services).~~¹

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.

AHCCCS QUALITY IMPROVEMENT (QI) 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.

¹ [Aligned with AMPM 910](#)

**CHAPTER 900 – QUALITY MANAGEMENT AND PERFORMANCE
IMPROVEMENT PROGRAM**

**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.

**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 MCOa Contractor or their contractors furnish to Medicaid beneficiaries members [(42 CFR 438.320)].

**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 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.

QUALITY

As it pertains to external quality review, means the degree to which ~~an MCOa Contractor~~ increases the likelihood of desired outcomes of its ~~enrollees-members~~ 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).

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 Policies 910-980 and~~ Chapter 900, and AHCCCS-suggested guidelines, ~~as well as~~ 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

A. QUALITY MANAGEMENT/PERFORMANCE IMPROVEMENT (QM/PI) PROGRAM ANNUAL PLAN

Contractors 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 approaches to meet or exceed the minimum Contractor standards and requirements as specified in Contract and AMPM Chapter 900. The QM/PI Program Annual Plan shall describe how program activities will improve the ~~Q~~quality of care, service delivery, and satisfaction for members. Contractors shall incorporate Monitoring and evaluation activities, at a minimum, for the services and services sites outlined in AMPM Policy 910, Attachment A.

The QM/PI Program Annual Plan shall contain, at a minimum, the following:

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 AMPM Policies 910--980. The

QM/PI Program Narrative shall include the Contractor's activities to identify member needs and coordinate care, follow-up activities to ensure appropriate and medically necessary treatment is received in a timely manner, and participation in community and/or Quality initiatives.

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 AMPM Policies 910--980.

The QM/PI Program Work Plan shall 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.
 - i. Identified goals and Objectives shall be realistic and Measurable. These Objectives shall be based on established AHCCCS 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 Objectives, in cases where the 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 shall contain evidence/documentation supporting continued routine mMonitoring to eEvaluate the effectiveness of the actions (interventions) and other follow up activities included throughout the reported Contract year. ~~The Contractors~~ shall 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.

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

A report submitted using AMPM Policy 980, Attachment B for each AHCCCS-mandated Performance Improvement Project (PIP) and other self-selected PIPs, as

requested by AHCCCS. The PIP report(s) shall 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 served in a VBP 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.

7. Referenced/Associated Policies

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

The QM/PI Program Annual Plan Submission shall be submitted to AHCCCS in accordance with Contract. The submission shall be accompanied by a completed QM/PI Program Annual Plan Submission Checklist (Attachment A).²

B. INTEGRATED HEALTH PLAN

ACC, RBHA and, ALTCS, E/PD, and CRS Contractors shall submit an Integrated Health 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 for associated report requirements.

C. CORRECTIVE ACTION PLANS

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. Proposed³ Quality Management specific ~~The Corrective Action Plan~~ CAPs submitted for approval⁴ shall address the following:

² Added for clarity

³ POST APC CHANGE- Proposed was moved from above #1 to before 'Quality Management' for better flow.

⁴ Clarification

- 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 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. ~~—~~ 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.
- d. Type(s) of action(s) to be taken including, but not limited to:
 - 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 shall report the Adverse Action to the AHCCCS, Quality Management Team ~~within one business day~~ in accordance as specified with in Contract and AMPM Chapter 960, and/or
 - vi. Referrals to regulatory agencies.
- e. Documentation of an assessment of the effectiveness of the action(s) taken,
- 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 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.

2. Proposed Quality Improvement specific CAPS and CAP updates submitted by the Contractors, shall include the required elements contained within Attachment C.⁵

3. Contractors shall maintain documentation that confirms the development and implementation of CAPs.

⁵ Added for clarity

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 shall 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 designated AHCCCS Operations and Compliance Officer shall be copied (cc'd) on any formal request for extension.

The QM/PI Program Annual Plan shall be submitted as specified in Contract and is subject to AHCCCS approval. Following submission and approval, any significant modifications to the QM/PI Program Annual Plan throughout the year shall be submitted to the 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 shall 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.

E. CONTRACTOR DOCUMENTATION REQUIREMENTS

Contractors shall maintain records that document Quality Management and Performance Improvement (QM/PI) Program activities. The data shall be made available to AHCCCS Quality Management and/or Quality Improvement Teams upon request. The required documentation shall 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. Meeting minutes,
6. Corrective Action Plans (CAPs),
7. Documentation supporting and/or requested by the External Quality Review Organization (EQRO) as part of the External Quality Review (EQR), and
8. Other information and data appropriate to support changes made to the scope of the QM/PI Program.

OPEN UNTIL 01/04/19